

Boise Refrigeration Service Co.

Serving Treasure Valley Since 1983

FOR OFFICE USE ONLY:
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202 W. 39TH ST.
GARDEN CITY, IDAHO 83714
(208) 344-0709 FAX (208) 344-4457

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied for		Date of Application		
How Did You Learn About Us?				
<input type="checkbox"/> Advertisement		<input type="checkbox"/> Friend		<input type="checkbox"/> Inquiry
<input type="checkbox"/> Employment Agency		<input type="checkbox"/> Relative		<input type="checkbox"/> Other
Last Name		First Name		Middle Name
Address	Street	City	State	Zip Code
Telephone Number(s)			Social Security Number (voluntary)	

Best time to contact you at home is: _____:_____ AM or PM

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No
If Yes, give date _____

Have you ever been employed with us before? Yes No
If Yes, give date _____

Do you have a valid driver's license? Yes No
If Yes, state license # and state issued _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No
Proof of citizenship or immigration will be required upon employment.

Date available to work ___/___/___ What is your desired salary range? _____

Are you available to work: Full Time
 Part Time (Please indicate: ___ Mornings ___ Afternoons ___ Evenings)
 Temporary (Please indicate dates available: ___/___ - ___/___)

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION				
School	Name and Address of School	Course of Study	No. of Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate/Professional				
Other (Specify)				

WORK EXPERIENCE			
Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.			
Employer	Dates Employed		Work Performed
Address	From	To	
Telephone number(s)			
Starting/Present Job Title	Hourly Rate/Salary		
Reason for Leaving:	Starting	Final	
Supervisor		May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer	Dates Employed		Work Performed
Address	From	To	
Telephone number(s)			
Starting/Present Job Title	Hourly Rate/Salary		
Reason for Leaving:	Starting	Final	
Supervisor		May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer	Dates Employed		Work Performed
Address	From	To	
Telephone number(s)			
Starting/Present Job Title	Hourly Rate/Salary		
Reason for Leaving:	Starting	Final	
Supervisor		May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer	Dates Employed		Work Performed
Address	From	To	
Telephone number(s)			
Starting/Present Job Title	Hourly Rate/Salary		
Reason for Leaving:	Starting	Final	
Supervisor		May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No	

Comments: Include explanation of any gaps in employment.

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

List any professional, trade, business or civic activities and offices held.
You may exclude memberships which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

ADDITIONAL INFORMATION

Other Qualifications Summarize special job-related skills and qualifications acquired from employment or other experience.

SPECIALIZED SKILLS (Skills/Equipment Operated)			
() Terminal	() Spreadsheet	Production/Mobile Machinery (list)	Other (list)
() PC/MAC	() Word Processing		
() Typewriter WPM ____	() Shorthand WPM ____		

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. Yes No

PERSONAL/PROFESSIONAL REFERENCES			
Do not include family members			
Name	Phone Number	Best Time to Call	Occupation
1.			
2.			
3.			

****Please sign back of application****

APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 60 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date