BARBER PARK

Pre-Employment Questionnaire

Barber Park Administration Building, 4049 Eckert Rd., Boise, Idaho 83716

Phone 577-4575 Fax 577-4579  
Email: parks@adaweb.net

Please drop off between the hours of 8 a.m. to 4:30 p.m.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name (Last, First, Middle) | | | | | | | List All Positions you are Applying For | |
| Current Address Street or P.O. Box No. | | | | | | | | |
| City State Zip Code | | | | | | | | |
| Home Telephone | | | | | Daytime phone where you may be reached | | | |
| Do you have current and valid documentation which authorizes you to work in the United States? (Proof of U.S. citizenship or immigration status will be required upon employment).  Yes  No | | | | | | | | |
| When will you be available to start work? | | | | | | | | |
| Will you work  Weekdays:  Morning  Afternoon  Evening  Weekends:  Morning  Afternoon  Evening | | | | Last day you can work: | | | | |
| Do you have a valid vehicle operators license  Yes State issued in:        No  CDL | | | **Can you drive a standard (stick shift) vehicle?**  Yes  No | | | | | |
|  | | | | | | | | |
| **REFERENCES** | Name | City | | | | State | | Telephone (include area code) |
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| EDUCATIONAL HISTORY | List educational institutions below. Use additional pages if required | | | | |
| High School | Name, address, city and state  of school(s) attended | Check last  grade attended | Graduated | Degree/major |
|  | 9 10 11 12 | Yes  No | G.E.D.  Diploma |
|  |
|  |
| College |  | 1 2 3 4  Bachelors  Masters | Yes  No |  |
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| Do you participate in school sports?  Yes  No If yes when will they start?  Explain any specialized training, additional schooling or education awards. | | | | |

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| EMPLOYMENT HISTORY | Employment history: List below your work history, beginning with your present or most recent job, emphasizing your specific tasks and supervisory, technical, or other responsibilities. Give special attention to experience relating to the job for which you are applying. Attach additional sheets if necessary. | | | | |
| Employer’s name and address | May we contact this employer?  Yes  No | Your title/position | From | To |
| Mo/Yr | Mo/Yr |
| Duties (be specific) | | | Total Time | Hours/Week |
| Yrs/Mos |  |
|
| Salary | |
| Starting | Ending |
|
|
| Reason for Leaving | | | Supervisor’s name    Phone No. | |
|
|
| Employer’s name and address | May we contact this employer?  Yes  No | Your title/position | From | To |
| Mo/Yr | Mo/Yr |
| Duties (be specific) | | | Total Time | Hours/Week |
| Yrs/Mos |  |
|
| Salary | |
| Starting | Ending |
|
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| Reason for Leaving | | | Supervisor’s name    Phone No. | |

*Please attach additional pages, if necessary*

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| --- | --- |
| SIGNATURE | APPLICANT – READ AND SIGN BELOW  I affirm that all information in this application is true and complete.  Any misrepresentation, false statements, or omission of facts called for, shall constitute cause for dismissal or grounds for refusal of employment.  I agree to comply with rules, policies, standards, and/or procedures applicable to my position of employment.  \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Applicant Date |