## **Employment Application**

## **Sun Valley Elkhorn Association**

PO Box 1708 ~ Sun Valley, ID 83353

Ph 208-622-7420 ~ Fax 208-622-3215 ~ Email <u>svea@elkhorninsunvalley.com</u>

		Applican	t Information				
Full Name:					Date:		
Address:	Last First			M.I			
Address	Street Address	Mailing Address		Apartment/Unit #			
_	City			State	ZIP C	Code	
Phone: (	)	E-n	nail Address: _				
Date Availal	ble:	Social Security No.:		_ Desired Sa	alary: <u>\$</u>		
Position App	plied for:						
-	itizen of the United State	YES NO	If no, are you authorized to work in the U.S.?				
Have you ever worked for this company?							
Have you ever If yes, explain:	ver been convicted of a						
· ·			vection				
			ucation				
High Schoo	l:	Address	: YES NO				
From:	To:	Did you graduate?		Degree: _			
College: _		Address					
From:	To:	Did you graduate?	YES NO	Degree: _			
Other:		Address	:				
		Did you graduate?	YES NO	Degree: _			
		Refe	erences				
Please list	three professional refe	rences.					
Full Name:			Relationship:				
Company:				Phone:	( )		
Address: _							
Full Name:			Relationship: _				
Company:				Phone:	( )		
Address: _							
Full Name:	Name:			Relationship:			
Company:				Phone:	( )		
Address:							

Previous Employment						
Company:			_ Phone:		)	
Address:			Sup	ervisor:		
Job Title:		Starting Salary:	\$		Ending Salary:	\$
Responsibilities:						
From:	To: Re		NO			
May we contact your p	previous supervisor for a refe	erence?	NO			
Company:			_ Phone:		)	
Address:			Sup	ervisor:		
Job Title:		Starting Salary:	\$		Ending Salary:	\$
Responsibilities:						
From:	To: Re					
May we contact your p	previous supervisor for a refe	erence?	NO			
Company:			Phone:		)	
Address:			Sup	ervisor:	-	
Job Title:		Starting Salary:	\$		Ending Salary:	\$
Responsibilities:						
From:	To: Re		NO.			
May we contact your p	previous supervisor for a refe	erence?	NO			
	Skills, I	nterests, & Milita	ry Informat	ion		
Computer Skills & Kno	wledge					
Special Skills Activities (Civic, Athlet Etc.)	ic,					
US Military or Naval Service (Branch)		Rank		_ Туре	of Discharge	
	Disclaimer, S	ignature and Eme	ergency No	otificatio	on	
I certify that my answ	ers are true and complete	to the best of my l	knowledge.			
If this application lead may result in my rele	ds to employment, I unders ase.	stand that false or l	misleading l	informa	tion in my applica	ation or interview
In consideration of m	y employment, I agree to c	conform to SVEA r	ules and re	gulation	S.	
Signature:					Date:	
In case of emergency notify						
•	Name		Phon	е		Relationship