

Application for Employment

An Equal Opportunity Employer

To be considered an applicant, you must complete this form. A resumé 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. If you need help to fill out this application, please notify us and every reasonable effort will be made to accommodate you.

Personal Information:				
Name:				
	Last	First	Middle	Other Names Used
Address:				
	Street	City	State	Zip
Telephone: ()				
	Home	<input type="checkbox"/>	Cell	<input type="checkbox"/>
	Message	<input type="checkbox"/>		<input type="checkbox"/>
Email Address:				
Position Applying For:				
Job Title:				
Are you applying for:				
F/T	<input type="checkbox"/>	P/T	<input type="checkbox"/>	Temp/Seasonal
	<input type="checkbox"/>		<input type="checkbox"/>	
What shifts will you work?				
Days	<input type="checkbox"/>	Nights	<input type="checkbox"/>	<input type="checkbox"/>
Available Start Date:				

Are you legally eligible to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>	
(Federal Law requires proof of identity and employment authorization for all new employees.)	
Can you travel if the job requires it? Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you have a valid driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/> State:

Education/Training				
<u>School</u>	<u>Name</u>	<u>Location</u>	<u>Diploma, Degree & Major</u>	<u>Graduated Y/N</u>
High School				
College				
Other (Business, Vocational, Military)				

Employment History: Include Employment for the Last 10 years. Please Start with the Most Recent.				
Employer:				
Address:				
	Street	City	State	Zip
Telephone:	()	Supervisor Name:		
Dates From:	To:	May We Contact Them? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Position Held:				
Primary Duties:				
Reason for Leaving:				
Next Employer:				
Employer:				
Address:				
	Street	City	State	Zip
Telephone:	()	Supervisor Name:		
Dates From:	To:	May We Contact Them? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Position Held:				
Primary Duties:				
Reason for Leaving:				
Next Employer:				
Employer:				
Address:				
	Street	City	State	Zip
Telephone:	()	Supervisor Name:		
Dates From:	To:	May We Contact Them? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Position Held:				
Primary Duties:				
Reason for Leaving:				

Job Description			
Have you read the job description? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Can you perform the essential requirements of this job with or without reasonable accommodation? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Military			
Are you a veteran or family member who qualifies for and are claiming preference pursuant to Idaho law?		Yes <input type="checkbox"/> No <input type="checkbox"/>	(If Yes, fill out Page 5 of Application & attach required documentation)
Have you previously claimed such preference?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Professional Reference (Please list the names of three (3) persons with knowledge about your work performance or qualifications who are <u>not</u> related to you by blood or marriage.)			
Name:	_____	_____	_____
	Last	First	Middle
Company:	_____		
Telephone:	()	Email: _____	
Relationship (i.e. manager, co-worker):		Occupation:	
Professional Reference			
Name:	_____	_____	_____
	Last	First	Middle
Company:	_____		
Telephone:	()	Email: _____	
Relationship (i.e. manager, co-worker):		Occupation:	
Professional Reference			
Name:	_____	_____	_____
	Last	First	Middle
Company:	_____		
Telephone:	()	Email: _____	
Relationship (i.e. manager, co-worker):		Occupation:	

TODAY'S DATE: _____

Are you related by blood or marriage to any person now employed by this agency? 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 that if I am offered this job, it will be contingent on successfully passing a background check.

I understand and agree that, if hired, my employment is at will and either Employer or I may terminate our relationship at any time, and that this employment application does not constitute an employment contract.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for this agency to hire me.

I authorize [Agency Name] to contact references provided for employment reference checks.

Signature of Applicant: _____ Date: _____

THIS APPLICATION IS VALID ONLY FOR 60 DAYS FROM THE DATE SIGNED/DATED ABOVE.

IT IS THE POLICY of _____ to provide equal opportunity in all terms, conditions and privileges of employment for all qualified job applicants and employees without regard to race, color, national origin, sex (including gender identity and sexual orientation), age (unless a bona fide job requirement), disability, or any other characteristic protected by law. Reasonable accommodations will be made for disabled persons.

VETERAN'S PREFERENCE

If you are NOT claiming Veteran's Preference, please initial here ____ and proceed to the 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 5 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. Veteran's preference will not be considered without this document.

Name (Please Print)

Signature

DATE: _____

TODAY'S DATE: _____

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, an applicant for employment with The City of Kellogg, do hereby authorize a review of and full disclosure of all records or information concerning myself to any duly authorize agent of _____, 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 Kellogg. 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: _____