# CITY OF COEUR D'ALENE

Date Received: _____

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

# EMPLOYMENT APPLICATION

**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:_____

_____

EMAIL ADDRESS:_____

TELEPHONE:_____ ALT TELEPHONE:_____

## 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 (Including driver's license if required)**

**DESCRIPTION** **ISSUED BY** **EXPIRATION DATE**

_____

_____

_____

## GENERAL INFORMATION

**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.)

**ARE YOU NOW OR HAVE YOU BEEN EMPLOYED BY THE CITY OF COEUR D'ALENE?** _____Yes _____No

If YES, provide dates of employment:_____

**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?** _____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.

_____

**U.S. MILITARY SERVICE:**

BRANCH: _____

DATES OF SERVICE: FROM: _____ TO:_____

**ARE YOU ELIGILBE FOR VETERAN'S PREFERENCE?** _____ **Yes** _____ **No**

If YES, complete the Veteran's Preference Form found via website, www.cdaid.org or Human Resources and attach DD-214 form.

## EMPLOYMENT RECORD: Begin with current/most recent employment.

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

**********

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

**********

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

**********

From: _____/_____/_____ Title:_____ Employer:_____
Duties:_____ Address:_____
To: _____/_____/_____ _____ _____
_____ Supervisor's Name/Title:_____
Salary: _____ per _____ _____ _____
_____ Telephone: _____
Hours per Week: _____ _____ Reason for Leaving: _____
_____ 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.*

**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.cdaid.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

DISABILITY: Are you disabled? _____Yes _____No
If yes, please explain: _____

_____