

VETERAN'S PREFERENCE

(Reference Idaho Code, Title 65, Chapter 5, and 5 U.S.C. § 2108)

The term “**active duty**” means full-time duty in the Armed Forces, but NOT active duty for training.

Part 1. Preference Eligible Veterans:

- I served on active duty at any time from 12-7-41 and ending 7-1-55.
- I served on active duty for 180 consecutive days, any part of which occurred after 1-31-55 and before 10-15-76.
- I served on active duty at any time from 8-2-90 and ending 1-2-92.
- I served on active duty for a period of more than 180 consecutive days, any part of which occurred during the period beginning on 9-11-01 and ending when prescribed by Presidential proclamation or by law as the last date of Operation Iraqi Freedom.
- I have been awarded an Armed Forces Expeditionary Medal (AFEM). All AFEM recipients, whether listed here or not, qualify for veteran's preference and must be shown on your DD-214 form. Examples of some of the most common campaign medals are: Vietnam (Service Medal), El Salvador, Lebanon, Granada, Panama, Bosnia, Kosovo, Afghanistan, Southwest Asia (Persian Gulf), Somalia, and Haiti. (Award of the National Defense Service medal does not qualify.) For a listing of Wars, Campaigns, and Expeditions of the Armed Forces which qualify for veteran's preference, go to www.opm.gov/veterans/html/vgmedal2.htm.
- I have a service-connected disability of 10% or more.
- I am the spouse of an eligible disabled veteran, who has a service-connected disability.
- I am the widow or widower of an eligible veteran and have remained unmarried.
- I do not meet any of the selections above, but I served on active duty in the armed forces of the United States for a period of more than one-hundred eighty (180) days and was honorably discharged.

Part 2. Documentation & Signature.

By my signature, I certify that all statements on this form are true and complete to the best of my knowledge. I understand that should an investigation disclose inaccurate or misleading answers, my application may be rejected and my name removed from consideration for employment with Twin Falls County.

- I have never received veteran's preference by any State of Idaho agency. (If you have received an initial appointment claiming veteran's preference, you are not eligible for preference.)
- I have attached a copy of my DD-214. Veteran's preference will not be considered without this document.

Name (Please Print)

Signature

DATE: _____

Employment History

Have you ever worked for Twin Falls County before? Yes No If yes, list dates, departments, and your name if different from pg. 1: _____

Have you ever been involuntarily terminated from employment or asked to resign in lieu of proposed termination?
Yes No If yes, can the terms be disclosed by you?
Yes No If yes, please explain on separate sheet of paper.

Complete all applicable sections, starting with your current or most recent employer and include any time periods of military duty or self-employment.

Most recent/ current EMPLOYER:		DATES OF EMPLOYMENT:	
SUPERVISOR:	PHONE:	MAY WE CONTACT? YES <input type="checkbox"/> NO <input type="checkbox"/>	
ADDRESS:	CITY:	STATE:	ZIP:
JOB TITLE	HOURS PER WEEK:	SALARY:	
DUTIES:			
REASON FOR LEAVING:			

EMPLOYER:		DATES OF EMPLOYMENT:	
SUPERVISOR:	PHONE:	MAY WE CONTACT? YES <input type="checkbox"/> NO <input type="checkbox"/>	
ADDRESS:	CITY:	STATE:	ZIP:
JOB TITLE	HOURS PER WEEK:	SALARY:	
DUTIES:			
REASON FOR LEAVING:			

EMPLOYER:		DATES OF EMPLOYMENT:	
SUPERVISOR	PHONE:	MAY WE CONTACT? YES <input type="checkbox"/> NO <input type="checkbox"/>	
ADDRESS:	CITY:	STATE:	ZIP:
JOB TITLE	HOURS PER WEEK:	SALARY:	
DUTIES:			
REASON FOR LEAVING:			

EMPLOYER: _____ DATES OF EMPLOYMENT: _____

SUPERVISOR: _____ PHONE: _____ MAY WE CONTACT? YES NO

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

JOB TITLE _____ HOURS PER WEEK: _____ SALARY: _____

DUTIES: _____

REASON FOR LEAVING: _____

EMPLOYER: _____ DATES OF EMPLOYMENT: _____

SUPERVISOR: _____ PHONE: _____ MAY WE CONTACT? YES NO

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

JOB TITLE _____ HOURS PER WEEK: _____ SALARY: _____

DUTIES: _____

REASON FOR LEAVING: _____

EMPLOYER: _____ DATES OF EMPLOYMENT: _____

SUPERVISOR: _____ PHONE: _____ MAY WE CONTACT? YES NO

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

JOB TITLE _____ HOURS PER WEEK: _____ SALARY: _____

DUTIES: _____

REASON FOR LEAVING: _____

PERSONAL REFERENCES: Please list the names of three (3) persons not related to you by blood or marriage:

Name: _____ Phone: _____

Connection to you (friend, co-worker, etc.): _____

Name: _____ Phone: _____

Connection to you (friend, co-worker, etc.): _____

Name: _____ Phone: _____

Connection to you (friend, co-worker, etc.): _____

Education:

Do you have a high school diploma or equivalent? Yes No

(Circle last year completed)

SCHOOL NAME

MAJOR SUBJECTS

Elementary & Jr. High 5 6 7 8

Not applicable

High School 1 2 3 4

College 1 2 3 4

Please list other job related skills, including machinery, equipment, computers, licenses, or certifications:

Given your knowledge, skills, education, and experience, are you able to perform all the essential elements of the position for which you are applying as set forth in the job description with or without special accommodation? Yes No
If no, what accommodation(s) would be required to perform the essential elements of this position?

Twin Falls County reserves the right to require applicants and employees to take medical examinations and/or tests of our choice to determine fitness for duty. Results of these examinations will dictate action in accordance with County policy.

Twin Falls County reserves the right to require applicants and employees to take drug tests of our choice to determine fitness for duty, including, but not limited to: urine, blood or other examinations for evidence of alcohol or illegal substances, to be performed by an independent medical testing laboratory. Positive results of these examinations will dictate action in accordance with County policy.

As a condition of my being employed, I agree to take such medical and/or drug tests as required at a medical or testing facility selected by the County. I am not guaranteed a position of employment, and I understand I can not start working until after acceptable results are received by the County. I waive all provisions of law prohibiting any physician, person, hospital or other institution that has, or may hereafter, attend or furnish me with treatment from disclosing to the County any knowledge or information thereby acquired.

I have read the above statement and agree to the terms set forth as a condition of employment: Yes No

CERTIFICATION

“I certify that the facts contained in this application and its attachments are true, accurate, and complete to the best of my knowledge and understand that false or misleading statements or material omissions on this application or provided in interviews constitute grounds for denial of employment, or for immediate dismissal if already employed.”

“I understand and agree that, if hired, my employment is for no definite period of time and either Twin Falls County or I may terminate employment at any time, and that this employment application does not constitute an employment contract.”

Signature

Date

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, an applicant for employment with Twin Falls County, DO HEREBY AUTHORIZE any and all persons, employers, partnerships, corporations, and all civilian and government entities, military agencies, law enforcement agencies, private, city, town, county, state and federal entities to release, furnish and exchange any and all available information relating to me for the purpose of determining my suitability to be employed by Twin Falls County. This includes, but is not limited to, all information related to my employment, education, performance, disciplinary history, character, integrity, reputation, credit report, conduct, behavior, and fitness for duty. This authorizes release of such information to Twin Falls County and its officers, employees, agents and officials.

This release is in addition to, and not intended to curtail or diminish, the authorization and immunity provided by statute. I DO HEREBY RELEASE Twin Falls County and its officers, employees, agents and officials and all persons or entities disclosing such information pursuant to this document from any and all liability. I release from all liability all persons, institutions, companies, and corporations who supply such information. I indemnify Twin Falls county against any liability that might result from such an investigation.

I further agree that any information obtained as part of a background investigation shall not be released to any person including myself without approval of Twin Falls County.

_____ Dated this _____ day of _____

Signature

Printed Name

Note: A photocopy reproduction of this request shall be for all intents and purposes as valid as the original.

