



**723 Garber St Caldwell, ID 83605 (208) 342-6823
AN EQUAL OPPORTUNITY EMPLOYER
EMPLOYMENT APPLICATION**

Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Mobile/Cell: _____

EMAIL ADDRESS: _____

Position Desired: _____ Salary Requirements: _____

Would you accept another position if not chosen for the desired position? Yes No

Date Available for employment: _____

EMERGENCY CONTACT NAME & CELL # _____

Are you applying for Full time Part time 2nd Shift
 What prompted you to apply? Newspaper Job Service School Internet Best Bath Employee:

Have you been previously employed by this company? Yes No
 If yes, position: _____ Department: _____ Dates employed: _____

Do you have a legal right to work in the United States? Yes No *You will be required to submit proof at time of employment*

Are you 18 years old or over? Yes No If no, please specify age _____

Are you able to perform the essential functions of this job with or without reasonable accommodation? Yes No
 (Best Bath Systems will make reasonable accommodation, if needed)

Have you ever been convicted of a misdemeanor or a felony? Yes No If yes, please explain _____

(Convictions will not necessarily bar you from employment, but are reviewed as related to the relevancy of your employment).

EDUCATION

School: Name & Address	Course of Study	Number of Years Attended	Diploma, Degree, or Cert. Received	Areas of Specialization
High School				
College, Technical, Business or Professional				

PROFESSIONAL LICENSES/CERTIFICATIONS

List Type	State	Exp. Date	Registration No.

Are you willing to:

Overtime (>40 hours/week) Yes No Weekends/Holidays Yes No
 On Call Yes No Rotating Shifts Yes No

Cont. on Next Page

EMPLOYMENT HISTORY

Please list name, address, and phone number of previous employers during the last 5 years with most recent first. Periods of unemployment should be included.

	FROM	TO	Name of Supervisor	Rate of Pay
Job Title: _____				
Employer Name: _____				
Address & telephone: _____				
Describe job functions: _____				
May we Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No Reason for Leaving: _____				

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REFERENCES

Please list at least (2) two references (**not relatives or employers**) to contact that are acquainted with your work history.

	Name	Company/Address	Title/Occupation	Telephone No.
1				
2				
3				

Terms of Employment/Background Verification

I certify that the information in this application is true, complete, and correct to the best of my knowledge. I understand that any falsification or willful omission of information may disqualify me from further consideration for employment and maybe considered justification for termination, if discovered at a later date. I further understand that in the event I am employed, I agree to conform to Best Bath Systems rules and policies and understand and agree such employment is at-will. I understand Best Bath Systems is an alcohol/drug free workplace, and that if I am offered employment, the offer will be contingent on my passing a pre-employment drug test and criminal background check. I understand that this employment application and/or any statement or representations that maybe made during the employment application/interview process is not intended to create an employment agreement and/or an expressed or implied employment contract between Best Bath Systems and myself. Employment with Best Bath Systems follows an "employee at will" policy, in that I or Best Bath Systems may terminate my employment at any time, or for any reason consistent with applicable state or federal laws. I understand that no company representative other than the owner and then in writing has any authority to enter into any agreement for employment for any specified time period, or make any agreement contrary to this. If the position applied for requires driving in the course of work, I understand that I will be required to possess a current and valid Idaho driver's license. I also understand that any offer of employment is contingent on my ability to be covered under Best Bath Systems auto insurance, if required for my position. To determine my qualifications, I authorize Best Bath Systems, at the time of my application for employment to obtain my DMV record if applicable, verify my education and work experience as it relates to the qualifications of the position for which I am applying. I authorize persons; school, current employer and previous employers named in the application to release this information to Best Bath Systems and I release them from any liability, claims or damages of any nature that may result from furnishing truthful information within their knowledge and/or records.

This application has been read by me in its entirety and I understand and agree to its terms.

Signature: _____

Date: _____

Revised 01-16

ADDITIONAL EMPLOYMENT HISTORY

Job Title: _____				
Employer Name: _____				
Address & telephone: _____				
Describe job functions: _____				
May we Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No Reason for Leaving: _____				

Job Title: _____				
Employer Name: _____				
Address & telephone: _____				
Describe job functions: _____				
May we Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No Reason for Leaving: _____				

Job Title: _____				
Employer Name: _____				
Address & telephone: _____				
Describe job functions: _____				
May we Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No Reason for Leaving: _____				