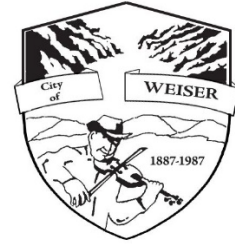


City of Weiser, Idaho

APPLICATION FOR EMPLOYMENT

Type or Print to Complete ~ Note Application must be signed



EQUAL OPPORTUNITY EMPLOYER

The City of Weiser is an equal employment opportunity employer dedicated to compliance with all federal, state and local laws regarding nondiscrimination in employment and hiring practices. The City considers applicants for all positions without regard to race, color, ancestry, national origin, ethnicity, religion, sex/gender, gender identity, sexual orientation, age, pregnancy status, parental status, marital status, disability, veteran's status, or other protected categories. [Equal Opportunity Employer Know Your Rights](#) No question on this application is intended to secure information to be used for unlawful purposes. Applicants requiring reasonable accommodation in the application and/or interview process should notify a City human resources representative. Qualified veterans will receive preferential treatment in accordance with Idaho State Law. We retain candidate applications for 1 year.

PERSONAL DATA

NAME (LAST, FIRST & MIDDLE):				POSITION APPLYING FOR:		DATE AVAILABLE:	
STREET ADDRESS:				CITY:		STATE:	
PHONE NUMBER:				ALT PHONE:		EMAIL ADDRESS:	
DO YOU HAVE A FRIEND OR FAMILY MEMBER THAT WORKS FOR THE CITY?				ARE YOU 18 YEARS OR OLDER?		ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES?	
Yes No If Yes, Who?				Yes No		Yes No \$	
FOR ALL <u>DRIVING POSITIONS</u> , DO YOU HAVE A VALID/LEGAL ID STATE DRIVER'S LICENSE?				DO YOU HAVE A COMMERCIAL DRIVER'S LICENSE (CDL)?		HAVE YOU WORKED FOR THE CITY OF WEISER IN THE PAST?	
Yes No				Yes No		Yes No	
WHO REFERRED YOU TO US? HOW DID YOU FIND US?							

POSITION INFORMATION

CHECK EACH DAY OF THE WEEK YOU ARE WILLING TO WORK?							CHECK SHIFTS YOU CAN WORK?			ARE YOU WILLING TO WORK??		
Mon	Tue	Wed	Thu	Fri	Sat	Sun	Day	Swing	Night	Holidays	Seasonal	On Call

EXPERIENCE HISTORY: (Check all that apply):		Elected Official		IT-Help Desk		Roads & Infrastructure	
Accountant		Electrical-Lineman		IT-Systems		Roads/Streets	
Administrative/Office		Electrical-Ground Crew		Landscaping/Grounds		Sanitation	
Airport Operations		Emergency-Dispatch		Library Services		Security/Force Protection	
Animal Control		Emergency-EMS		Lifeguard		Trades-Carpenter	
Architect		Emergency-Fire		Marketing & Sales		Trades-Laborer	
Attorney		Emergency-Police		Mechanic		Trades-Painter	
Bookkeeping		Engineer-Civil		Meter Reader		Trades-Plumbing	
Building-Construction		Engineer-Design		Microsoft Outlook		Trades-Welding	
Building-Custodial		Engineer-Industrial		Microsoft Word		Utilities-Electric	
Building-Inspector		Environmental		Microsoft Excel		Utilities-Gas/Propane	
Building-Maintenance		Firefighter/Firefighting		Microsoft Access		Utilities-Water	
Building-Mechanical		Garbage/Recycling Services		Park & Recreation		Warehousing	
Burial Services		Heavy Equipment Operator		Payroll		Water-Stormwater	
Construction-General		HR-Generalist		Planner		Water-Protection	
		HR-Recruiting		Police Officer		Water-Wastewater	
		IT-Developer		Procurement/Buyer		Web Designer	

EDUCATION, LICENSES & CERTIFICATIONS

EDUCATION (High School, Trade School, Technical, Vocational, College, etc.):

SCHOOL NAME:	LOCATION:	COURSE OF STUDY:	# OF YEARS COMPLETED:	GRADUATE/EQUIVALENT? DEGREE TYPE?

LICENSES & CERTIFICATIONS

ORGANIZATION NAME:	LOCATION:	TYPE & NUMBER (if applicable):	DATE OF ISSUE:	CERTIFICATION?

EMPLOYMENT HISTORY

Please account for ALL periods of employment, including self-employment, other fields of endeavor, and U.S. Military Service.

EMPLOYER NAME:	EMPLOYER PHONE NUMBER:	DATES EMPLOYED (Mo/Yr to Mo/Yr):
YOUR TITLE:	JOB DUTIES:	
SUPERVISOR'S NAME:	MAY WE CONTACT YOUR SUPERVISOR:	REASON FOR LEAVING OR PLANNING TO LEAVE:
	Yes No	

EMPLOYER NAME:	EMPLOYER PHONE NUMBER:	DATES EMPLOYED (Mo/Yr to Mo/Yr):
YOUR TITLE:	JOB DUTIES:	
SUPERVISOR'S NAME:	MAY WE CONTACT YOUR SUPERVISOR:	REASON FOR LEAVING:
	Yes No	

EMPLOYER NAME:	EMPLOYER PHONE NUMBER:	DATES EMPLOYED (Mo/Yr to Mo/Yr):
YOUR TITLE:	JOB DUTIES:	
SUPERVISOR'S NAME:	MAY WE CONTACT YOUR SUPERVISOR:	REASON FOR LEAVING:
	Yes No	

EMPLOYER NAME:	EMPLOYER PHONE NUMBER:	DATES EMPLOYED (Mo/Yr to Mo/Yr):
YOUR TITLE:	JOB DUTIES:	
SUPERVISOR'S NAME:	MAY WE CONTACT YOUR SUPERVISOR:	REASON FOR LEAVING:
	Yes No	

VETERANS STATUS/MILITARY SERVICE

Are you a Veteran or family member who qualified for and are claiming a preference pursuant to Idaho Code or its successor?

If yes, complete the attached page entitled, "Veteran's Preference." Yes No

BRANCH OF MILITARY:	DUTIES:	HONORABLE DISCHARGE DATE:

MEMBERSHIPS, PROFESSIONAL REGISTRATIONS & VOLUNTARY EXPERIENCE

List any professional memberships/registrations, organizations and volunteer experience related to the position you are applying.

ORGANIZATION NAME:	YOUR ROLE:

REFERENCES

Business and Professional References Only.

NAME:	TITLE/COMPANY:	PHONE / EMAIL ADDRESS:

VERIFICATION & SIGNATURE

I certify that all entries on this application and attachments are true and complete and agree and understand that any falsification of information, regardless of time of discovery, may cause forfeiture on my part of employment with the City of Weiser. I understand that all information on this application is subject to verification.


I authorize the City of Weiser and/or their representatives to conduct background checks; employment history, criminal history, military service, educational verification, driving record reviews and reference checks (including former employers and colleagues). I release and hold harmless and promise not to claim damages from any agency or my prior employers/colleagues for providing information.

I authorize the investigation of all matters which the City of Weiser deems relevant to my qualifications for employment, including all statements made on this application and any supporting documents. I authorize the City of Weiser to request and receive background information and I release for all liability to any persons or employers supplying the information. I also release the City of Weiser from any and all liability which might result in the investigation.

If I am employed, I understand that my employment is "at will" and without a fixed term, and that either the City or I may terminate employment at any time with or without cause. I also understand and agree that the City may change the terms and conditions of my employment, at any time. I acknowledge that this application does not constitute an agreement or contract for employment.

This constitutes my consent and authorization for the disclosure of any relevant and necessary information or records to the City of Weiser by any person, corporation, agency, school, government or association concerning my character, employment, or military service as maybe relevant and necessary for a determination of my suitability for employment with the City of Weiser. I also release the City of Weiser and its representatives, from any and all liability for seeking, gathering and using such information to make employment decisions and all other persons or organizations for providing such information.

By entering your name below and submitting this application, you agree that you've read and fully understand the foregoing, and that you seek employment under these conditions.

Your Name:	Signature: 	Today's Date

Voluntary Self-Identification Form Ethnicity/Race and Gender

The City of Weiser is an Equal Opportunity Employer dedicated to compliance with all federal, state and local laws regarding nondiscrimination and hiring practices. The City considers applicants for all positions without regard to race, color, religion, age, gender, gender identity, sexual orientation, pregnancy status, parental status, national origin or ancestry, disability, marital status, veteran or military status, and other legally protected status. The purpose of this Self-Identification Form is to comply with federal government record-keeping and reporting requirements. Periodic reports are made to the government on the following information. The data you provide on this form will be kept confidential and used solely for analytical and reporting requirement purposes. This form is processed and maintained separately from your personnel file and is not used to make decisions about the terms and conditions of employment. No question on this Form is intended to secure information to be used for unlawful purposes. Completion of this form is optional and voluntary. We appreciate your assistance.

Complete the form as follows:

Name: _____

Today's Date: _____

Position Applied for: _____

If you do not wish to self-identify, please sign below:

(Signature): _____

Please check all that apply (See definitions):

EEOC Race/Ethnic Identification Categories	Gender
Hispanic or Latino A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.	Male
White (Not Hispanic or Latino) A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.	Female
Black or African American (Not Hispanic or Latino) A person having origins in any of the black racial groups of Africa.	Non-Binary
Native Hawaiian/Other Pacific Islander (Not Hispanic or Latino) A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.	Prefer Not to Gender Identify
Asian (Not Hispanic or Latino) A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.	
American Indian or Alaskan Native (Not Hispanic or Latino) A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.	
Two or More All persons who identify with more than one of the above five races.	

State of Idaho Veteran's Preference

As a way of honoring those who have served the USA on active duty with the armed forces, the State of Idaho gives preference to veterans by providing a more favorable competitive position for employment, while at the same time acknowledging the larger sacrifice of disabled veterans. Eligible veterans are provided advantages in employment, including preference for initial employment and retention in the event of layoffs.

Per Idaho Code, Title 65, Chapter 5, employers must 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.

VETERAN'S PREFERENCE

If you are NOT claiming Veteran's Preference, please initial here _____

(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 the City.

I have attached a copy of my DD-214. Veteran's preference will not be considered without this document.

Your Name:	Signature: 	Today's Date