



208-382-5136

333 Kelly's Parkway, Cascade ID

info@cascaderec.org

Application for Employment

An Equal Opportunity Employer

To be considered an applicant, you must complete this form. Please attach resume and optional cover letter to this application. 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.

Personal Information:					
Name:					
	Last	First	Middle	Other Names Used	
Address:					
	Street	City	State	Zip	
Telephone:	()	()	()		
	Home	Cell	Message		
Email Address:					
Are you a year-round resident? (available to work all seasons) <input type="checkbox"/> Yes <input type="checkbox"/> No					
Position Applying For:					
Job Title Applying for:					
Are you applying for: <input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> Temp/Seasonal			What shifts will you work? <input type="checkbox"/> Week Days <input type="checkbox"/> Nights <input type="checkbox"/> Weekends		
Available Start Date:					
How did you hear about this job opening:					
Employment Eligibility:					
Are you legally eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No (Federal Law requires proof of identity and employment authorization for all new employees.)					
Do you have a reliable vehicle to get to and from work in all seasons? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Can you travel if the job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No State: _____					
Education/Training					
<u>School</u>	<u>Name</u>	<u>Location</u>	<u>Dates Attended From / To:</u>	<u>Diploma, Degree & Major</u>	<u>Graduated?</u>
High School					
College					
Other (Business, Vocational, Military)					

Employment History (Please start with the most recent, ending with Age 18)

Employer: _____ May we contact this employer? Yes No

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: _____ May we contact this employer? Yes No

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: _____ May we contact this employer? Yes No

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: Yes No Microsoft Office: Yes No
Spreadsheet: Yes No PowerPoint: Yes No
Digital Phone Systems: Yes No Copier: Yes No
Scanner: Yes No Other Software: _____

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 § 65-503 or its successor? Yes No Have you previously claimed such preference? Yes No

(If Yes, fill out Page 4 of Application & attach proper documentation)

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:

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Home

Other

Connection To You (i.e. friend, co-worker):

Occupation:

Personal Reference

Name:

Last

First

Middle

Address:

Street

City

State

Zip

Telephone:

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Home

Other

Connection To You (i.e. friend, co-worker):

Occupation:

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: _____

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: _____

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 Employer or I may terminate our relationship at any time, and that this employment application does not constitute an employment contract.

Signature of Applicant: _____ Date: _____

IT IS THE POLICY of Cascade Aquatic & Rec Center 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 if able.

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, an applicant for employment with Cascade Aquatic & Rec Center, do hereby authorize a review of and full disclosure of all records or information concerning myself to any duly authorize agent of Cascade Aquatic & Rec Center, 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 Cascade Aquatic & Rec Center. 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

Witness

DATED: _____

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

Phone: _____ DOB: _____



IDAHO STATE POLICE BUREAU OF CRIMINAL IDENTIFICATION



NAME BASED CRIMINAL BACKGROUND CHECK FORM of the Idaho Central Repository of Criminal History Records

A \$20 processing fee must be included. Each field must be completed. A separate form must be used for each request. Do not use staples on the forms. Make checks or money orders payable to the Idaho State Police. **A personal check will only be accepted if issued by the requestor or requesting agency.** A \$20.00 fee will be charged for any returned checks.

Please print clearly in blue or black ink only. **Illegible forms will be returned for clarification.**

Incomplete forms will be returned unprocessed.

REQUEST			
Please provide an Idaho Criminal History on the individual named below.			
Last Name	First Name	Middle Name	
Alias Names (Include Maiden/prior Married Names) Please provide both first and last name.			
Date of Birth (mm/dd/yyyy)	Social Security Number (optional)	Sex	Race
Address	City	State	Zip
WAIVER			
Idaho law does not require a waiver. However, without a signed waiver from the subject of the record, any arrest more than 12 months old, without a disposition, cannot be given to a non-criminal justice agency. Any waiver other than this waiver will not be accepted.			
I hereby give permission for the requester, named below, to receive any information maintained by the Idaho Bureau of Criminal Identification concerning myself.			
_____ Signature		_____ Date	
<i>This signature on the waiver must be within 180 days of the name check submission.</i>			

TO BE COMPLETED BY COMPANY OR PERSON REQUESTING BACKGROUND INFORMATION

Incomplete forms will be returned unprocessed

Requesting Person or Company	Address of Requester (Results will be mailed to this address)	
Cascade Aquatic & Rec Center Southern Valley County Rec District	Street <u>P.O. BOX 723</u>	
Printed Name of Requester (Print Legibly)	City, State & Zip Code <u>CASCADE, ID 83611</u>	Phone Number of Requester
	Signature of Requester	<u>208-382-5136</u>

General Information:

Idaho law does not require a person to give consent. However, without a signed release from the subject of record, any arrest more than 12 months old, without a disposition, cannot be given to a non-criminal justice agency. **Results of a Name Based Criminal Background check cannot be notarized.**

Criminal history record information furnished as a result of a non-fingerprint based computerized search is based solely on a search of identifiers provided in the request. Be aware it is not uncommon for criminal offenders to use alias names and false dates of birth, which would adversely affect the completeness and accuracy of a non-fingerprint based search of the Idaho Central Repository of Criminal History Records. No other state or federal agency records can be searched under current law. The bureau does not telephone or fax responses. Please allow ample time for processing this request. Requests are processed on a first come basis.

The records maintained by the Idaho Bureau of Criminal Identification (BCI) are based upon the felony and serious misdemeanor arrests reported to BCI from other Idaho criminal justice agencies. If a person disputes the accuracy of information obtained, that person may challenge the information by writing to the address on this form.

Idaho code 67-3008 (6) states, "A person or private agency or public agency, other than the department, shall not disseminate criminal history record information obtained from the department to a person or agency that is not a criminal justice agency or court without a signed release of the subject of record unless otherwise provided by law.

700 S. STRATFORD DR. STE. 120 • MERIDIAN, ID 83642

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