



# APPLICATION FOR EMPLOYMENT

Nampa Highway District No. 1 is an Equal Opportunity Employer

## **SECTION I – INSTRUCTIONS/CERTIFICATION**

### INSTRUCTIONS TO APPLICANT:

1. Complete all Sections of this Application.
2. Provide accurate and complete answers.
3. Print neatly, except where signature is required.
4. If you do not have enough space, provide additional information on extra pages, and attach them to this Application.
5. A resumé may be attached, if so desired.
6. When complete, mail, email, or deliver this Application to:
 

Nampa Highway District No. 1  
4507 12<sup>th</sup> Avenue Road  
Nampa, Idaho 83686

Email: [info@nampahighway1.com](mailto:info@nampahighway1.com)

## **SECTION II – APPLICANT INFORMATION**

### PERSONAL INFORMATION

Name: \_\_\_\_\_

Last	First	Middle	Other Names Used
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Address: \_\_\_\_\_

Street	Apt. No.	City	State	Zip Code
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Telephone(s): \_\_\_\_\_

Home	Cell	Message
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Email Address: \_\_\_\_\_ Are you legally eligible to work in the United States? (Federal Law requires proof of identity and employment authorization for all new employees)  Yes  No

Are you attaching a resumé?  Yes  No

Are you related by blood or marriage to any person now employed by Nampa Highway District No. 1?  No  Yes (list name and relationship to you): \_\_\_\_\_

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

<b>Position Applying For:</b>	
Job Title: _____	
Are you applying for:	What shifts will you work?
F/T <input type="checkbox"/> P/T <input type="checkbox"/> Temp/Seasonal <input type="checkbox"/>	Days <input type="checkbox"/> Nights <input type="checkbox"/>
Available Start Date: _____	

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### EDUCATION/TRAINING

<b>High School:</b>	Name	Location	
	Diploma		Did you graduate? <input type="radio"/> Yes <input type="radio"/> No
<b>College:</b>	Name	Location	Dates Attended (From/To)
	Diploma, Degree & Major		Did you graduate? <input type="radio"/> Yes <input type="radio"/> No
<b>Other:</b> (Business, Vocational, Military)	Name	Location	Dates Attended (From/To)
	Diploma, Degree & Major		Did you graduate? <input type="radio"/> Yes <input type="radio"/> No

### EMPLOYMENT HISTORY

Start with most recent. Include Employment for the Last 10 years.

<b>Current Employer</b>			
Name:		Phone Number:	
Address:			
Start Date:	End Date:	May We Contact them? (Yes or No)	
Position Held:		Supervisor's Name:	
Primary Duties:			
Reason for Leaving:			

<b>Next Employer</b>			
Name:		Phone Number:	
Address:			
Start Date:	End Date:	May We Contact them? (Yes or No)	
Position Held:		Supervisor's Name:	
Primary Duties:			
Reason for Leaving:			

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Next Employer		
Name:		Phone Number:
Address:		
Start Date:	End Date:	May We Contact them? (Yes or No)
Position Held:		Supervisor's Name:
Primary Duties:		
Reason for Leaving:		

Next Employer		
Name:		Phone Number:
Address:		
Start Date:	End Date:	May We Contact them? (Yes or No)
Position Held:		Supervisor's Name:
Primary Duties:		
Reason for Leaving:		

Job Description
Have you read the job description?    Yes <input type="checkbox"/> No <input type="checkbox"/>
Can you perform the essential requirements of this job with or without reasonable accommodation? Yes <input type="checkbox"/> No <input type="checkbox"/>

Licenses/Certificates
Do you have a valid Driver's License?    No <input type="checkbox"/> <input type="checkbox"/> Yes, State:
If this position requires a Commercial Driver's License (CDL), please answer the following questions. If not, you may skip to the Professional References section.
Do you have a valid Commercial Driver's License?    No <input type="checkbox"/> <input type="checkbox"/> Yes, State:
CDL Class:
Expiration Date:
Endorsement (s):

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**Professional Reference** Please list the names of three (3) people with knowledge about your work performance or qualifications who are **not** related to you by blood or marriage.

Name:

\_\_\_\_\_ First

\_\_\_\_\_ Last

Company:

\_\_\_\_\_ ( )

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

Relationship (i.e. manager, co-worker): \_\_\_\_\_

Occupation: \_\_\_\_\_

## Professional Reference

Name:

\_\_\_\_\_ First

\_\_\_\_\_ Last

Company:

\_\_\_\_\_ ( )

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

Relationship (i.e. manager, co-worker): \_\_\_\_\_

Occupation: \_\_\_\_\_

## Professional Reference

Name:

\_\_\_\_\_ First

\_\_\_\_\_ Last

Company:

\_\_\_\_\_ ( )

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

Relationship (i.e. manager, co-worker): \_\_\_\_\_

Occupation: \_\_\_\_\_

## Military

Are you a veteran or Family member who qualifies for and are claiming preference pursuant to Idaho Law?

Yes  No

(If Yes, fill out Page 6 of Application & attach required documentation)

Have you previously claimed such preference?

Yes  No

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## SECTION III – EMPLOYER DECLARATIONS

1. IT IS THE POLICY of The Nampa 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, sex (including gender identity and sexual orientation), age (unless a bona fide job requirement), disability, or any other characteristic protected by law. Reasonable accommodations will be made for disabled persons.
2. Nampa Highway District has a Drug / Alcohol-Free Workplace Policy. Any offer of employment is contingent upon passing a pre-employment drug test. By signing this Application, the applicant agrees to submit to a pre-employment drug screening upon receipt of a verbal offer of employment. Failure to pass the drug screen will result in withdrawal of the employment offer.
3. Nothing contained in this Application or conveyed during any interview is intended to create an employment contract, implied or explicit, between the Nampa Highway District No. 1 and the applicant.
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 Nampa Highway District No. 1 auto insurance, if required for the position.

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## 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 that if I am offered this job, it will be contingent on successfully passing a background check & drug test.

I understand and agree that, if hired, my employment is at will and either Employer or I may terminate our relationship at any time, and that this employment application does not constitute an employment contract.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for this agency to hire me.

I authorize Nampa Highway District to contact references provided for employment reference checks.

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

**THIS APPLICATION IS VALID ONLY FOR 60 DAYS FROM THE DATE  
SIGNED/DATED ABOVE.**

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## SECTION IV – VETERAN’S PREFERENCE

If you are NOT claiming Veteran’s Preference, please initial here \_\_\_\_\_ and proceed to the next page.

Per Idaho Code, Title 65, Chapter 5, Employer 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 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 Employer.

- I have attached a copy of my DD-214. Veteran’s preference will not be considered without this document.

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Signature

DATE: \_\_\_\_\_

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## SECTION V – RELEASE OF PERSONAL INFORMATION

You must complete the authorization below to be considered for employment.

### AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, \_\_\_\_\_, an applicant for employment with The Nampa Highway District #1, do hereby authorize a review of and full disclosure of all records or information concerning myself to any duly authorize agent of Nampa Highway, 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 Nampa Highway District #1.

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.

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Witness Signature*

\_\_\_\_\_  
*Applicant Printed Name*

\_\_\_\_\_  
*Witness Printed Name*

\_\_\_\_\_  
*Previous Name(s) of Applicant*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Previous Name(s) of Applicant*

\_\_\_\_\_  
*Applicant Phone Number*

\_\_\_\_\_  
*Applicant Date of Birth*