

# City of Mountain Home- Application for Employment

**An Equal Opportunity Employer**

To be considered an applicant, you must complete this form. A resume may also be attached. Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank if you do not have enough room on this application. PLEASE PRINT, except for your signature. This application is to fill the current open position only.

## Personal Information

Last Name	First Name	Middle	
Address	City	State	Zip
Home Phone: _____	Cell Phone: _____		
Email: _____			

## Position Applying for

Job Title	Available Start Date
Are you applying for : <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary/Seasonal	
What shifts will you work? <input type="checkbox"/> Days <input type="checkbox"/> Nights	
May we contact Present Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you legally eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No (Federal Law requires proof of identity and employment authorization for all new employees.)	
Can you travel if the job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No    State issued: _____	

## Education/Training

School	Name	Location	Years Attended	Diploma/Degree received
High School				
College				
Other				

## Professional Licenses or Certificates Held:

**Technology Skills (list all skills and software Applications you have experience using):**

Word Processing: \_\_\_\_\_

Spreadsheet: \_\_\_\_\_

Other Software: \_\_\_\_\_

Database: \_\_\_\_\_

Microsoft Office?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Power Point?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Scanner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Copier?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Digital Phone System?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

Explain internet skills, including Email usage:

**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 **(If yes, fill out the following section of this Application & attach proper documentation)**  
 No **(please initial directly below and continue on page 3)**

Have you previously claimed such preference?  Yes  No

**Veterans Preference**

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

Per Idaho Code, Title 65, Chapter 5, Employer 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.

.....  
 (Reference Idaho Code, Title 65, Chapter 5, and 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 the selections above, but I serve 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 discharge.

**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 for consideration for employment with Employer.

- I have attached a copy of my DD-214. Veteran's preference will not be considered without this document.

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

\_\_\_\_\_  
 Signature

Date: \_\_\_\_\_

**Employment History (Please start with the most recent, ending with age 18, excluding Part-time positions held while obtaining Higher education –use additional paper as necessary):**

Employer \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Dates From: \_\_\_\_\_ To: \_\_\_\_\_ Final Rate of Pay: \_\_\_\_\_

Position Held: \_\_\_\_\_

Primary Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Next Employer:**

Employer \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Dates From: \_\_\_\_\_ To: \_\_\_\_\_ Final Rate of Pay: \_\_\_\_\_

Position Held: \_\_\_\_\_

Primary Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Next Employer:**

Employer \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Dates From: \_\_\_\_\_ To: \_\_\_\_\_ Final Rate of Pay: \_\_\_\_\_

Position Held: \_\_\_\_\_

Primary Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_



**Release of Information**

**Background Information**

The undersigned having made application for \_\_\_\_\_ position with the City of Mountain Home, hereby authorizes said agency to be informed as to my character and record, past and present, whether same is of record or not and release my present and past employers, supervisors, references and all persons whomsoever from any legal litigation as a result of furnishing any information as to my character and/or records to the City of Mountain Home.

**Criminal History Records**

I hereby authorize the City of Mountain Home to review my police conviction records and I authorize the City of Mountain Home to contact any law enforcement agency to obtain information on such records and to release such records to the City of Mountain Home.

I understand that a conviction of a crime does not automatically exclude me from consideration for employment and that I will be given the opportunity to explain any conviction I may have. I also understand that the City of Mountain Home will evaluate any convictions of criminal offenses that may relate to the job I am applying for.

**Driving Record**

I hereby authorize the City of Mountain Home to review my driving records and I authorize the Department of Motor Vehicles and any other agency with driving information, to release their records to the City of Mountain Home.

I understand this is a job-related requirement as I may be operating City vehicles if employed. I also understand, if employed, periodical checks will be made of my driving record if driving is required as part of my employment.

Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

Previous Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

Print all other names including previously used or been known by: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

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

\_\_\_\_\_  
Signature of Parent/Guardian  
if applicant is a Minor