



# EMPLOYMENT APPLICATION

## PERSONAL INFORMATION

Position Desired	Application Date	Date Available
<b>Name</b>		
<b>Address</b>		
<b>Email Address</b>		
<b>Telephone</b>		
May we contact your Present Employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever filed an application or been employed with us before? When?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Please indicate type of employment you are seeking.	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temp <input type="checkbox"/> Shift <input type="checkbox"/> Other	
Are you willing to travel?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If you are under 18 years of age, can you provide proof of your eligibility to work?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you been convicted of a felony within the last seven years? If yes, please explain: _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	

## EDUCATION

	School Name/Address	Curriculum	Years Completed	Degrees Earned
Graduate				
College/ University				
High School				

Do you have any other job-related educational or training experience that we should know about?

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## OFFICE SKILLS

List the software applications you have used.

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List the computer operating systems with which you are familiar.

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List the office equipment you have operated.

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## WORK EXPERIENCE

Employer and Supervisor Name	Dates Employed	Your Job Title
Address	Wage/Salary	Duties/Work Performed
Telephone	Reason for Leaving	
Employer and Supervisor Name	Dates Employed	Your Job Title
Address	Wage/Salary	Duties/Work Performed
Telephone	Reason for Leaving	
Employer and Supervisor Name	Dates Employed	Your Job Title
Address	Wage/Salary	Duties/Work Performed
Telephone	Reason for Leaving	

## MILITARY

Are you a veteran or family member who qualifies for and Are claiming preference pursuant to Idaho Code § 65-503 or its successor?	Yes <input type="checkbox"/>	No <input type="checkbox"/> (If yes, fill out Page 5 of Application & attach Proper documentation)
Have you previously claimed such a preference?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

## REFERENCES (Please list the names of 3 person NOT related to you by blood or marriage)

Name	Phone #	Relationship to Applicant

## CERTIFICATION

I certify that all answers and statements of this application are true and complete to the best of my knowledge. I understand that should an investigation disclose untruthful or misleading answers, my application may be rejected, my name removed from consideration, or my employment may be terminated.

I understand and agree that, if hired, my employment is for no definite period and either Employer or I may terminate our relationship at any time, and that this employment application does not constitute an employment contract.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

IT IS THE POLICY of Hailey to provide equal opportunity in all terms, conditions and privileges or employment for all qualified job applicants and employees without regard to race, color, national origin, gender or age (unless a bona fide job requirement) or the presence of any disability. Reasonable accommodations will be made for disabled persons.

## VETERANS PREFERENCE

If you are NOT claiming Veteran's Preference, please initial here \_\_\_\_\_ and proceed to the next page.

Per Idaho Code, Title 65, Chapter 5, The City of Hailey will afford a preference to employment of veterans. In the event of equal qualifications and experience between candidates for an available position, a veteran who qualifies will be preferred. If claiming veteran's preference, please complete the information below and attach a copy of your DD-214 to this application.

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(Reference Idaho Code, Title 65, Chapter 5, and 5 U.S.C. § 2108)

The term "active duty" means full-time duty in the Armed Forces, but NOT active duty for training.

### Part 1 - Preference Eligible Veterans:

- I have a service-connected disability of 10% or more.
- I am the spouse of an eligible disabled veteran, who has a service-connected disability.
- I am the widow or widower of an eligible veteran and have remained unmarried.
- I do not meet any of selections above, but I served on active duty in the armed forces of the United States for a period of more than one-hundred eighty (180) days and was honorably discharged.

### Part 2 - Documentation & Signature

By my signature, I certify that all statements on this form are true and complete to the best of my knowledge. I understand that should an investigation disclose inaccurate or misleading answers, my application may be rejected and my name removed from consideration for employment with the City of Hailey.

- I have never received veteran's preference by any State of Idaho agency. (If you have received an initial appointment claiming veteran's preference, you are not eligible for preference)
- I have attached a copy of my DD-214. Veteran's preference will not be considered without this document.

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Signature

DATE: \_\_\_\_\_

**AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION**

I, \_\_\_\_\_, an applicant for employment with the City of Hailey do hereby authorize a review of and full disclosure of all records or information concerning myself to any duly authorized agent of the City of Hailey, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of all records and information of educational institutions; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me, either criminal or civil, in which I have, or have had any interest or involvement.

I understand that any information obtained during any personal history background investigation which is developed directly or indirectly, in whole or in part, upon this authorization will be considered in determining my suitability for employment. I hereby agree that any person(s) or entities who may furnish such information concerning me shall not be held liable for providing this information; and I do hereby release said person(s) and entities from any and all liability which may be incurred as a result of furnishing such information.

I further authorize that a photocopy of this signed release form will be valid as an original thereof even though the said photocopy does not contain an original writing of my signature.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness

Dated \_\_\_\_\_

Print name, including all names you have previously used or been known by:

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\_\_\_\_\_