



RETURNING EMPLOYEE APPLICATION FOR EMPLOYMENT
(Only complete this application if you worked for CCMAD last year)

CCMAD is an Equal Opportunity Employer and fully complies with applicable Federal, State and local laws and regulations in the area of non-discrimination in employment.

Name: (First)	(Middle Initial)	(Last)	Email (Please Print Legibly)
Mailing Address:			
City:	State:	Zip:	
Phone:			
What department did you work for?			
What was your job title?			
What date would you be available to start work?			
Position Desired: (first, second and third preferences)			
1.	2.	3.	
Current State of Idaho Pesticide Applicator License: <input type="checkbox"/> Yes <input type="checkbox"/> No Expiration Date:			
Total credits:			
Availability: Work hours are Monday through Friday 6am/7am - 2pm/3pm plus overtime and possible weekends. If you are unable to work these days/hours, please indicate which ones and why:			

EMERGENCY CONTACTS			
CONTACT 1 NAME		RELATIONSHIP	
PHONE 1		PHONE 2	
ADDRESS			
CONTACT 2 NAME		RELATIONSHIP	
PHONE 1		PHONE 2	
ADDRESS			

PLEASE READ AND ASK ANY QUESTIONS BEFORE SIGNING:
 I am aware that positions may require background checks, driving record checks and/or public records checks as a condition of employment. I authorize investigation of all statements contained in the application including the release of requested information by former employers. I understand that misrepresentation or omission of facts called for is cause for not being hired or if hired, cause for dismissal.
 I hereby state that all information that I provide on this application and in my interview is true and accurate.

Applicant's Signature: _____ **Date:** _____