

# Employment application Phone: 208-326-5000

300 Main Street

An Equal Opportunity Employer

To be considered as an applicant, you must complete this form. A resume may also be attached. Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application. PLEASE PRINT, except for your signature. This application is to fill the current open position only.

## Application information

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Full name: |  |  | | | |  | Date: |  |  |
|  |  | Last | First | | M.I. |  |  |  |  |
| Address: |  |  | | | |  | Phone: |  |  |
|  |  | Street address | | | Apt/Unit # |  |  |  |  |
|  |  |  | | | |  | Email: |  |  |
|  |  | City | | State | Zip Code |  |  |  |  |
|  |  |  | |  |  |  | D.L. # |  |  |
|  |  | Social Security Number | |  |  |  | State Issued: |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date Available: |  |  | | |  | Position Type: |  | Full Time □ Part Time □ |  | Desired salary: |  | $ |
|  | | |  |  | | | | | | | | |
| Position applied for: | | |  |  | | | | | | | | |
|  | | |  |  | | | | | | | | |
| Days Available: | | |  | Sunday Monday Tuesday Wednesday Thursday Friday Saturday | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Are you a citizen of the United States? | | |  | Yes | No |  |  | | |
|  |  |  | | | | | | | |
| If no, are you authorized to work in the U.S.? | | |  | Yes | No |  |  | | |
|  |  |  | | | | | | | |
| Have you ever worked for this company? | | |  | Yes | No |  | If yes, when? |  |  |
|  |  |  | | | | | | | |
| Have you ever been convicted of a felony? | | |  | Yes | No |  | If yes, explain? |  |  |
|  |  |  | | | | | | | |
| Are you related by blood or marriage to any person now employed by the City? | | |  | Yes | No |  | If yes, give name: | | |

## Education

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| High school: | | |  |  | | | | | | | | |  | Address: |  |  | | | | | | |
|  | | | | |  |  | | | | | | | | | | | | | | | | |
| From: |  |  | | | | |  | To: |  |  |  | Did you graduate? | | | | | Yes | No |  | Diploma: |  |  |
|  | | | | |  |  | | | | | | | | | | | | | | | | |
| College: | | |  |  | | | | | | | | |  | Address: |  |  | | | | | | |
|  | | | | |  |  | | | | | | | | | | | | | | | | |
| From: |  |  | | | | |  | To: |  |  |  | Did you graduate? | | | | | Yes | No |  | Degree: |  |  |
|  | | | | |  |  | | | | | | | | | | | | | | | | |
| Other: | | |  |  | | | | | | | | |  | Address: |  |  | | | | | | |
|  | | | | |  |  | | | | | | | | | | | | | | | | |
| From: |  |  | | | | |  | To: |  |  |  | Did you graduate? | | | | | Yes | No |  | Degree: |  |  |

## Previous Employment

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Company: |  |  | | | | |  | Phone: |  |  | | | | |
|  | | |  |  | | | | | | | | | | |
| Address: |  |  | | | | |  | Supervisor: |  |  | | | | |
|  | | |  |  | | | | | | | | | | |
| Job title: |  |  | | | | |  | From: |  |  |  | To: |  |  |
|  | | |  |  | | | | | | | | | | |
| Responsibilities: | | |  |  | | | | | | | | | | |
|  | | |  |  | | | | | | | | | | |
| May we contact your previous supervisor for a reference? | | | | |  |  | | Yes |  | No | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Company: |  |  | | | | |  | Phone: |  |  | | | | |
|  | | |  |  | | | | | | | | | | |
| Address: |  |  | | | | |  | Supervisor: |  |  | | | | |
|  | | |  |  | | | | | | | | | | |
| Job title: |  |  | | | | |  | From: |  |  |  | To: |  |  |
|  | | |  |  | | | | | | | | | | |
| Responsibilities: | | |  |  | | | | | | | | | | |
|  | | |  |  | | | | | | | | | | |
| May we contact your previous supervisor for a reference? | | | | |  |  | | Yes |  | No | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Company: |  |  | | | | |  | Phone: |  |  | | | | |
|  | | |  |  | | | | | | | | | | |
| Address: |  |  | | | | |  | Supervisor: |  |  | | | | |
|  | | |  |  | | | | | | | | | | |
| Job title: |  |  | | | | |  | From: |  |  |  | To: |  |  |
|  | | |  |  | | | | | | | | | | |
| Responsibilities: | | |  |  | | | | | | | | | | |
|  | | |  |  | | | | | | | | | | |
| May we contact your previous supervisor for a reference? | | | | |  |  | | Yes |  | No | | | | |

## References

Please list three professional references.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Full name: |  |  | | |  | Relationship: |  |  |
|  | | |  |  | | | | |
| Company: |  |  | | |  | Phone: |  |  |
|  | | |  |  | | | | |
| Address: |  |  | | |  | Email: |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Full name: |  |  | | |  | Relationship: |  |  |
|  | | |  |  | | | | |
| Company: |  |  | | |  | Phone: |  |  |
|  | | |  |  | | | | |
| Address: |  |  | | |  | Email: |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Full name: |  |  | | |  | Relationship: |  |  |
|  | | |  |  | | | | |
| Company: |  |  | | |  | Phone: |  |  |
|  | | |  |  | | | | |
| Address: |  |  | | |  | Email: |  |  |

## Military Service

Are you a veteran or family member who qualifies for and are claiming preference pursuant to Idaho Code § 65-503 or its successor? **YES** □ **NO** □

Have you previously claimed such preference? **YES** □ **NO** □

Per Idaho Code, Title 65, Chapter 5; Employer will afford a preference to employment of veterans. In the event of equal qualifications and experience between candidates for an available position, a veteran who qualifies will be preferred. If claiming veteran’s preference, please complete the information below and attach a copy of your DD-214 to this application.

The term “active duty” means full-time duty in the Armed Forces, but NOT active duty for training.

**Part 1. Preference Eligible Veterans:**

□ I have a service-connected disability of 10% or more.

□ I am the spouse of an eligible disabled veteran, who has a service-connected disability.

□ I am the widow or widower of an eligible veteran and have remained unmarried.

□ I DO NOT meet any of the selections above, but I served on active duty in the armed forces of the U.S. for a period of more than one-hundred eighty (180) days and was honorable discharged.

**Part 2. Documentation & Signature:**

By my signature, I certify that all statements on this form are true and complete to the best of my knowledge. I understand that should an investigation disclose inaccurate or misleading answers, my application may be rejected and my name removed from consideration for employment with Employer.

□ I have attached a copy of my DD-214. Veteran’s preference will not be considered without this document.

## Disclaimer and signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Signature: |  |  |  | Date: |  |  |

## Authorization for release of personal information

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, an applicant for employment with the City of Filer, do hereby authorize a review of and full disclosure of all records or information concerning myself to any duly authorized agent of the City of Filer, 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 the City of Filer. 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 obtain an original writing of my signature.

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

Signature Witness

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

Date

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

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

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

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

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

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_