



APPLICATION FOR EMPLOYMENT

1. APPLICANT DATA

Please type or print plainly.

Rev: 2015

| | | | |
|--|--------------------|-----------------|---------------|
| Name: | | | |
| Mailing Address: | | (City) | (State) (Zip) |
| Home Telephone: | Message Telephone: | E-mail Address: | |
| SOURCE OF REFERRAL: <input type="checkbox"/> CSI Website <input type="checkbox"/> Other Website <input type="checkbox"/> Newspaper <input type="checkbox"/> Dept of Labor <input type="checkbox"/> Employee <input type="checkbox"/> Friend/Relative <input type="checkbox"/> Other? | | | |
| POSITION DESIRED: | | | |
| HOURS AVAILABLE TO WORK: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Summer only <input type="checkbox"/> School term <input type="checkbox"/> Saturdays <input type="checkbox"/> Sundays | | | |
| CITIZENSHIP: Can you provide proof of identity and employability? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| VETERAN STATUS: Are you an Idaho resident who has served in the US armed forces during a recognized war period or other conflict, a disabled veteran or a qualifying widow, widower or spouse? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please also complete a CSI Veteran's Preference Form.) | | | |
| POLICE RECORD: Have you ever been convicted of, or entered a plea of guilty or no contest, or had a withheld judgment to a felony ? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, give date, offense and outcome of each violation.) | | | |
| <i>(Answering "yes" will not necessarily disqualify you for employment at the college. The nature and date of the offense, the surrounding circumstances and the relevance of the offense to the position applied for maybe considered, however.)</i> | | | |

2. EDUCATIONAL DATA

| Name and location of school(s) | List Diploma, Degree or GED Completed | Indicate Last Year Completed | Major or Principal Courses Studied |
|--|---------------------------------------|------------------------------|------------------------------------|
| High School or equivalency | | 1 2 3 4 | |
| College | | 1 2 3 4 | |
| Trade, Business, Military, Night School, Other | | 1 2 3 4 | |
| Scholastic honors, extracurricular activities. | | | |
| Computer knowledge and skills: List hardware/software used and level of proficiency. | | | |
| List any other experiences, skills or qualifications that are applicable to the job you are seeking. | | | |

3. EMPLOYMENT DATA

Employment data for recent positions must be fully documented. Statements indicating "See Resume" are not acceptable.

| | | | |
|--------------------------------------|------------|--|------------------|
| COMPANY NAME of most recent employer | | | Telephone Number |
| ADDRESS | CITY | STATE | ZIP |
| IMMEDIATE SUPERVISOR | Date Hired | Date Left | |
| YOUR JOB TITLE & DUTIES | | | |
| REASON FOR LEAVING | | May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| COMPANY NAME of previous employer | | | Telephone Number |
| ADDRESS | CITY | STATE | ZIP |
| IMMEDIATE SUPERVISOR | Date Hired | Date Left | |
| YOUR JOB TITLE & DUTIES | | | |
| REASON FOR LEAVING | | May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| COMPANY NAME of previous employer | | | Telephone Number |
| ADDRESS | CITY | STATE | ZIP |
| IMMEDIATE SUPERVISOR | Date Hired | Date Left | |
| YOUR JOB TITLE & DUTIES | | | |
| REASON FOR LEAVING | | May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

4. REFERENCES

List three persons who are qualified to evaluate your work-related capabilities (other than relatives).

| NAME | ADDRESS | PHONE | OCCUPATION |
|------|---------|-------|------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |

I certify the information supplied by me in this application is true and correct and I authorize investigation of all statements including former employers and references. I hereby release from all liability or responsibility all persons, companies or corporations furnishing such information. I understand that any misrepresentation or omission of facts by me in this application is cause for my discharge in the event I am hired. The employment relationship with the College of Southern Idaho is based on the mutual consent of the employee and employer. The relationship can be terminated at will any time.

SIGNATURE _____ DATE _____

The College of Southern Idaho is an equal opportunity employer and a drug and alcohol free workplace. In addition, preference may be given to veterans who qualify under state and federal laws and regulations.