



City of Coeur d'Alene

710 E Mullan Avenue
Coeur d'Alene, ID 83814
208-769-2250 www.cdaid.org

Date Received: _____

TEMPORARY/SEASONAL APPLICATION

POSITION APPLYING FOR: _____

NAME (LAST) _____ (FIRST) _____ (MI) _____

HOME ADDRESS: _____

EMAIL ADDRESS: _____

HOME TELEPHONE: _____ OTHER TELEPHONES: _____

SOCIAL SECURITY #: _____ BIRTHDATE: _____

AVAILABLE FOR (circle one): P/T F/T SEASONAL

IF SEASONAL, SPECIFY STARTING AND END DATES _____ - _____

EDUCATION

H.S. 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

NAME OF SCHOOL	CERTIFICATE/DEGREE

LICENSES/CERTIFICATIONS

DESCRIPTION	ISSUED BY	EXPIRATION DATE

GENERAL INFORMATION

HAVE YOU EVER BEEN EMPLOYED BY THE CITY OF COEUR D'ALENE? ____ YES ____ NO

IF YES, LIST 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: _____

HAVE YOU BEEN CONVICTED OF, OR ARE YOU CURRENTLY CHARGED WITH, A FELONY CRIME (conviction is not an automatic bar from employment)? ____ YES ____ NO

IF YES, PLEASE EXPLAIN: _____

EMPLOYMENT RECORD

BEGIN WITH YOUR MOST RECENT OR PRESENT JOB

1. EMPLOYER: _____ **PHONE #:** _____

ADDRESS: _____

JOB TITLE: _____ SUPERVISOR: _____

STARTING DATE: _____ ENDING DATE: _____ WAGE: _____

DESCRIBE DUTIES: _____

MAY WE CONTACT THIS EMPLOYER? _____ YES _____ NO REASON FOR LEAVING? _____

2. EMPLOYER: _____ **PHONE #:** _____

ADDRESS: _____

JOB TITLE: _____ SUPERVISOR: _____

STARTING DATE: _____ ENDING DATE: _____ WAGE: _____

DESCRIBE DUTIES: _____

MAY WE CONTACT THIS EMPLOYER? _____ YES _____ NO 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? _____

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.

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:** _____

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: _____