## In The Ditch Inventive, LLC



3195 Industrial Way Mountain Home, ID 83647 208.587.7960 *Phone* 208.580.1900 *Fax* 

	Employme	ent App	lication		
					Last
Personal Info	rmation				Nar
Name (Last, Firs	t, MI)				Last Name, First Initial
Street address					rst Ini
City, State, Zip					tial:
Home phone nur	nber	Work phone nu	umber		
Facsimile number		E-mail address	;		
Social security n	umber	Driver's licens	e number/state/e	xpiration	
		(if job i	involves any driv	ving)	-
Employment	Desired				
Position applied	for				
How did you hea	ar about this position?				-
Date available fo	or work	Desired hours (full time, part time, etc.)			-
					-
Education					
	Name and Address of School	Course of Study	Total Years of Study	Degree/ Diploma	
High School					Toda
Undergraduate College					Today's Date:
Graduate/ Professional					ate:
Other					
(Specify)	1 1 2	. 1' . 1 1	1:1 11	1:0	
-	s, classes or other educatio tion (if you need additional		-	p qualify	
		1 , r	1		

#### **Employment Application Employment History** List below all present and past employers over the past ten years, starting with your **most recent** employer. Account for all periods of unemployment. You must complete this section even if attaching a resume. May we contact your current employer? YES NO Employer (current ☐ Yes ☐ No) End Start Essential job functions of Date Date final position Address 1. City, State, Zip Starting **Ending** Salary Salary 2. Phone number 3. Supervisor(s) Fax number 4. Job position(s) E-mail address of supervisor Reason(s) for leaving What value did you add to this company or its customers? **Employer** Start End Essential job functions of Date Date final position Address 1. City, State, Zip Starting **Ending** Salary Salary 2. Phone number 3. Supervisor(s) Fax number 4. Job position(s) E-mail address of supervisor Reason(s) for leaving What value did you add to this company or its customers?

[PLEASE CONTINUE ON NEXT PAGE]

# **Employment Application**

### **Employment History**

3.							
٥.	Employer		Start	End	Essential job functions of		
			Date	Date	final position		
	Address				1		
	City, State, Zip		Starting	Ending	1.		
	City, State, Zip	Salary	Salary	2.			
	Phone number			,			
					3.		
	Fax number Supervisor  Job position(s) E-mail add		r(s)				
			lrage of sup	omicor	4.		
			iress of supervisor				
	Reason(s) for leaving	Reason(s) for leaving					
	.,,						
	What value did you add to this	company or	its custome	ers?			
4.	Employer		Start	End	Essential job functions of		
			Date	Date	final position		
	Address						
					1		
	G' G Z		a·	D 1'	1.		
	City, State, Zip		Starting	Ending			
	-		Starting Salary	Ending Salary	2.		
	City, State, Zip Phone number		_	_			
	Phone number	Supervisor	Salary	_	2.		
	-	Supervisor	Salary	_	2.		
	Phone number	_	Salary	Salary	2. 3.		
	Phone number  Fax number	_	Salary r(s)	Salary	2. 3.		
	Phone number  Fax number	_	Salary r(s)	Salary	2. 3.		
	Phone number  Fax number  Job position(s)  Reason(s) for leaving	E-mail add	Salary  r(s)  dress of sup	Salary	2. 3.		
	Phone number  Fax number  Job position(s)	E-mail add	Salary  r(s)  dress of sup	Salary	2. 3.		
	Phone number  Fax number  Job position(s)  Reason(s) for leaving	E-mail add	Salary  r(s)  dress of sup	Salary	2. 3.		
	Phone number  Fax number  Job position(s)  Reason(s) for leaving	E-mail add	Salary  r(s)  dress of sup	Salary	2. 3.		

<b>Employment Application</b>			
Additional Information			
List any professional, trade, business or civic activities and offices held. You may exclude membership that would reveal gender, race,			
religion, national origin,			
ancestry, age, disability or			
any other protected status.			
Identify formal job training			
that relates to this position:			
Identify what skills or			
certification you possess			
related to this position:			
•			
If you are hired, what value			
would you add to our			
company?:			
Describe what you believe			
are the most unique features			
of your work history:			

### **Employment Application** Additional Information Have you ever been employed with this company before? $\square$ Yes $\square$ No If Yes, when? Do you have any friends or relatives employed by this company? $\square$ Yes $\square$ No If Yes, please provide their names and relationship to you: Are you currently employed? $\square$ Yes $\square$ No May we contact your employer? ☐ Yes ☐ No Are you currently on "lay off" status and subject to recall? ☐ Yes ☐ No If you are under 18 years of age, can you provide proof of your eligibility to $\square$ Yes $\square$ No work? If hired, can you provide proof of U.S. citizenship or proof of your legal right \quad Yes \quad No to work in the U.S.? Are you able to perform all of the essential functions of the job for which you $\Box$ Yes $\Box$ No are applying with or without reasonable accommodation? If hired, are there any accommodations the company would need to provide so $\Box$ Yes $\Box$ No that you can perform all those essential functions and duties of the position being applied for? If Yes, please explain: If driving is a requirement of the position applied for, have you in the last 7 $\square$ Yes $\square$ No years been convicted of Driving Under the Influence "(DUI)" $\square$ N/A If hired, do you have a reliable means of transportation to and from work? $\square$ Yes $\square$ No If hired, would you be able to travel or work overtime as needed? $\square$ Yes $\square$ No ☐ Yes ☐ No Have you ever been convicted of a felony or misdemeanor? If Yes, please explain: $\square$ Yes $\square$ No

## **Employment Application**

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к	et	er	er	<b>1</b>	es

List below three persons not related to you who have knowledge of your work performance within the last 5 years

Name		Occupation
Company name	Address	
Telephone	E-mail	Relationship & years acquainted
Name		Occupation
Company name	Address	
Telephone	E-mail	Relationship & years acquainted
Name		Occupation
Company name	Address	1
Telephone	E-mail	Relationship & years acquainted
<b>Additional Space</b>		
Additional space provide application	ed to expand on any points or	r questions asked previously in this

PLEASE USE ADDITIONAL PAPER IF NECESSARY

### **Employment Application**

Please read each statement closely and initial each acknowledging your understanding

#### **Equal Employment Opportunity Statement**

This company is committed to the principles of equal employment opportunity and is committed to make employment decisions based on merit. We are committed to complying with all Federal, State and local laws providing for equal employment opportunities, as well as all laws related to terms and conditions of employment. The Company desires to maintain a work environment that is free of sexual harassment and discrimination due to race, religion, color, national origin, physical or mental disability, age or any other status protected by Federal, State or local laws. The Company will make reasonable efforts to accommodate those physical or mental limitations of an otherwise qualified employee unless undue hardship would result for the company.

### **Discrimination and Sexual Harassment Policy Statement**

This Company will not tolerate any form of unlawful discrimination, including sexual harassment. Any employee who engages in unlawful discrimination or sexual harassment will be subject to appropriate discipline, up to and including termination. Prohibited sexual harassment is defined as follows: Unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature constitutes sexual harassment when (1) submission to such conduct is made whether explicitly or implicitly a term or condition of an individual's employment; (2) Submission to or action of such conduct by an individual is used as the basis for employment decisions affecting such individuals; or (3) Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive work environment.

### **Disclosure to Applicants Concerning Drug/Alcohol Testing**

If you are offered a position with the Company, you may be given a drug/alcohol test as a condition of employment. Your refusal to timely submit to a drug/alcohol test or your failure to pass such a test means you will not be employed by this company. Neither the collector of specimens nor the medical professional who reviews the test results will be a company employee. The test results will be kept confidential. The individual undergoing testing will not be directly observed while providing the specimen unless there are reasonable grounds to believe the individual may alter or substitute the specimen. Negative test results are required as a condition of employment.

### **Complete and Accurate Information**

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I have personally completed this application. I understand that any omission or misstatement of material fact on this application, or any other document used to secure employment, shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

 At-Will Employment I understand and agree that if I am employed, my er Company may terminate the employment relationsh without notice. Likewise, the Company will respect time, with or without cause and with or without representation, whether expressed or implied to th promise or representation contrary to the foregoin writing and signed by the Company's president.	rip at any time, with or without cause and with one of my right to terminate my employment at any price. I further understand that any price he contrary is hereby superceded and that no	or ny or no
 Investigation Authorization I authorize investigation into all statements and rinvestigation may include credit, driving, criminal checks. By applying for this job, I also authorize periminal background.	background, references and other backgroun	nd
Company Obligation I understand and agree that the Company's accepta position for which I am qualified is open (unless spet to hire me. I understand that the Company is unaccepting this completed application.	cifically posted) or that the company has agree	d
I HAVE READ AND UNDERSTAND THE ABO TO BE BOUND BY THEM IF EMPLOYED BY T		E
Signature	Date	