

BARBER PARK

Pre-Employment Questionnaire

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

Phone 577-4575 Fax 577-4579

Please drop off between the hours of 8 a.m. to 3 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). <input type="checkbox"/> Yes <input type="checkbox"/> No		
When will you be available to start work?		
Will you work Weekdays: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening Weekends: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening		Last day you can work:
Do you have a valid vehicle operators license <input type="checkbox"/> Yes State issued in: <input type="checkbox"/> No <input type="checkbox"/> CDL		Can you drive a standard (stick shift) vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No

REFERENCES	Name	City	State	Telephone (include area code)

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 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> G.E.D. <input type="checkbox"/> Diploma
			1 2 3 4 <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	College				
Do you participate in school sports? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes when will they start?					
Explain any specialized training, additional schooling or education awards.					

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? <input type="checkbox"/> Yes <input type="checkbox"/> No	Your title/position	From Mo/Yr	To 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	Your title/position	From Mo/Yr	To Mo/Yr			
	Duties (be specific)				Total Time		Hours/Week		
Yrs/Mos									
Salary									
Starting					Ending				
Reason for Leaving				Supervisor's name					
				Phone No.					

Please attach additional pages, if necessary

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