

# 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.cdavid.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: \_\_\_\_\_

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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](http://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