

If no, explain:

10. Have you ever been discharged, involuntarily transferred, or forced to resign? No ___ Yes ___
If yes, explain: _____

A "Yes" answer to the following questions does not necessarily preclude your being hired by the State Tax Commission.

11. Do you currently use or, within the past five years, have you used illegal substances?
No ___ Yes ___ If yes, explain: _____

12. Have you ever bought, sold, or otherwise distributed any illegal substances(s)? No ___ Yes ___
If yes, explain: _____

13. Except for minor traffic offenses, have you ever entered a plea of guilty or no contest, had a withheld judgment or been convicted of any felony? No ___ Yes ___ If yes, explain: _____

Personal History

14. Are you proficient in any other languages? If yes, please list: _____

15. **Education and Training: - after high school or special training**

Did you graduate from high school/GED? ___Yes ___No

| Name of School | City/State | From | - | To | Graduate? | Degree/Major |
|----------------|------------|------|---|----|-----------|--------------|
| | | | | | Y N | |
| | | | | | Y N | |

16. **Employment History and Experience:** Beginning with your most current employment, please list in chronological order all jobs (including part-time, temporary, and voluntary positions) you have held in the past 10 years. Include military service and type of discharge. Explain any gaps in employment. Attach additional pages if needed.

| | | | | | |
|-------------------------------|-----|---------------------|----------------------|--|--|
| Current/Most Recent Employer: | | | Supervisor: | | |
| Address: | | | Phone No: | | |
| Dates: From: | To: | Hourly Salary: | Hours Worked Weekly: | | |
| Job Title: | | Reason for Leaving: | | | |
| Responsibilities: | | | | | |

| | | | | | |
|-------------------|-----|---------------------|----------------------|--|--|
| Employer: | | | Supervisor: | | |
| Address: | | | Phone No: | | |
| Dates: From: | To: | Hourly Salary: | Hours Worked Weekly: | | |
| Job Title: | | Reason for Leaving: | | | |
| Responsibilities: | | | | | |

| | | | |
|-------------------|-----|---------------------|----------------------|
| Employer: | | Supervisor: | |
| Address: | | Phone No: | |
| Dates: From: | To: | Hourly Salary: | Hours Worked Weekly: |
| Job Title: | | Reason for Leaving: | |
| Responsibilities: | | | |

17. Personal References: Please list 3 personal references you have known, i.e. friends, neighbors, co-workers, and teachers you have known at least the past 3 years and who have knowledge of you and your qualifications. Exclude former employers already included under the Employment Section.

| <u>Name</u> | <u>Day Phone No.</u> | <u>Occupation</u> | <u>Relationship</u> |
|-------------|----------------------|-------------------|---------------------|
| | | | |
| | | | |
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Qualifications

Items # 1-5 are minimum requirements for all Office Specialist 2 positions with the Idaho State Tax Commission. After reading each one carefully, please describe all of your related experience, education, and training.

For experience, include employer(s), job title(s), employment date(s), if full-time or part-time, and describe job duties. Experience is considered full-time work experience if you worked at least 35 hours a week. For education and training, describe course title(s), content, and hours/credits for each.

a) Describe how you have gained a good knowledge of the rules of effective business English usage, spelling, punctuation and grammar. Typically this is obtained by at least six months of experience applying these concepts, OR completing a high school or college English course, OR successful completion of an at least nine-month office administration course beyond high school.

b) Describe your experience using alphabetical, numerical, or subject filing systems to include: determining file names, setting up new files, classifying, labeling, filing and retrieving. Typically this is obtained by at least six months of full-time work experience using and maintaining filing systems OR completing an office occupations course which included hands-on experience in each of the areas listed.

c) Describe your full-time experience reviewing documents for compliance with procedures. Typically this is obtained by an equivalent of six months of full-time work experience where you were responsible for ensuring forms were properly completed OR successful completion of an at least office administration course beyond high school.

d) Describe your experience using a computer to enter and retrieve information. Typically this is obtained with at least six months of full-time related experience.

e) Describe your experience answering a business telephone using proper telephone procedures and etiquette. Typically this is obtained by having an equivalent of six months of full-time related experience.

Background Investigation

All personnel of the State Tax Commission will be carefully screened prior to appointment. This screening is required to safeguard the confidentiality of agency information; protect the security; and to ensure that bonding, conflict of interest, and tax filing requirements are met.

The confidentiality of background information is strict. It will be shared only with the hiring authority and top administrators of the agency on a need-to-know basis. At the completion of the background investigation, this questionnaire will be kept in a locked cabinet to ensure its confidentiality. The records are exempt from public disclosure pursuant to Idaho Code 9-340 (22), (36), and (43).

The information obtained from this application and personal history statement, and the background investigation will be used to determine suitability for employment.

Certification Statement

I hereby certify that all answers and statements are true and complete to the best of my knowledge. I understand any false statements of material facts or omission will subject me to disqualification for employment with the Idaho State Tax Commission and my application may be rejected, my name removed from consideration, or my employment with the State terminated.

Signature

Date

IDAHO STATE TAX COMMISSION

AUTHORIZATION FOR RELEASE OF RECORDS FOR PRE-EMPLOYMENT BACKGROUND INVESTIGATION

I, _____, do hereby authorize a review of and full disclosure of all records and information concerning myself to any duly authorized agent of the Idaho State Tax Commission (STC), regardless of whether the said records and information are of a public, private, or confidential nature. This shall include, but not be limited to, employment files, personnel records, disciplinary records, complaints or grievances filed by or against me, and training files.

I understand that any information obtained, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the STC. I also certify that any person, governmental entity or agency, including their officials, employee(s), agents and assigns who may furnish such information concerning me shall not be held liable for giving records or information. I do hereby release said person, governmental entity or agency, including their officials, employee(s), agents and assigns from any and all claims or causes of action whatsoever for damages, expenses, and cost of attorney's fees which may be incurred as a result of furnishing such information.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Once all paperwork is submitted, plus any/all material/information gathered and/or discovered during the hiring process will become the sole property of the Idaho State Tax Commission.

Signature

Print Name

Date

Street Address

Telephone

City

State

Zip

Social Security No.