

State Insurance Fund Application Procedures

General Information

Applications for jobs at the State Insurance Fund are accepted only when there is a current job announcement. Job announcements include a general job description, minimum required qualifications, the job location and other pertinent information.

Job announcements and application forms are available at the State Insurance Fund home office, 1215 West State Street, Boise, ID 83702, and on the State Insurance Fund Web site: <http://www.idahosif.org>.

The State Insurance Fund will accept faxed and e-mailed application packets. If you fax the application, please be sure each page is identified with your name, the announcement number and position title. The application should be signed and dated before faxing. If you e-mail your application, you will be required to sign the application prior to a test or interview.

Application Instructions

- 1) A separate application must be submitted for each job announcement.
- 2) All sections of the application must be complete and legible.
- 3) Applications will be reviewed to assess qualifications stated on the job announcement. Ensure that your application packet fully describes your capabilities in relation to the position requirements set forth in the “*Qualifications*” section of the job announcement. Descriptions of your capabilities may be included in a resume, cover letter or other documentation.
- 4) You must provide three (3) references with current addresses and phone numbers on the application.
- 5) The State Insurance Fund will make every effort to provide reasonable accommodation for disability or other reasons for testing or interview. If you will require accommodation, be sure to complete the “Request for Accommodation for Job Testing or Interview” form at the end of the application. Accommodations may also be requested in your cover letter.
- 6) Applications must be received by 5:00 p.m. Mountain Time on the closing date. If no closing date is specified on the job announcement, applications will be accepted until the position is filled and the announcement is removed from the current listings. Applications received thereafter will be considered non-responsive. The State Insurance Fund assumes no responsibility for mail delays and does not provide written receipt of applications.
- 7) To submit your application, follow the instructions on the Job Announcement under the heading “How to Apply”.
- 8) If you are selected for job testing or interview, we will contact you by mail or telephone to schedule an appointment.

Examinations and Interviews

Some positions at the State Insurance Fund will require an examination beyond the initial application. All examinations are skill-based and related to the qualifications listed on the job announcement. The purpose of the testing and interview screening process is to fit the most qualified applicant to each job. Since the entire screening process is about the applicant, the State Insurance Fund does not recommend or provide study materials. Applicants will not receive scored results from either an examination or an interview.

State Insurance Fund Application for Employment

Position Title: _____ **Announcement No.:** _____

Last Name First Name Middle Initial

Mailing Address (Street or P.O. Box) Home Phone

City/State/Zip Code Work/Other Phone

Education

Name of School	Location (City and State)	No. of Years Attended	Did You Graduate?	Type of Degree or Diploma

Professional Designations, Certificates, or Licenses

Designation, Certificate, or License	Years Held

Other Credentials Pertinent to this Job Announcement

Other Credentials	Years Held

Foreign Language(s)

Language	Speak	Read	Write
	<input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair
	<input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair

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Work Experience

List experience in chronological order, starting with most recent employment. Use Supplemental 1 at the end of this application, if necessary, for additional work experience. This section must be completed even if work history is included on your resume.

Name of Employer:	Job Title:	Dates of Employment (mm/yy to mm/yy)
Address:	Phone:	Hours Worked per Week:
Supervisor's Name & Title:		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Job Duties and Responsibilities:		
Reason for Leaving:		

Name of Employer:	Job Title:	Dates of Employment (mm/yy to mm/yy)
Address:	Phone:	Hours Worked per Week:
Supervisor's Name & Title:		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Job Duties and Responsibilities:		
Reason for Leaving:		

Name of Employer:	Job Title:	Dates of Employment (mm/yy to mm/yy)
Address:	Phone:	Hours Worked per Week:
Supervisor's Name & Title:		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Job Duties and Responsibilities:		
Reason for Leaving:		

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References

Please list three (3) references with current addresses and phone numbers.

Name	Address	Phone Number

Other Employment Information

1. Are you a citizen or national of the United States or a lawful permanent resident or alien authorized to work in the United States? (Verification will be required upon employment.) No Yes

2. Are you currently an employee of the State Insurance Fund?
If yes, in which department and position? No Yes

3. Have you previously been employed by the State Insurance Fund?
If yes, when and in what position? No Yes

4. Do you know anyone who is currently employed by the State Insurance Fund?
If yes, indicate name(s) and relationship(s) to you. No Yes

5. Do you have any form of employment or business activity that you would continue?
If yes, please list. No Yes

6. Have you ever entered a plea of guilty or no contest, or had a conviction or withheld judgment to any felony? No Yes
 If yes, please complete Supplemental 2 of this application to provide the following information about each felony: Indicate all crimes that resulted in a conviction or withheld judgment. Explain the underlying facts for each, including dates and places. If you were incarcerated, indicate when, where and for how long. If you are currently on parole or probation, provide the name of your probation or parole officer, as well as the name, address and phone number of the agency where he or she can be contacted.
 Note: A "Yes" answer will not be an automatic bar to employment.

Certification

My signature certifies that I understand the position I am applying for with the State Insurance Fund is at will, and is exempt from the rules of the Idaho Division of Human Resources. All answers and statements in the application, resume, and any other information provided as part of this written application for employment with the State Insurance Fund are true and complete to the best of my knowledge. I understand that should an investigation disclose untruthful or misleading answers, my application may be rejected, my name removed from consideration or my employment with the State Insurance Fund terminated.

Signature: _____

Date: _____

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Equal Employment Opportunity Policy

The State Insurance Fund is committed to fostering equal employment in the workplace and to providing opportunity based upon individual merit. It is the policy of the State Insurance Fund to ensure that all aspects of the employment process are free from discrimination against any individual and that all persons are afforded equal employment opportunity regardless of race, color, religion, national origin, sex, age, or handicap.

Our hiring policy is simple:

We follow the law!

The State Insurance Fund hires lawful workers only – U.S. citizens or nationals and non-citizens with valid work authorization – without discrimination. Federal immigration law requires all employers to verify both the identity and employment eligibility of all persons hired to work in the United States.

In its efforts to meet the law's requirements, the State Insurance Fund is participating in the Basic Pilot program established by the Department of Homeland Security and the Social Security Administration (SSA) to aid employers in verifying the employment eligibility of all newly hired employees. Our participation in the pilot program does not exempt us from the obligation to complete a Form I-9 for everyone we hire.

For additional information on the verification program contact the:

Department of Homeland Security
USCIS/SAVE Program
111 Massachusetts Avenue, 2nd Floor
Washington, DC 20001
Phone (888) 464-4218

State Insurance Fund
Request for Accommodation for Job Testing or Interview

Applicant's Name: _____

Position Which You Are Applying For: _____

Announcement Number: _____

The State Insurance Fund will provide reasonable accommodation for disability or other reasons to job applicants for job testing or job interviews. If you require special accommodation please describe such accommodation below.

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Supplemental 1:

Work Experience: Use this sheet to list additional work experience not included on page 2.

Name of Employer:	Job Title:	Dates of Employment (mm/yy to mm/yy)
Address:	Phone:	Hours Worked per Week:
Supervisor's Name & Title:		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Job Duties and Responsibilities:		
Reason for Leaving:		

Name of Employer:	Job Title:	Dates of Employment (mm/yy to mm/yy)
Address:	Phone:	Hours Worked per Week:
Supervisor's Name & Title:		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Job Duties and Responsibilities:		
Reason for Leaving:		

Name of Employer:	Job Title:	Dates of Employment (mm/yy to mm/yy)
Address:	Phone:	Hours Worked per Week:
Supervisor's Name & Title:		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Job Duties and Responsibilities:		
Reason for Leaving:		

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Supplemental 2

Felony Information: Complete if you answered "Yes" to question #6 in Other Employment Information section above.

Indicate all crimes that resulted in a conviction or withheld judgment.

Explain the underlying facts for each, including dates and places.

If you were incarcerated, indicate when, where and for how long.

If you are currently on parole or probation, provide the name of your probation or parole officer, as well as the name, address and phone number of the agency where he or she can be contacted.