IDAHO DEPARTMENT OF FISH AND GAME
APPLICATION FOR TEMPORARY EMPLOYMENT

Last Name _____ **First Name** _____ **Middle Initial** _____

Mailing Address (Street or PO Box) _____

City _____ **State** _____ **Zip Code** _____

Home Phone _____ **Work/Other Phone** _____

Email Address _____

Have you been in active service in the Armed Forces of the United States? ☐ Yes ☐ No

If 'Yes', were you discharged or released under honorable or general conditions? ☐ Yes ☐ No

Dates of service: _____

Have you worked for IDFG or any other Idaho state agency? ☐ Yes ☐ No

If 'Yes', which state agency/agencies did you work for: _____

Are you 18 years of age or older? (Required for some positions) ☐ Yes ☐ No

Do you have a valid driver's license? (Required for some positions) ☐ Yes ☐ No

How did you learn about employment with IDFG?

☐ IDFG Website
☐ Social Media – ☐ Facebook ☐ Instagram ☐Other (Please List) _____
☐ State Careers Website
☐ Job Board – ☐ Dept. of Labor ☐ Indeed ☐Other (Please List) _____
☐ Career Fair
☐ Other (Please List) _____

Please indicate which position you are applying for: _____

Date available to begin work: _____ **For how long?** _____

Please indicate those locations in which 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: _____
City/State: _____ Did you graduate? ☐ Yes ☐ No Degree earned: _____

WORK HISTORY (*Please complete the section below **AND** submit a current resume with your application.)*

Employer: _____ Job Title: _____ From: _____ To: _____
City/State: _____ Supervisor: _____ Phone number: _____
Reason for leaving: _____ Permission to contact? ☐ Yes ☐ No

Employer: _____ Job Title: _____ From: _____ To: _____
City/State: _____ Supervisor: _____ Phone number: _____
Reason for leaving: _____ Permission to contact? ☐ Yes ☐ No

Employer: _____ Job Title: _____ From: _____ To: _____
City/State: _____ Supervisor: _____ Phone number: _____
Reason for leaving: _____ Permission to contact? ☐ Yes ☐ No

SKILLS

Please list computer software in which you are proficient: _____

Please list any equipment in which you have experience operating (e.g. ATVs, tractors, chain saws, power mowers, etc.):

_____

My signature certifies that all answers and statements on this application are true and complete to the best of my knowledge. I understand that should an investigation disclose untruthful or misleading answers, my application will be rejected, my name removed from consideration, or my employment with the state terminated.

_____ _____
Signature Date

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

Please note, the State of Idaho is committed to providing equal employment opportunities and prohibit discrimination against qualified individuals based on their status as protected veterans or individuals with disabilities and prohibit discrimination against all individuals based on their race, color, religion, political affiliation or belief, sex, national origin, genetics, or any other status protected under applicable federal, state, or local laws.

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.