

**Buhl Highway District**  
**Application for Employment**  
 An Equal Opportunity Employer

**BHD-12**  
 REV Oct 2024  
 Page 1 of 7

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.

<b>PERSONAL INFORMATION:</b>				
Name:				
	Last	First	Middle	Other Names Used
Address:				
	Street	City	State	Zip
Telephone: ( ) ( ) ( )				
	Home	Cell	Message	
Email Address:				
Are you attaching a resumé: <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>POSITION APPLYING FOR:</b>				
Job Title:				
Are you applying for:		What shifts will you work?		
<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> Temp/Seasonal		<input type="checkbox"/> Days <input type="checkbox"/> Nights		
Available Start Date:				

Are you legally eligible to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/> (Federal Law requires proof of identity and employment authorization for all new employees.)
Can you travel if the job requires it? Yes <input type="checkbox"/> No <input type="checkbox"/>

<b>EDUCATION/TRAINING</b>					
<b>School</b>	<b>Name</b>	<b>Location</b>	<b>Dates Attended From / To:</b>	<b>Diploma, Degree &amp; Major</b>	<b>Graduated?</b>
High School					
College					
Other (Business, Vocational, Military)					

**EMPLOYMENT HISTORY** (Please Start With the Most Recent, Ending With Age 18, Excluding Part-Time Positions Held While Obtaining Higher Education—Use Additional Paper as Necessary):

Employer:

Address:

Street

City

State

Zip

Telephone: ( )

Supervisor Name:

Dates From:

To:

Final Rate of Pay:

Position Held:

Primary Duties:

Reason for Leaving:

**NEXT EMPLOYER:**

Employer:

Address:

Street

City

State

Zip

Telephone: ( )

Supervisor Name:

Dates From:

To:

Final Rate of Pay:

Position Held:

Primary Duties:

Reason for Leaving:

**NEXT EMPLOYER:**

Employer:

Address:

Street

City

State

Zip

Telephone: ( )

Supervisor Name:

Dates From:

To:

Final Rate of Pay:

Position Held:

Primary Duties:

Reason for Leaving:

**TECHNOLOGY SKILLS** (List All Skills & Software Applications You Have Experience Using):

Word Processing:

Spreadsheet:

Other Software:

Database:

Microsoft Office? Yes  No  PowerPoint? Yes  No Scanner? Yes  No  Copier? Yes  No Digital Phone Systems? Yes  No 

Explain Internet Skills, Including Email Usage:

Professional Licenses or Certificates Held:

**LICENSES**

Do you have a valid Driver's License? <input type="checkbox"/> No <input type="checkbox"/> Yes, State: _____ Exp. Date: _____	Do you have a valid Commercial Driver's License? <input type="checkbox"/> No <input type="checkbox"/> Yes, State: _____ Exp. Date: _____ Class: _____ Endorsements: _____
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**PERSONAL REFERENCE** (Please list the names of three (3) persons not related to you by blood or marriage.)

Name:	_____			
	Last	First	Middle	
Address:	_____			
	Street	City	State	Zip
Telephone:	( )		( )	
	Home	Other		
Connection To You (i.e. friend, co-worker):	_____		Occupation: _____	

**Personal Reference**

Name:	_____			
	Last	First	Middle	
Address:	_____			
	Street	City	State	Zip
Telephone:	( )		( )	
	Home	Other		
Connection To You (i.e. friend, co-worker):	_____		Occupation: _____	

**Personal Reference**

Name:	_____			
	Last	First	Middle	
Address:	_____			
	Street	City	State	Zip
Telephone:	( )		( )	
	Home	Other		
Connection To You (i.e. friend, co-worker):	_____		Occupation: _____	

**VETERAN'S PREFERENCE**

Per Idaho Code, Title 65, Chapter 5, Buhl Highway 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. For terms and qualifications, see 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.

Do you claim Veteran's Preference?  No (skip the following, and proceed to next section)  
 Yes (Complete the following)

Attach a copy of your report of Separation (Form DD-214). Veteran's Preference will not be considered without it.

Check which of the following apply:

- 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.

Have you ever been charged with 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 Employer? Yes  No

If yes, give name and relationship to you:

**EMPLOYER DECLARATIONS**

1. It is the policy of the Buhl Highway District to provide equal opportunity in all terms, conditions, and privileges of employment for all qualified job applicants and employees without regard to race, color, national origin, gender, or age (unless a bona fide job requirement) or the presence of any disability. Reasonable accommodations will be made for disabled persons.
2. If offered employment, the offer is contingent on passing a pre-employment drug screen and a pre-employment physical if required. By signing this application, the applicant agrees to submit a pre-employment drug screening and a pre-employment physical upon receipt of a verbal offer of employment. Failure to pass the drug screen or to meet the physical requirements of the job will result in the withdrawal of the employment offer.
3. Nothing in this Application or conveyed during any interview is intended to create an employment contract, implied or explicit, between the Buhl Highway District and the applicant.
4. The applicant acknowledges that he/she has reviewed the essential job functions from the job description and is able to do them with or without reasonable accommodation.
5. If offered employment, as a condition of employment, the applicant will be required to submit proof of identity and legal right to work in the United States on or before the first day of employment.
6. If the position applied for requires driving in the course of work, the applicant will be required to possess a current and valid Idaho Driver's License or a current and valid Idaho Commercial Driver's License, depending on the type of equipment to be driven. The applicant may also be required to provide a copy of his/her official driving record and proof of insurance. Any offer of employment is contingent on the ability of the employee to be covered by the Buhl Highway District auto insurance if required for the position.

**RELEASE OF PERSONAL INFORMATION**

You must complete the authorization below to be considered for employment. We will not, however, contact your present employer if you do not so wish.

May we contact your present employer? Yes  No

AUTHORIZATION FOR THE RELEASE OF PERSONAL INFORMATION

As an applicant for employment with the Buhl Highway District, I do hereby authorize a review of and full disclosure of all records or information concerning myself to any duly authorized agent of thr Buhl Highway District, whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of all records and information of educational institutions; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me, either criminal or civil, in which I have, or have had any interest or involvement.

I understand that any information obtained during any personal history background investigation which is developed directly or indirectly, in whole or in part, upon this authorization will be considered in determining my suitability for employment by the **Buhl Highway District**. I hereby agree that any person(s) or entities who may furnish such information concerning me shall not be held liable for providing this information; and I do hereby release said person(s) and entities from any and all liability which may be incurred as a result of furnishing such information.

I further authorize that a photocopy of this signed release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

\_\_\_\_\_  
Signature

DATED: \_\_\_\_\_

Printed Name, including all names I have previously used or been known by:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

DOB: \_\_\_\_\_

**CERTIFICATION**

I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that should an investigation disclose untruthful or misleading answers, my application may be rejected, my name removed from consideration, or my employment may be terminated.

I understand and agree that, if hired, my employment is for no definite period and either Buhl Highway District or I may terminate our relationship at any time, and that this employment application does not constitute an employment contract.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**DEMOGRAPHIC INFORMATION**

What is the name of the position you are applying for? \_\_\_\_\_

What is the date of this application? \_\_\_\_\_

Your decision whether to answer the remaining questions is voluntary. We ask these questions for statistical purposes only, and any answers you give will not be considered for hiring. Upon receipt of the Application, this page will be removed from the package and filed separately.

What is your gender?  Male  
 Female

What is your race/ethnicity?  White  Hispanic  Asian  Black/African American  
 Native American  Other

What is your age? \_\_\_\_\_

Are you disabled?  Yes  
 No

How did you hear about this job announcement? \_\_\_\_\_

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