

Date: _____



APPLICATION FOR EMPLOYMENT (REHIRE)

To be considered as an applicant, you must fill out this form. Each question must be fully and accurately answered. PLEASE PRINT, except for signature on application.

PERSONAL INFORMATION

Name _____

Last

First

Middle

Mailing Address _____

(Must advise, if changes)

Street/PO Box

City

State

Zip

Physical Address _____

Street/PO Box

City

State

Zip

Local Phone _____ Cell Ph. or optional phone _____ Email Address _____

Emergency Contact: _____

(Name)

(Phone)

(Relationship to Employee)

WORK STATUS

Have you ever worked for BCRD under a different name? Yes No If yes, what name _____

If yes, what was your previous position at BCRD? _____ When? _____

What position are you applying for? _____

Are you a friend of, or related to anyone employed by BCRD? Yes No

If yes, please give name _____

Are you presently employed? Yes No If yes, Where _____ Work phone _____

BACKGROUND CHECK

It is the Blaine County Recreation District's policy to conduct background checks on all employees if hired. Continued employment is subject to the results of the background check.

Have you ever been **charged** with a crime? Yes No If yes, what Crime(s)? _____

What year? _____ What was the disposition? _____

VETERAN'S PREFERENCE

Are you eligible for Veteran's Preference pursuant to I.C. 65-503? Yes No

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

Date: _____

PERSONAL REFERENCES (Please List three (3) persons not related to you by blood or marriage)

Please list names, address and phone numbers of 3 references:

- | | |
|----------|-------------|
| 1) _____ | Phone _____ |
| 2) _____ | Phone _____ |
| 3) _____ | Phone _____ |

CERTIFICATION

PLEASE READ AND SIGN BELOW

1. 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.**
2. If I am hired a background check will be conducted provided I am 18 years of age or older and I agree to cooperate in that background check and to sign any releases that may be required for that background check.
3. 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. In the event of employment, I agree to abide by all present and subsequently issued rules of the company.
4. In accepting employment, I understand that some positions are seasonal/part-time and scheduled shifts are subject to change.
5. I authorize my former employers, present employer, and other individuals to give information concerning me, whether or not it is on their records and I release them and their companies from all liability whatsoever.
6. I have no other employment activities or beliefs that interfere with my work or loyalty to BCRD.

I have read and fully understand the above information.

Sign _____

Date _____

You may include a resume, or any additional information you feel beneficial.
(Proof of citizenship or immigration status is required upon employment)

IT IS THE POLICY of the Blaine County Recreation 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.

Date: _____

ALL APPLICANTS UNDER 18 MUST HAVE SIGNED CONCENT.

PARENT/GUARDIAN AUTHORIZATION

I, _____ (full name of parent or legal guardian), am the parent or lawful guardian of _____ (full name of minor), who has signed this Rehire Application attached hereto. I authorize _____ (full name of minor) to work for the Blaine County Recreation District with full knowledge of the Agreement of Understanding in said application, as though I executed it myself. I understand that the terms of the Agreement of Understanding are contractually and legally binding upon me and the minor person who I have authorized to work for the Blaine County Recreation District and that no verbal statement to the contrary, by any person or entity, can void or alter the terms of the Agreement of Understanding.

DATED this _____ day of _____, 20_____.

Parent or Guardian Signature: _____

Full Name (type or print) _____

Relationship to Minor: _____

Child's Full Name _____

Child's Date of Birth _____

Address _____
Street City State Zip

Phone _____

WITNESS:

(Signature of Witness)