

Application for Employment
CITY OF GARDEN CITY
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. This application is to fill the current open position only.

Personal Information:				
Name:				
	Last	First	Middle	Other Names Used
Address:				
	Street	City	State	Zip
Telephone:	()	()	()	
	Home	Cell	Message	
Email Address:				
Webpage Address(es):				
Position Applying For:				
Job Title:				
Are you applying for:		What shifts will you work?		May We Contact Present Employer?
<input type="checkbox"/> F/T	<input type="checkbox"/> P/T	<input type="checkbox"/> Temp/Seasonal	<input type="checkbox"/> Days <input type="checkbox"/> Nights	<input type="checkbox"/> Yes <input type="checkbox"/> No
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?</u>
High School				
College				
Other (Business, Vocational, Military)				

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:

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 convicted of 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 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 GARDEN CITY** 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 disabled persons.

VETERAN'S PREFERENCE

Name: _____

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: _____

VOLUNTARY AFFIRMATIVE ACTION INFORMATION

The City of Garden City considers all qualified applicants for employment and makes all employment-related decisions without regard to race, color, religion, sex, national origin, age, veteran status, or disability.

Please answer the questions below to assist the City of Garden city in complying with federal and state Equal Employment Opportunity and Affirmative Action requirements. Your answers to these questions are completely voluntary and failure to answer the questions will have no impact on the hiring decision.

This pre-employment form will be kept in a confidential file separate from the application for Employment.

Thank you for your assistance.

Name:	Position Applied For:
Gender: _____ Male _____ Female	

AFFIRMATIVE ACTION VOLUNTARY SURVEY

Government agencies require periodic reports of sex, ethnicity, disabled and veteran status of applicants. This date is for analysis and affirmative action only. **YOU ARE NOT REQUIRED TO GIVE THIS INFORMATION. SUBMISSION OF THIS INFORMATION IS VOLUNTARY.**

Please check your applicable race or ethnic category (s) as defined in government terms:

- _____ **AMERICAN INDIAN OR ALASKAN NATIVE:** A person having origins in any of the original peoples of North America and South America (including Central America) and who maintains a tribal affiliation or community attachment.
- _____ **ASIAN:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or Indian subcontinent including, for example, Cambodia, china, India, Japan, Korea, Malaysia, Pakistan, the Philippines, Thailand and Vietnam.
- _____ **BLACK OR AFRICAN AMERICAN:** A person having origins in any of the Black racial groups of Africa.
- _____ **HISPANIC OR LATINO:** A person of Mexican, Puerto Rican, Cuban, Central American, South American or other Spanish culture or origin.
- _____ **WHITE:** A person of origins in any of the peoples of Europe, North Africa or the Middle East.

Please check any applicable category (ies):

- _____ Vietnam Era Veteran: Republic of Vietnam service between February 28, 1961 and May 5, 1975 or military service between August 5, 1964 and May 7, 1975.
- _____ Disabled Veteran: Receives Military Disability.
- _____ Other Eligible Veteran: Active duty service member receiving campaign or expeditionary badge. Date of service: _____ through _____

You may elect to detach and submit to the Office of Human Resources, City of Garden City, 6015 Glenwood St., Garden City, ID 83714 independent of the Application for Employment. Thank you for your interest in the City of Garden City. Your application will be considered without regard to age, race, religion, color, national origin, non-job disability, veteran status or any other basis prohibited by local, state or federal law.