

APPLICATION FOR EMPLOYMENT

Pocatello Office:
444 Hospital Way, Ste 477
Pocatello ID 83201
Phone: (208) 233-7832
Fax: (208) 233-7835

Soda Springs Office: 15 West Center, Suite 2 Soda Springs ID 83276 Phone: (208) 547-4470 Fax: (208) 547-4640

Date of Application	-

Name:	Position Appling For:						
Address:	Phone:						
Cell Phone:	E-mail <i>A</i>	Address:					
Type of Employment Desired:	Full time:	Part-time:	Temporary/Seasonal:				
Referral Source: Walk in: Friend: Relative: Newspaper:	Are you able to meet the minimum attendance required of this position?			Yes s			
Dept. of Labor:Other:	Have you	Iave you ever been arrested or convicted of a crime? Yes N Yes explain*:					
*Having been convicted of a crime will that you are applying. All employees m	not necessarily bar youst be able to pass a case provide both pa	ou from employment. Fu Criminal History Backgr	urther explanation may be needed for round Check conducted by the State ence beginning with the most recer	r the po	osition		
Name of Employer/Address	Job Title	From:	Job Duties				
		То:					
Supervisor: Phone:	Starting Pay: \$	Ending Pay:	Reason for Leaving:				
Name of Employer/Address	Job Title	Dates of Employment	Job Duties				
		From: To:					
Supervisor: Phone:	Starting Pay: \$	Ending Pay:	Reason for Leaving:				
Name of Employer/Address	Job Title	Dates of Employment	Job Duties				
		From: To:					
Supervisor: Phone:	Starting Pay: \$	Ending Pay: \$	Reason for Leaving:				
Educational Background High School/GED Completed		f No please explain: If No, anticip	ated graduation Date:				

Name/Type of School	Years Attended	Course of Study	Deg	gree Completed
College/University	From:	Major:		
	To:	Minor:		
Graduate School	From:	Emphasis:		
	To:	Credentials:		
Other	From:	Type of Study:		
	To:			
2 10° 1 10 1 1	<u>'</u>		I	
Qualifications and Relate	d Skills:			
D-fower con.				
References: Name:	Title:		Phone #:	Years Known:
1.000				
I understand that PVFC is an ereligion, disability or economi involved with in the process of the application process. I under on the basis of a disability that	cal status. I understand that f employment will make everstand that PVFC is in cor	at those representatives of F very effort to accommodate mpliance with ADA regulat	PVFC whom I may be any special needs that tions and guidelines a	be interviewing with or nat I have, if disclosed in and does not discriminate
I understand that if employed, application is not, and is not in the employer decides not to en party with or without notice, a designee has any authority to l	ntended to be a contract of on mploy me. I understand and that any time, for any reason,	employment, nor does this d agree that my employmer or for no reason. No one o	application obligate nt is at-will and can be other than an officer of	the employer in any way if be terminated by either
I also understand that if emploeffort to protect all clients' rig coworkers away from PVFC of	ht to confidentiality. I fur	ther agree that, if I should l	eave PVFC, I will no	ot solicit clients or
Signature		Da	te:	
	F	For Office Use Only:		
Date of Interview:	Hired: Yes	No Start Date:	Rate	of Pav:

Revised 06/01/18ds