



City of Glenns Ferry
Application for Employment
An Equal Opportunity Employer

110 E 2nd / PO Box 910, Glenns Ferry, ID 83623
(208) 366-7418 / FAX (208) 366-2238

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 a blank piece of 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			
Last Name _____	First Name _____	Middle _____	
Address _____	City _____	State _____	Zip _____
Home Phone: _____	Cell Phone: _____		
Email: _____			

Position Applying for	
Job Title _____	Available Start Date _____
Are you applying for : <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary/Seasonal	
What shifts will you work? <input type="checkbox"/> Days <input type="checkbox"/> Nights	
May we contact Present Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you legally eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No (Federal Law requires proof of identity and employment authorization for all new employees.)	
Can you travel if the job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No State issued: _____	

Education/Training				
School	Name	Location	Years Attended	Diploma/Degree received
High School				
College				
Other				

Professional Licenses or Certificates Held:

Technology Skills (list all skills and software Applications you have experience using):

Word Processing: _____

Spreadsheet: _____

Other Software: _____

Database: _____

Microsoft Office? Yes No

Power Point? Yes No

Scanner? Yes No

Copier? Yes No

Digital Phone System? Yes No

Explain internet skills, including Email usage:

OTHER QUALIFICATIONS:

Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Areas

Skills

- Commercial Drivers License
- Class A
- Class B
- Class C

Check Skills/Equipment Owned/Certifications

Equipment Operations

- Backhoes:
- type
- Dump Truck
- Loader
- Tractor
- Mowers
- Pickup Truck
- Chain Saw
- Street Sweeper

Other: (Please List)

ENDORSEMENTS

- Tanker
- Air Brakes
- Hazardous Material

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing a reasonable manner the activities involved in the job or occupation for which you have applied? A description of the activities in such a job or occupation is attached. 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 *(If yes, fill out the following section of this Application & attach proper documentation)*
 No *(please initial directly below and continue on page 3)*
 Have you previously claimed such preference? Yes No

Veterans Preference

If you are not claiming Veteran's Preference, please initial here _____ and proceed to the next section.

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.

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 (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 for 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: _____

Employment History (Please start with the most recent, ending with age 18, excluding Part-time positions held while obtaining Higher education –use additional paper as necessary):

Employer _____

Address _____ City _____ State _____ Zip _____

Telephone: _____ Supervisor Name: _____

Dates From: _____ To: _____ Final Rate of Pay: _____

Position Held: _____

Primary Duties: _____

Reason for Leaving: _____

Next Employer:

Employer _____

Address _____ City _____ State _____ Zip _____

Telephone: _____ Supervisor Name: _____

Dates From: _____ To: _____ Final Rate of Pay: _____

Position Held: _____

Primary Duties: _____

Reason for Leaving: _____

Next Employer:

Employer _____

Address _____ City _____ State _____ Zip _____

Telephone: _____ Supervisor Name: _____

Dates From: _____ To: _____ Final Rate of Pay: _____

Position Held: _____

Primary Duties: _____

Reason for Leaving: _____

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., friends, coworker): _____ Occupation: _____

Personal Reference

Name: _____
 Last First Middle
 Address: _____
 Street City State Zip
 Telephone _____
 Home Other
 Connection to you (i.e., friends, coworker): _____ Occupation: _____

Personal Reference

Name: _____
 Last First Middle
 Address: _____
 Street City State Zip
 Telephone _____
 Home Other
 Connection to you (i.e., friends, coworker): _____ 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 this Employer? 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: _____

IT IS THE POLICY OF **The City of Glenns Ferry** 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, gender or age (unless a bona fide job requirement) or the presence of any disability. Reasonable accommodations will be made for disability. Reasonable accommodations will be made for disabled persons.

Release of Information

Background Information

The undersigned having made application for _____ position with the City of Glens Ferry, hereby authorizes said agency to be informed as to my character and record, past and present, whether same is of record or not and release my present and past employers, supervisors, references and all persons whomsoever from any legal litigation as a result of furnishing any information as to my character and/or records to the City of Glens Ferry.

Criminal History Records

I hereby authorize the City of Glens Ferry to review my police conviction records and I authorize the City of Glens Ferry to contact any law enforcement agency to obtain information on such records and to release such records to the City of Glens Ferry.

I understand that a conviction of a crime does not automatically exclude me from consideration for employment and that I will be given the opportunity to explain any conviction I may have. I also understand that the City of Glens Ferry will evaluate any convictions of criminal offenses that may relate to the job I am applying for.

Driving Record

I hereby authorize the City of Glens Ferry to review my driving records and I authorize the Department of Motor Vehicles and any other agency with driving information, to release their records to the City of Glens Ferry.

I understand this is a job-related requirement as I may be operating City vehicles if employed. I also understand, if employed, periodical checks will be made of my driving record if driving is required as part of my employment.

Name: _____

Current Address: _____

Previous Address: _____

Date of Birth: _____ Social Security Number: _____

Driver's License Number: _____ State Issued: _____

Print all other names including previously used or been known by: _____

Dated this _____ day of _____, 20_____.

Signature of Applicant

Signature of Parent/Guardian
if applicant is a Minor