

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: _____
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 (Including driver's license if required)

DESCRIPTION	ISSUED BY	EXPIRATION DATE
_____	_____	_____
_____	_____	_____

GENERAL INFORMATION

SOCIAL SECURITY NO. : (optional before hire) _____ BIRTHDATE (Police/Fire Only): _____

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 ELIGIBLE 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.

Position applying for: _____

Date applying: _____

How did you hear about this position? (check appropriate boxes):

City of Coeur d'Alene Website: www.cdaid.org

City Employee

City Employment Announcement

City Hall Walk-In

Website Advertisement (please specify) _____

An Organization or Group (please specify) _____

Newspaper Advertisement : _____

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. 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

Ethnic Categories:

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 Status: Disabled Non-Disabled