Today's Date _____

Application for Employment
An Equal Opportunity Employer

To be considered an applicant, you must complete this form. A resume may 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.

Personal Information

NAME: Last First Middle Other names used

_____

ADDRESS: Street City State

_____

CONTACT: Phone Email Other

_____

Position Applying For:

_____

Are you applying for: Full Time or Part Time Days or Nights

Available to Start: _____

Are you legally eligible to work in the United States? **YES / NO**

Federal Law requires proof of identity and employment authorization for all new employees

Can you travel if the job requires it? **YES / NO**

Do you have a valid Driver's License? **YES / NO**

Are you currently employed? **YES/NO**

May we contact your employer? **YES/NO**

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

YES / NO (if yes, explain below) _____

_____

_____

_____

Have you ever been convicted of a felony? **YES / NO** (If yes, explain below.)

_____

_____

_____

_____

Education & Training

School	Name	Location	Dates attended	Diploma, degree and major	Graduated?
High School					
Colleges					
Other (business, vocational, military)					

Employment History

Please start with the most recent, going back to age 18.

Employer: _____

Address: _____

Phone: _____ Supervisor Name: _____

Employment Dates: _____ Final Wages: _____

Position Held: _____ Reason for Leaving:_____

Primary Duties: _____

_____

_____

_____

Employer: _____

Address: _____

Phone: _____ Supervisor Name: _____

Employment Dates: _____ Final Wages: _____

Position Held: _____ Reason for Leaving:_____

Primary Duties: _____

_____

_____

_____

Employer: _____
Address: _____
Phone: _____ Supervisor Name: _____
Employment Dates: _____ Final Wages: _____
Position Held: _____ Reason for Leaving:_____
Primary Duties: _____
_____
_____
_____

Employer: _____
Address: _____
Phone: _____ Supervisor Name: _____
Employment Dates: _____ Final Wages: _____
Position Held: _____ Reason for Leaving:_____
Primary Duties: _____
_____
_____
_____

Skills

(list all skills and applications that you have experience using) use extra sheets if needed

Mechanical Skills: _____
Road Maintenance: _____
Heavy Equipment Operation: _____
Municipal Management: _____
Public Relations: _____
Office, Computer and Internet: _____
Trade Licenses or Certificates: _____
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 is successor? **YES / NO**

(If yes please fill out parts 1 & 2 of this application and attach proper documentation)

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

If you are **NOT** claiming such preferences, please initial here _____ and proceed to the next page

Per Idaho Code, Title 65, Chapter 5, Employer will afford preference to employment of veterans, In the event that 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 copy of your DD-214 to this application.

(Reference Idaho Code. Title 65, Chapter 5, and U.S.S 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 a spouse of an eligible disabled veteran, who has a service-connected disability.

( ) I am a widow or widower of an eligible veteran and have remained unmarried

( ) I do not meet any of the selections above, but I have served on active duty in the Armed Forces on the United States for a period of more than one-hundred eighty (180) days and was honorable discharged

Part 2. Documentation and 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.

Printed Name: _____ Signature: _____

Date: _____

Personal References

Name: _____
Address: _____
Phone: _____
Connection: (i.e. friend, co-worker) _____

Name: _____
Address: _____
Phone: _____
Connection: (i.e. friend, co-worker) _____

Name: _____
Address: _____
Phone: _____
Connection: (i.e. friend, co-worker) _____

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 please give name and relationship): _____
_____

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 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

Applicant Signature: _____ Date:_____