

Community Partnerships of Idaho, Inc.

3076 N. Five Mile Rd., Boise, ID 83713 (208) 376-4999

Application for Employment

(Please Print)

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religious persuasion, marital status, political belief, or disability that does not prohibit performance of essential job functions.

Date: _____

I. Personal Information	
Name: Last	First
Middle	
Present Address:	
City:	State:
Zip:	
Permanent Address (if different than above):	
Home Telephone:	Work Telephone:
Email address:	

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity (valid driver's license, birth certificate, alien registration card, etc.) within three days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

Position Applied For: _____

Office(s) Applying To: (please circle) Boise Emmett Payette Weiser Nampa Mountain Home Twin Falls Rupert

1. Would you like to be considered for other positions at Community Partnerships? Yes No
2. Do you have a Certified Family Home certificate issued in your name in the state of Idaho? Yes No
2. Would you be willing to travel? Yes No
3. Would you be willing to work in the surrounding community? Yes No
4. Is there any information we would need about your name or use of another name for us to be able to check your work record? Please specify:

5. How were you referred to CPI? _____
6. Have you ever been convicted of a felony? Yes No If yes, please explain:

II. Educational History			
Level	School Name/Location	Last Grade Completed	Degree/Diploma
High School			
Level	School Name/Location	# Credits Completed	Degree/Diploma
College			
Tech. Training			
Other			

This application is current only for 90 days, at the conclusion of which time, if you have not heard from us and still wish to be considered for employment, it will be necessary for you to fill out a new application.

4. _____
Company Name (Current or Most Recent Employer) Position Held
_____ Dates Employed: _____
Address From To
_____ Manager / Supervisor Telephone Wage/Salary

Job duties (include duties working with individuals with disabilities & number of hours worked per week in this capacity)

Reason For Leaving

5. _____
Company Name (Current or Most Recent Employer) Position Held
_____ Dates Employed: _____
Address From To
_____ Manager / Supervisor Telephone Wage/Salary

Job duties (include duties working with individuals with disabilities & number of hours worked per week in this capacity)

Reason For Leaving

6. _____
Company Name (Current or Most Recent Employer) Position Held
_____ Dates Employed: _____
Address From To
_____ Manager / Supervisor Telephone Wage/Salary

Job duties (include duties working with individuals with disabilities & number of hours worked per week in this capacity)

Reason For Leaving

7. _____
Company Name Position Held
_____ Dates Employed: _____
Address From To
_____ Manager / Supervisor Telephone Wage/Salary

Job duties (include duties working with individuals with disabilities & number of hours worked per week in this capacity)

Reason For Leaving

IV. References *Please do not include relatives or former employers.*

1. _____
 Name Occupation Years Known

 Address Telephone

2. _____
 Name Occupation Years Known

 Address Telephone

V. Work Availability

1. If your application receives favorable consideration, when will you be available to begin work? _____

2. Do you desire: Full-Time: Part-Time: or On-Call: work?

3. Do you have any objection to working overtime? () Yes () No

4. Can you work overtime without prior notice? () Yes () No

5. Can you work on Saturday? () Yes () No

6. Can you work on Sunday? () Yes () No

7. Can you travel if required by this position? () Yes () No

* Community Partnerships of Idaho will make reasonable accommodations for religious beliefs.

VI. Salary / Hourly Rate Requirements

If your application receives favorable consideration, what salary/hourly rate would you require?

\$ _____ per _____

I understand and agree that, if hired, my employment is for no definite period and either the Employer or I may terminate our relationship at will at any time, without notice or any reason, and that this employment application does not constitute an employment contract.

This employment Application is used to notify me that the nature and scope of investigations, if one is conducted, could include such general identification information as residence verification, and as applicable, information concerning my employment, education, general reputation, character, personal characteristics, and habits, and that such information may be developed through personal interviews with third parties such as family members, neighbors, friends, associates, former employers, financial sources, and custodians of official records. Only job-related information developed from such a report will be considered in evaluating my employment application or continued employment. I hereby authorize these persons, companies, organizations or corporations to answer all questions or release any information regarding the items listed in this paragraph. I hereby release them from any liability and hold them harmless from any claim for releasing any truthful information within their knowledge and/or records.

I authorize the Company to release to any person, firm, entity or organization with whom I may seek employment in the future, any truthful information concerning my work experience with the Company. I hereby release and hold the Company from any claim for releasing any truthful information within its knowledge and/or records

I certify that all the above information that I provided is true to the best of my ability. I understand that if I were to be hired by Community Partnerships of Idaho, Inc. and had falsified any of my pre-employment records, it would result in termination of my employment.

Signature of Applicant

Date

This application is current only for 90 days, at the conclusion of which time, if you have not heard from us and still wish to be considered for employment, it will be necessary for you to fill out a new application.

Note: This Applicant Data Record form must be filled out and turned in with your Application for Employment..

Date: _____

Office applying for: Boise Nampa Mt Home Sandcastles Emmett Payette Weiser Twin Falls Rupert
(Please circle all that apply)

Applicant Data Record

Community Partnerships of Idaho, Inc.

Applicants are considered for all positions, and employees are treated during employment without regard To race, color, religion, sex, national origin, age marital status or veteran status, medical condition or disability.

As employers, we comply with government regulations and affirmative action responsibilities.

Solely to help us comply with government record keeping, reporting and other legal requirements, please Fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting requirements only, and will be kept in a **Confidential File** separate from the Application for Employment.

(PLEASE PRINT)

Position(s) applied for: _____

Referral Source: Walk-In Friend/Relative Other: _____
 Employee Name of: _____
 Job Service Location: _____
 Newspaper Which one: _____
 Job Fair Location: _____

Name: _____ Phone: () _____
Last First Middle

Address: _____
Number Street City State Zip

Affirmative Action Survey

Government agencies require periodic reports on the sex, ethnicity, disabled and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information is voluntary.

(Check One) Male Female
(Check as many as apply to you) Caucasian/Not Hispanic or Latino Black or African American/Not Hispanic or Latino
 Hispanic or Latino American Indian or Alaskan Native/Not Hispanic or Latino Asian/Not Hispanic or Latino
 Native Hawaiian or other Pacific Islander/Not Hispanic or Latino
(Check if any of the following are applicable)
 Vietnam Veteran Disabled Veteran Disabled Individual

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