

Employment History (Please Start with the Most Recent, Ending with Last 10 Years of Job History, Excluding Part-Time Positions Held While Obtaining Higher Education—Use Additional Paper as Necessary.):

Employer:

Address:

Street	City	State	Zip
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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
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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
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Telephone: () Supervisor Name:

Dates From: To: Final Rate of Pay:

Position Held:

Primary Duties:

Reason for Leaving:

Technology Skills (List All Skills & Software Applications You Have Experience Using):

Word Processing:

Spreadsheet:

Other Software:

Database:

Microsoft Office? Yes No PowerPoint? Yes No

Scanner? Yes No Copier? Yes No

Digital Phone Systems? Yes No

Explain Internet Skills, Including Email Usage:

Professional Licenses or Certificates Held:

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 Application & attach proper documentation)

Have you previously claimed such preference? Yes No

Personal Reference (Please list the names of three (3) persons not related to you by blood or marriage.)

Name:

Last First Middle

Address:

Street City State Zip

Telephone:

() ()

Home Other

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

Occupation:

Personal Reference

Name:

Last First Middle

Address:

Street City State Zip

Telephone:

() ()

Home Other

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

Occupation:

Personal Reference

Name:

Last First Middle

Address:

Street City State Zip

Telephone:

() ()

Home Other

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

Occupation:

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 Employer? Yes No

If yes, give name and relationship to you:

CERTIFICATION

I understand and agree that any misrepresentation made by me on this application will be sufficient cause for cancellation of this application and/or separation from the City of Payette's service if I have been employed.

I authorize the City of Payette to investigate my references, work record, education, and other matters related to my suitability for employment and further authorize the references that I have listed to disclose to the City information related to my job skills, knowledge, and abilities. I hereby release from liability, the City of Payette and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

If hired, I understand and acknowledge that I may be required to submit to a criminal history check, physical examination, drug/alcohol testing, and/or other background checks relevant for the position for which I have applied and which will be listed on a lease form that will be attached to the offer of employment.

I understand it is the City's policy not to refuse to hire a qualified individual because of this person's need for an accommodation that would be required by the ADA.

The City of Payette is an Equal Opportunity Employer. The City of Payette does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law. This application is current for 60 calendar days. At the conclusion of this time, if I have not heard from the City of Payette and still wish to be considered for employment, it will be necessary to fill out a new application.

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: _____

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 Payette, do hereby authorize a review of and full disclosure of all records or information concerning myself to any duly authorize agent of City of Payette, 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 Payette. 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

DATE: _____

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

Phone: _____

DOB: _____