

Today's Date \_\_\_\_\_

## Application for Employment An Equal Opportunity Employer

To be considered 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.

<b>Personal Information</b>				
<b>Name:</b>	Last	First	Middle	Other Names Used
<hr/>				
<b>Address:</b>	Street	City	State	
<hr/>				
<b>Telephone:</b>	Home	Cell	Fax	
<hr/>				
<b>Email Address and Web Page:</b>				
<hr/>				
<b>Position Applying For:</b>				
<hr/>				
<b>Are you applying for :</b>		<b>What shifts will you work?</b>		
F/T    P/T		Days?    Nights?		
<hr/>				
<b>Available Start Date:</b>				
<hr/>				
<b>Are you legally eligible to work in the United States? YES / NO</b>				
Federal Law requires proof of identity and employment authorization for all new employees.				
<hr/>				
Can you travel if the job requires it? <b>YES / NO</b> Do you have a valid drivers license? <b>YES / NO</b> State _____				
<hr/>				
Are you currently employed? <b>YES / NO</b> May we contact your present Employer? <b>YES / NO</b>				
<hr/>				
Have you ever been convicted of a felony? <b>YES / NO</b> If yes, explain below.				
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<hr/>				
<hr/>				
<hr/>				

## Education & Training

<u>School</u>	<u>Name</u>	<u>Location</u>	<u>Dates Attended</u> <u>From/ To</u>	<u>Diploma, Degree &amp; Major</u>	<u>Graduated?</u>
High School					
Colleges and Graduate Schools					
Other, (Business, Vocational, Military)					

**Employment History:** Please start with most recent, going back to age 18. Exclude part-time positions held while going to college.

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

zip

Telephone: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Dates From: \_\_\_\_\_

To: \_\_\_\_\_

Final Rate of Pay: \_\_\_\_\_

Position Held: \_\_\_\_\_

Primary Duties: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

**Next Employer:**

Employer:

Address:

Street

City

State

zip

Telephone:

Supervisor Name:

Dates From:

To:

Final Rate of Pay:

Position Held:

Primary Duties:

Reason for Leaving:

**Next Employer:**

Employer:

Address:

Street

City

Idaho

zip

Phone:

Supervisor:

Dates From:

To:

Final Rate of Pay:

Position Held:

Primary Duties:

Reason For Leaving:

**Skills (List All Skills & Applications You Have Experience Using)** use extra sheets if needed.

Mechanics Skills:

Road Maintenance:

Heavy Equipment Operation:

Previous Municipal Management Experience:

Previous Public Relations Experience:

Office, Computer and Internet Skills:

Trade Licenses or Certifications Held:

Current CDL? **YES / NO**

**Military**

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 (If yes, fill out page 5 of this application & attach proper documentation)**

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

If you are **NOT** claiming Veteran's Preference, please initial here \_\_\_\_\_ and proceed to next page.

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.

(Reference Idaho Code, Title 65, Chapter 5, and U.S.C. 2108)

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 United States for a period of more than one-hundred eighty (180) days and was honorably 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. Veterans preference will not be considered without this document.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_

**Personal Reference**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Connection To You: (i.e. friend, co-worker)

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

**Personal Reference**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Connection To You:

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

**Personal Reference**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Connection To You:

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

Have you ever been charged with a crime (other than a minor traffic infraction)

YES / NO

If yes, when & where: \_\_\_\_\_ Please Explain: \_\_\_\_\_

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

Are you related by blood or marriage to any person now employed by the City of Oakley, or to any person currently serving as an elected official of the City of Oakley? YES / NO.

If yes, give name and relationship to you: \_\_\_\_\_

\_\_\_\_\_

### Certification

I certify 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 may be rejected, my name removed from consideration, or my employment may be terminated.

I understand and agree that, if hired, my employment is for no definite period and either Employer or I may terminate our relationship at any time, and that this employment application does not constitute an employment contract.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, \_\_\_\_\_, an applicant for employment with The City of Oakley, 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 Oakley, 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 Oakley. 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 contain an original writing of my signature.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness

DATED: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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