

# Bonner County Department of Recreation Camp Host

This is a contractual seasonal position

Personal Information:				
Name:				
	Last	First	Middle	Other Names Used
Address:				
	Street	City	State	Zip
Telephone:				
	Home	Cell	Message	
Email Address:				
Available Start Date:				
				Are at least 18 years old?
				Yes
				No
Are you legally eligible to work in the United States? Yes No (Federal Law requires proof of identity and employment authorization for all new employees.)				
Work History				
Employer:				
Address:				
	Street	City	State	Zip
Telephone: Supervisor Name:				
Dates From: To:				
Position Held:				
Primary Duties:				
Reason for Leaving:				
Next Employer:				
Employer:				
Address:				
	Street	City	State	Zip
Telephone: Supervisor Name:				
Dates From: To:				
Position Held:				
Primary Duties:				
Reason for Leaving:				

Please provide 2 Personal References:

Name:  
Relationship:  
Phone Number:

Name:  
Relationship:  
Phone Number:

Have you ever been charged with a crime regardless of the outcome or regardless of the disposition (other than a minor traffic infraction)? Yes  No

If yes, please provide details including the date of the charge, the crime that you were originally charged with, the ultimate disposition of the charge, the sentence received and the court handling the case.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**CERTIFICATION**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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IT IS THE POLICY of Bonner County that all offers of employment are contingent upon applicant successfully taking and passing a drug/alcohol screening.

**PLEASE SUBMIT YOUR APPLICATION MATERIALS TO:**

Bonner County Recreation Department 1500  
Hwy 2; Suite 101, Sandpoint ID 8386

MAY WE CONTACT YOUR PRESENT EMPLOYER? Yes  No

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, \_\_\_\_\_, an applicant for employment with Bonner County, do hereby authorize a review of and full disclosure of all records or information concerning myself to any duly authorize agent of Bonner County, whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of all records and information of educational institutions; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me, either criminal or civil, in which I have, or have had any interest or involvement.

I understand that any information obtained during any personal history background investigation which is developed directly or indirectly, in whole or in part, upon this authorization will be considered in determining my suitability for employment by Bonner County. I hereby agree that any person(s) or entities who may furnish such information concerning me shall not be held liable for providing this information; and I do hereby release said person(s) and entities from any and all liability which may be incurred as a result of furnishing such information.

I further authorize that a photocopy of this signed release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

\_\_\_\_\_  
Signature

DATED: \_\_\_\_\_

Printed Name, including all names I have previously used or been known by:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_