Last Name	First Name	Middle Initial
Mailing Address (Street or PO Box	x)	
City	State	Zip Code
Home Phone	Work/Other	r Phone
Email Address		
Have you been in active service in t	the Armed Forces of the United Stat	es? Yes No
If 'Yes', were you discharged or re	eleased under honorable or general con	nditions? Yes No
Dates of service:		
Have you worked for IDFG or any	other Idaho state agency?	s No
If 'Yes', which state agency/agencie	es did you work for:	
are you 18 years of age or older? (Red	.	☐ Yes ☐ No
Oo you have a valid driver's license?	(Required for some positions)	☐ Yes ☐ No
Iow did you learn about employmen		
		m □Other (Please List)
	☐ Other (Please List)	
Please indicate which position you	are applying for:	
Date available to begin work:	For how long	?
Please indicate those locations in w	hich you would accept employment:	:
EDUCATION		
College or University:	Major:	From: To:
City/State:	Did you graduate?	Yes No Degree earned:
College or University:	Major:	From: To:
		Yes No Degree earned:

· · · · · · · · · · · · · · · · · · ·	Job Title:	From:	To:
		Phone number:	
Reason for leaving:		Permission to contact? Yes No	
Employer:	Job Title:	From:	To:
		Phone number:	
		Permission to contact? Yes No	
Employer:	Job Title:	From:	To:
City/State:	Supervisor:	Phone number:	
Reason for leaving:		Permission to contact? Yes No	_
		this application are true and complete to the	nowers, etc.):
understand that should an in		hful or misleading answers, my application wi	
understand that should an in nme removed from considera	vestigation disclose untrut	hful or misleading answers, my application wi ith the state terminated.	
inderstand that should an in ime removed from considera	vestigation disclose untrut	hful or misleading answers, my application wi	
understand that should an in nme removed from considera Signature	vestigation disclose untrutl ition, or my employment w	hful or misleading answers, my application wi ith the state terminated.	ill be rejected, my

The State of Idaho is committed to access and reasonable accommodations for individuals with disabilities, auxiliary aids and services are available upon request. If you require an accommodation at any step in our recruitment process, you are encouraged to contact (208) 334-2263 (TTY/TTD: 711), or email ada.coordinator@dhr.idaho.gov.

Preference may be given to veterans who qualify under state and federal laws and regulations.