

## City of Coeur d'Alene

710 E Mullan Avenue

Coeur d'Alene, ID 83814

208-666-2250 ~ www.cdaid.org

## TEMPORARY/SEASONAL APPLICATION

Date Received: \_\_\_\_\_

POSITION APPLYING FOR:				
NAME (LAST)	(FIRST)	(MI)		
HOME ADDRESS:				
EMAIL ADDRESS:				
HOME TELEPHONE:	OTHER TELEPHONES:			
SOCIAL SECURITY #:	BIRTHDATE:	BIRTHDATE:		
AVAILABLE FOR (circle one): P/T F/T SEASONAL				
IF SEASONAL, SPECIFTY STARTING AND END DATES				
EDUCATION				
H.S. GRADUATE OR G.E.D. CERTIFICATEYesNo	If NO, circle the highest grade completed:	1 2 3 4 5 6 7 8 9 10 11 12		
NAME OF SCHOOL	CERTIFICATE	CERTIFICATE/DEGREE		
LICENSES/CERTIFICATIONS	•			
DESCRIPTION	ISSUED BY	EXPIRATION DATE		
GENERAL INFORMATION				
HAVE YOU EVER BEEN EMPLOYED BY THE CITY OF COEUR D'ALE	NE?NO			
IF YES, LIST DATES:				
IF YES, LIST DATES: NOTE: IF YOU ARE RELATED TO A MAYOR/COUNCIL MEMBER W		ELIGIBLE FOR EMPLOYMENT.		
	VITHIN THE SECOND DEGREE, YOU ARE NOT			
NOTE: IF YOU ARE RELATED TO A MAYOR/COUNCIL MEMBER WARE YOU RELATED TO A CURRENT MAYOR/COUNCIL MEMBER CO	VITHIN THE SECOND DEGREE, YOU ARE NOT DR ANY OTHER PERSON CURRENTLY EMPLOY	'ED BY THE CITY OF COEUR D'ALENE?		
NOTE: IF YOU ARE RELATED TO A MAYOR/COUNCIL MEMBER WARE YOU RELATED TO A CURRENT MAYOR/COUNCIL MEMBER COUNCIL M	VITHIN THE SECOND DEGREE, YOU ARE NOT DR ANY OTHER PERSON CURRENTLY EMPLOY	'ED BY THE CITY OF COEUR D'ALENE?		

## **EMPLOYMENT RECORD**

BEGIN WITH YOUR MOST RECENT OR PRESENT JOB

1. EMPLOYER:	<b>/ER</b> :PHONE #:				
ADDRESS:					
		SUPERVISOR:			
STARTING DATE:	ENDING DATE:	WAGE:			
DESCRIBE DUTIES:					
MAY WE CONTACT THIS EMPLOYER?	YESNO	REASON FOR LEAVING?			
2. EMPLOYER:		PHONE #:			
ADDRESS:					
		SUPERVISOR:			
STARTING DATE:	ENDING DATE:	WAGE:			
DESCRIBE DUTIES:					
MAY WE CONTACT THIS EMPLOYER?	YESNO	REASON FOR LEAVING?			
3. EMPLOYER:		PHONE #:			
ADDRESS:					
JOB TITLE:		SUPERVISOR:			
STARTING DATE:	ENDING DATE:	WAGE:			
DESCRIBE DUTIES:					
MAY WE CONTACT THIS EMPLOYER?	YES NO	REASON FOR LEAVING?			
request and submit with your City of	Coeur d'Alene applic	for the recruitment process due to a disability, please provide a written ation.  True and understand that erroneous information on this application may			
	om consideration for $\epsilon$	employment or may result in termination of any employment. I under-			
Signature of Applicant:		Date:			

Position appl	ying for:								
Date applying	g:								
How did you	hear about thi	is position? (ch	eck appropriate boxes	s):					
	City of Coeur d'Alene Website: www.cdaid.org				City Employee				
	City Employn	City Hall Walk-In							
	Website Advertisement (please specify)								
	An Organization or Group (please specify)								
	Newspaper Advertisement :								
	Other means (	specify):							
		Aí	ffirmative Action Da	ta					
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. To help us comply with government record keeping, reporting, and other legal requirements, please complete the affirmative action data below. Providing the information is voluntary. This form will be detached from your job application and kept separate and confidential.									
Sex:	Female	Male							
<b>Ethnic Categ</b>	ories:								
	White								
	Black or African American								
	Hispanic								
	American Indian and Alaska Native								
	Asian								
	Native Hawaiian and Other Pacific Islander								
	Two or More Races								
Veteran:	Are you a veteran of the U.S. military service? Yes No								
Disability Sta	atus:	Disabled	Non-Disabled	l					