

# 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.*

**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.cdavid.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: \_\_\_\_\_  
\_\_\_\_\_