KOOTENAI-PONDERAY SEWER DISTRICT Application for Employment An Equal Opportunity Employer

To be considered an applicant, you must complete this form. A resumé may also be attached. Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application. **PLEASE PRINT**, except for your signature. This application is to fill the current open position only. Kootenai-Ponderay Sewer District requires pre-employment drug testing and background checks.

Personal Info	rmation:			
Name:				
	Last	First	Middle Other Names	s Used
Address:				
	Street	City	State	Zip
Telephone:	()	()	()	
	Home	Cell	Message	
Email Address	:			
Position App	lying For:			
Job Title:				
	applying for:	What shifts will you work?	May We Contact Present E	mployer?
F/T P/T	Temp/Seasonal	Days Nights	Yes No	
Available Start	Date:			
Available for:	On-Cal	Weekends		

	eligible to work in the United equires proof of identity and o			loyees.)	
Can you travel if the job requires it? Yes 🗌 No 📄 Do you have a valid driver's license? Yes 🗌 No 📄 State:					
Education/Training					
<u>School</u>	Name	Location	<u>Dates</u> <u>Attended</u> From / To:	<u>Diploma, Degree</u> <u>& Major</u>	Graduated?
High School					
College					
Other (Business, Vocational, Military)					

Employment His While Obtaining H	story Higher	(Please Star Education-	t With the Most Recent, Ending With / -Use Additional Paper as Necessary.	Age 18, Excluding Part-Time F):	Positions Held
Employer:					
Address:					
	Stree	ət	City	State	Zip
Telephone:	()	Supervisor Name:		
Dates From:		To:		Final Rate of Pay:	
Position Held:					
Primary Duties:					
Reason for Leavi	ng:				
Next Employer:					
Employer:					
Address:					
	Stree	ət	City	State	Zip
Telephone:	()	Supervisor Name:		
Dates From:		To:		Final Rate of Pay:	
Position Held:					
Primary Duties:					
Reason for Leavi	ng:				
Next Employer:					
Employer:					
Address:					
	Stree	ət	City	State	Zip
Telephone:	()	Supervisor Name:		
Dates From:		To:		Final Rate of Pay:	
Position Held:					
Primary Duties:					
Reason for Leavi	ng:				

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TODAY'S DATE: _____

Technology Skills (List All Skills & Software Applications You Ha	ve Experience Using):
Word Processing: Spreadsheet: Other Software: Database:	
	No 🗌
Other software or office equipment used: Explain Internet Skills, Including Email Usage:	
Professional Licenses or Certificates Held:	
Military	
Are you a veteran or family member who qualifies for and are claiming preference pursuant to Idaho Code Yes S 65-503 or its successor?	No (If Yes, fill out Page 5 of Application & attach proper documentation)
Have you previously claimed such preference? Yes	No 🗌
Personal Reference (Please list the names of three (3) persons not re	elated to you by blood or marriage.)
Name:	
Last First Address:	Middle
StreetCityTelephone:()	State Zip
Home Other Connection To You (i.e. friend, co-worker):	Occupation:
Personal Reference	
Name:	
Last First Address:	Middle
StreetCityTelephone:()	State Zip
Home Other Connection To You (i.e. friend, co-worker):	Occupation:
Personal Reference	Occupation.
Name: Last First	Middle
Address: Street City	State Zip
Telephone: () Home Other	·
Connection To You (i.e. friend, co-worker):	Occupation:

TODAY'S DATE:	Page 4 of 5
Have you ever been convicted of a crime (other than a minor traffic infraction)? Yes No	
If yes, when & where: Please Explain:	
]
Are you related by blood or marriage to any person now employed by or serving as an elected official fo Employer? Yes I No	r the
If yes, give name and relationship to you:	
Have you ever held a job which required that you be bonded? Yes D	lo 🗌
CERTIFICATION	
I certify that all answers and statements on this application are true and complete to the best of my knowled that should an investigation disclose untruthful or misleading answers, my application may be rejected, n from consideration, or my employment may be terminated.	
I understand and agree that, if hired, my employment is for no definite period and either Employer or I relationship at any time, and that this employment application does not constitute an employment cor understood that this "at will" employment relationship may not be changed by any other written docume verbal statement, or by conduct unless such change is specifically acknowledged in writing by the Board Kootenai-Ponderay Sewer District.	ntract. It is further nt, policy manual,
Signature of Applicant: Date:	
FOR OFFICE USE ONLY	
Arrange Interview [] Yes [] No	
Remarks	
	Date
Employed [] Yes [] No Date of Employment	
Job Title Hourly-Rate/Salary	
By Name and Title Date	
The Kootenai-Ponderay Sewer District provides equal employment opportunities to all employees and ap employment and prohibits discrimination and harassment of any type without regard to race, color, religio gender, national origin, disability status, genetics, protected veteran status, sexual orientation, gender ide expression, or any other characteristic protected by federal, state, or local laws. This policy applies to all conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, tra-	on, age, entity or terms and

of absence, compensation, and training.

VETERAN'S PREFERENCE

If you are NOT claiming Veteran's Preference, please initial here _____

Per Idaho Code, Title 65, Chapter 5, Kootenai-Ponderay Sewer District will afford a preference to employment of veterans. In the event of equal qualifications and experience between candidates for an available position, a veteran who qualifies will be preferred. If claiming veteran's preference, please complete the information below and attach a copy of your DD-214 to this application.

(Reference Idaho Code, Title 65, Chapter 5, and 5 U.S.C. § 2108)

The term "active duty" means full-time duty in the Armed Forces, but NOT active duty for training.

Part 1. Preference Eligible Veterans:

- I served on active duty at any time from 12-7-41 and ending 7-1-55.
- I served on active duty for 180 consecutive days, any part of which occurred after 1-31-55 and before 10-15-76.
- I served on active duty at any time from 8-2-90 and ending 1-2-92.
- I served on active duty for a period of more than 180 consecutive days, any part of which occurred during the period beginning on 9-11-01 and ending when prescribed by Presidential proclamation or by law as the last date of Operation Iragi Freedom.
- I have been awarded an Armed Forces Expeditionary Medal (AFEM). All AFEM recipients, whether listed here or not, qualify for veteran's preference and must be shown on your DD-214 form. Examples of some of the most common campaign medals are: Vietnam (Service Medal), El Salvador, Lebanon, Granada, Panama, Bosnia, Kosovo, Afghanistan, Southwest Asia (Persian Gulf), Somalia, and Haiti. (Award of the National Defense Service medal does not qualify.) For a listing of Wars, Campaigns, and Expeditions of the Armed Forces which qualify for veteran's
 - preference, go to www.opm.gov/veterans/html/vgmedal2.htm.
 - I have a service-connected disability of 10% or more.
 - I am the spouse of an eligible disabled veteran, who has a service-connected disability.
 - I am the widow or widower of an eligible veteran and have remained unmarried.
 - I do not meet any of the selections above, but I served on active duty in the armed forces of the United States for a period of more than one-hundred eighty (180) days and was honorably discharged.

Part 2. Documentation & Signature.

- By my signature, I certify that all statements on this form are true and complete to the best of my knowledge. I understand that should an investigation disclose inaccurate or misleading answers, my application may be rejected and my name removed from consideration for employment with Kootenai-Ponderay Sewer District.
- I have never received veteran's preference by any State of Idaho agency. (If you have received an initial appointment claiming veteran's preference, you are not eligible for preference.)
- I have attached a copy of my DD-214. Veteran's preference will not be considered without this document.

Name (Please Print)		Signature
DATE:		
MAY WE CONTACT YOUR PRESENT EMPLOYER?	Yes 🗌	No 🗌