

## SIRCOMM Application for Employment

### An Equal Opportunity Employer

To be considered an applicant, you must complete this form. A resumé may also be attached. Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application. **PLEASE PRINT**, except for your signature. This application is to fill the current open position only.

Personal Information:				
Name:				
	Last	First	Middle	Other Names Used
Address:				
Telephone:	Street ( )	City ( )	State ( )	Zip
	Home	Cell	Message	
Email Address:				
Webpage Address(es):				
Position Applying For:				
Job Title: <b>Maintenance Personnel</b>				
I understand this position is seasonal/temporary <input type="checkbox"/> Yes				
Are you willing to work irregular hours, and weekends if necessary?				
Yes <input type="checkbox"/> No <input type="checkbox"/>				
Available Start Date:				

Are you legally eligible to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/> (Federal Law requires proof of identity and employment authorization for all new employees.)	
Do you have a valid driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/> State: _____ License No. _____	
Date of expiration: _____ Restrictions: _____	
Do you hold or have you ever held an operator license in another state? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please provide state(s), name used and approximate dates license(s) was/were held.	
Professional Licenses or Certificates Held:	

Current Employer.				
Employer:				
Address:				
	Street	City	State	Zip
Telephone: (    )	Supervisor Name:			
Dates From:	To:	Final Rate of Pay:		
Position Held:				
Primary Duties:				
Reason for Leaving:				

Drug Testing:
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Would you take a physical examination (including but not limited to urine, blood or other examination) for evidence of drug or other illegal chemical use? Yes  No

SIRCOMM reserves the right to require applicants or 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 SIRCOMM policy.

Military
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Are you a veteran or family member who qualifies for and are claiming preference pursuant to Idaho Code § 65-503 or its successor? Yes  No  **(If Yes, fill out Page 5 of Application & attach proper documentation)**

Have you previously claimed such preference? Yes  No

Personal Reference (Please list the names of three (3) persons <u>not</u> related to you by blood or marriage.)
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Name:	Last	First	Middle
Address:	Street	City	State      Zip
Telephone:	(    )	(    )	
	Home	Other	
Connection To You (i.e. friend, co-worker):			Occupation:

**Personal Reference**

Name: \_\_\_\_\_  
 Last First Middle

Address: \_\_\_\_\_  
 Street City State Zip

Telephone: (\_\_\_\_) (\_\_\_\_)  
 Home Other

Connection To You (i.e. friend, co-worker): \_\_\_\_\_ Occupation: \_\_\_\_\_

**Personal Reference**

Name: \_\_\_\_\_  
 Last First Middle

Address: \_\_\_\_\_  
 Street City State Zip

Telephone: (\_\_\_\_) (\_\_\_\_)  
 Home Other

Connection To You (i.e. friend, co-worker): \_\_\_\_\_ Occupation: \_\_\_\_\_

Have you ever been charged with a crime (other than a minor traffic infraction)? Yes  No

If yes, when & where: \_\_\_\_\_ Please Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you related by blood or marriage to any person now employed by Employer? Yes  No

If yes, give name and relationship to you:

**CERTIFICATION**

I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that should an investigation disclose untruthful, incomplete, or misleading answers, my application may be rejected, my name removed from consideration, or my employment may be terminated.

I understand and agree that, if hired, my employment is for no definite period and either SIRCOMM or I may terminate our at-will relationship at any time, and that this employment application does not constitute an employment contract.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

IT IS THE POLICY of SIRCOMM to provide equal opportunity in all terms, conditions and privileges of employment for all qualified job applicants and employees without regard to race, color, national origin, gender or age (unless a bona fide job requirement) or the presence of any disability. Reasonable accommodations will be made for disabled persons.

**VETERAN'S PREFERENCE**

If you are NOT claiming Veteran's Preference, please initial here \_\_\_\_\_ and proceed to the next page.

Per Idaho Code, Title 65, Chapter 5, Employer will afford a preference to employment of veterans. In the event of equal qualifications and experience between candidates for an available position, a veteran who qualifies will be preferred. If claiming veteran's preference, please complete the information below and attach a copy of your DD-214 to this application.

(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 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 Employer.

- I have attached a copy of my DD-214. Veteran's preference will not be considered without this document.

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Signature

DATE: \_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_

MAY WE CONTACT YOUR PRESENT EMPLOYER? Yes  No

**AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION**

I, \_\_\_\_\_, an applicant for employment with SIRCOMM, do hereby authorize a review of and full disclosure of all records or information concerning myself to any duly authorize agent of SIRCOMM, whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of all records and information of educational institutions; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me, either criminal or civil, in which I have, or have had any interest or involvement.

I understand that any information obtained during any personal history background investigation which is developed directly or indirectly, in whole or in part, upon this authorization will be considered in determining my suitability for employment by SIRCOMM. I hereby agree that any person(s) or entities who may furnish such information concerning me shall not be held liable for providing this information; and I do hereby release said person(s) and entities from any and all liability which may be incurred as a result of furnishing such information.

I further authorize that a photocopy of this signed release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Signature

DATED: \_\_\_\_\_