



State of Idaho

DEPARTMENT OF WATER RESOURCES

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Phone: (208) 287-4800 • Fax: (208) 287-6700 • Website: www.idwr.idaho.gov

C.L. "BUTCH" OTTER
Governor

GARY SPACKMAN
Director

APPLICATION FOR TEMPORARY EMPLOYMENT

Idaho Department of Water Resources (IDWR) is an Equal Opportunity Employer. It is our policy to recruit and hire qualified persons without regard to race, color, gender, religion, national origin, age, disability, or veteran status.

This application will be used to determine your qualification for temporary assignments. Please read the application carefully, write legibly, and complete all of the information requested.

CONDITIONS OF EMPLOYMENT: Successful applicants may be subject to an investigation of motor vehicle records if the job requires a valid Driver's License.

Date Completed _____ Position Applied For _____

Name _____ Email Address _____

Mailing Address _____

Home Phone _____ Message Phone _____

Date You Can Report to Work _____ Last Date You Can Work _____

Yes No Check "Yes" or "No" to each of the following questions or statements

Table with 5 rows of questions for Yes/No response regarding IDWR work, age, driver's license, citizenship, and Selective Service Act.

JOB RELATED EXPERIENCE

Employer: _____ City/State: _____ From: _____ To: _____

Job Title: _____ Supervisor: _____ Phone: _____

Reason for Leaving: _____ May we contact this employer? Yes [] No []

Duties: _____

Employer: _____ City/State: _____ From: _____ To: _____

Job Title: _____ Supervisor: _____ Phone: _____

Reason for Leaving: _____ May we contact this employer? Yes [] No []

Duties: _____

Employer: _____ City/State: _____ From: _____ To: _____

Job Title: _____ Supervisor: _____ Phone: _____

Reason for Leaving: _____ May we contact this employer? Yes [] No []

Duties: _____

YOU MAY ATTACH ADDITIONAL INFORMATION IF YOU WISH

JOB RELATED SKILLS RANKING: For each item, put a number from 1 to 5 which best describes your experience. Use the following key:

1. I am not willing to do this.
2. I have not done this before, but am willing to learn.
3. I know how to do this, but have no on-the-job experience.
4. I have some experience in this OR have received training in this.
5. This is a major task in my current and/or previous job(s).

DUTIES:

- | | |
|--|---|
| <input type="checkbox"/> Making change/balancing money/reconciliation | <input type="checkbox"/> Typing: WPM _____ |
| <input type="checkbox"/> Checking records for accuracy | <input type="checkbox"/> Answering business telephone lines |
| <input type="checkbox"/> Logging or posting information | <input type="checkbox"/> Making reservations |
| <input type="checkbox"/> Receiving visitors and providing information | <input type="checkbox"/> Record keeping/Filing |
| <input type="checkbox"/> Field work assistance | <input type="checkbox"/> Team player |
| <input type="checkbox"/> Operating a computer (Microsoft Office/Excel) | <input type="checkbox"/> Preparing reports/letters |
| <input type="checkbox"/> English language usage/spelling/grammar/punctuation | <input type="checkbox"/> Taking notes |
-

PUBLIC RELATIONS & CUSTOMER INTERACTION:

- Conducting research (specify) _____
- Interacting with and/or greeting the public (specify) _____
- Customer Service (specify) _____
-

EDUCATION:

- College or Vocational School: _____ From: _____ To: _____ Did you graduate? _____
Location: _____ Type of Degree or Diploma _____
- School: _____ From: _____ To: _____ Did you graduate? _____
Location: _____ Type of Degree or Diploma _____
- School: _____ From: _____ To: _____ Did you graduate? _____
Location: _____ Type of Degree or Diploma _____

Other qualifications (college courses, volunteer work, languages, skills, hobbies, etc.):

Temporary employees are considered “at-will” employees and are subject to termination of employment at any time with or without cause or notice assigned.

By my signature, I certify this application is true and complete to the best of my knowledge. I understand that if I falsified the information, my name will be removed from consideration, or my employment with the State terminated. My signature also authorizes you to conduct inquiries into my work/school record and performance with my employer/school.

Signature _____ Date _____

MAIL DIRECTLY TO HUMAN RESOURCES AT IDWR