

CITY OF COEUR D'ALENE

Date Received: _____

Human Resources Department

710 E. Mullan Avenue
Coeur d'Alene, ID 83814
(208) 769-2205

EMPLOYMENT APPLICATION FOR PARKS DEPARTMENT

Thank you for applying for employment with the City of Coeur d'Alene. Please answer all questions to the best of your ability. Exclude all information indicative of race, color, creed, sex, marital status, national origin, sensory, mental or physical disability (unless based upon a bona fide occupational qualification). We welcome resumes; however, still complete the employment record section and all other portions of this application form.

POSITION APPLYING FOR: _____		
NAME (LAST) _____	(FIRST) _____	(MI) _____
HOME ADDRESS: _____		

HOME TELEPHONE: _____	OTHER TELEPHONES: _____	

EDUCATION AND TRAINING		
HIGH SCHOOL GRADUATE OR G.E.D. CERTIFICATE? ____ Yes ____ No		
If NO, circle the highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12		
COLLEGES, VOCATIONAL/TECHNICAL SCHOOLS	CREDITS	CERTIFICATE OR DEGREE
_____	_____	_____
_____	_____	_____
LICENSES AND CERTIFICATES		
DESCRIPTION	ISSUED BY	EXPIRATION DATE
_____	_____	_____
_____	_____	_____

GENERAL INFORMATION	
SOCIAL SECURITY # : _____	BIRTHDATE: ____/____/____
DRIVER'S LICENSE # AND STATE LICENSE ISSUED: _____	
CITIZENSHIP (Country) _____	
(Federal law requires anyone employed by the City to present proof of identity and proof of authorization to work in the United States. Most employees use a Social Security card and Driver's license or INS Employment Authorization.)	
U.S. MILITARY SERVICE:	
BRANCH: _____	
DATES OF SERVICE: FROM: _____ TO: _____	
ARE YOU NOW OR HAVE YOU BEEN EMPLOYED BY THE CITY OF COEUR D'ALENE? ____ Yes ____ No	
If YES, include dates: _____	
NOTE: If you are related to a Mayor/Council Member within the second degree, you are not eligible for employment.	
ARE YOU RELATED TO A CURRENT MAYOR/COUNCIL MEMBER OR ANY OTHER PERSON CURRENTLY EMPLOYED BY THE CITY OF COEUR D'ALENE? ____ Yes ____ No	
If YES, indicate name and relationship of relative: _____	
CONVICTION: HAVE YOU BEEN CONVICTED OF A FELONY OR SERVED TIME IN PRISON DURING THE LAST SEVEN YEARS? ____ Yes ____ No (Conviction is not an automatic bar to employment. Each case is considered separately.)	
IF YES, PROVIDE INFORMATION REGARDING DATE, CHARGE, PLACE, AND ACTION TAKEN.	

EMPLOYMENT RECORD: Begin with current/most recent employment.

From: ___/___/___ Title: _____ Employer: _____
Duties: _____ Address: _____
To: ___/___/___ _____
Supervisor's Name/Title: _____
Salary: _____ per _____ Telephone: _____
Reason for Leaving: _____
Hours per Week: _____ May we contact this employer? _____
of employees supervised: _____

From: ___/___/___ Title: _____ Employer: _____
Duties: _____ Address: _____
To: ___/___/___ _____
Supervisor's Name/Title: _____
Salary: _____ per _____ Telephone: _____
Reason for Leaving: _____
Hours per Week: _____ May we contact this employer? _____
of employees supervised: _____

From: ___/___/___ Title: _____ Employer: _____
Duties: _____ Address: _____
To: ___/___/___ _____
Supervisor's Name/Title: _____
Salary: _____ per _____ Telephone: _____
Reason for Leaving: _____
Hours per Week: _____ May we contact this employer? _____
of employees supervised: _____

From: ___/___/___ Title: _____ Employer: _____
Duties: _____ Address: _____
To: ___/___/___ _____
Supervisor's Name/Title: _____
Salary: _____ per _____ Telephone: _____
Reason for Leaving: _____
Hours per Week: _____ May we contact this employer? _____
of employees supervised: _____

Attach additional sheets if needed for additional qualifying employment.

I hereby certify that all information on this application is true and understand that erroneous information on this application may result in the removal of my name from consideration for employment or may result in termination of any employment. I understand that this information may be subject to verification.

Signature of Applicant: _____ **Date:** _____

If you would like to request a reasonable accommodation for the recruitment process due to a disability, please provide a written request and submit with your City of Coeur d'Alene application.

EQUIPMENT EXPERIENCE QUESTIONNAIRE

Equipment	Have you used this equipment? (PLEASE CHECK ONE)	Level of Experience Very familiar=5 Not familiar=1
Blower (backpack)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Chainsaw	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Drill	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Edger	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Hedge Trimmer (gas)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Mower (walk behind)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Mower (riding)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pole Saw	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Reciprocating Saw	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Table Saw	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trimmer (gas)	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Signature

Date

LIST JOB POSITION YOU APPLIED FOR: _____

I learned about this job opening through (check appropriate boxes):

- City Employee
 Friend/Relative
 City Employment Announcement
 City Hall Walk-In
 City of Coeur d'Alene Website: www.cdavid.org
 Other Website (please specify) _____
 An Organization or Group (please specify) _____
 Newspaper Advertisement (please circle): Coeur d'Alene Press Spokesman Review
 Other Newspaper (specify name of newspaper): _____
 Other Advertisement (specify publication): _____
 Unsolicited mailing

 Other means (specify): _____

AFFIRMATIVE ACTION DATA

It is the policy of the City of Coeur d'Alene 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, age, marital status, veteran status, or the presence of any sensory, mental or physical disability. To help us comply with government record keeping, reporting, and other legal requirements, please complete the affirmative action data below. **PROVIDING THIS INFORMATION IS VOLUNTARY AND WILL BE KEPT IN A CONFIDENTIAL FILE SEPARATE FROM THE APPLICATION FORM.**

ETHNIC CATEGORY (Choose only one):

- WHITE (not of Hispanic origin)
 AFRICAN-AMERICAN (not of Hispanic origin)
 HISPANIC
 ASIAN OR PACIFIC ISLANDER
 NATIVE AMERICAN OR ALASKAN NATIVE

SEX: _____ Male _____ Female

AGE: Are you 40 years of age or older? _____ Yes _____ No

VETERAN: Are you a veteran of the U.S. military service? _____ Yes _____ No