CITY OF MIDDLETON
6 NORTH DEWEY AVENUE, MIDDLETON, ID 83644
208-585-3133, 208-585-9601 FAX
WWW.MIDDLETONIDAHO.US

Application for Employment

An Equal Opportunity Employer

To be considered an applicant, you must complete this form. A resumé 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 paper 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:

Name:
Last First Middle Other Names Used

Address:
Street City State Zip

Telephone: ( ) ( ) ( )
Home Cell Message

Email Address:

Webpage Address(es):

Position Applying For:

Job Title:

Are you applying for: ☐ F/T ☐ P/T ☐ Temp/Seasonal

What shifts will you work? ☐ Days ☐ Nights

May We Contact Present Employer? ☐ Yes ☐ No

Available Start Date:

Are you legally eligible to work in the United States? Yes ☐ No ☐
(Federal Law requires proof of identity and employment authorization for all new employees.)

Can you travel if the job requires it? Yes ☐ No ☐ Do you have a valid driver's license? Yes ☐ No ☐ State:_____

Education/Training

School	Name	Location	Dates Attended From / To:	Diploma, Degree & Major	Graduated?
High School					
College					

Other (Business, Vocational, Military)					

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:

Street City State Zip

Telephone: ( ) Supervisor Name:

Dates From: To: Final Rate of Pay:

Position Held:

Primary Duties:

Reason for Leaving:

Next Employer:

Employer:

Address:

Street City State Zip

Telephone: ( ) Supervisor Name:

Dates From: To: Final Rate of Pay:

Position Held:

Primary Duties:

Reason for Leaving:

Next Employer:

Employer:

Address:

Street City State Zip

Telephone: ( ) Supervisor Name:

Dates From: To: Final Rate of Pay:

Position Held:

Primary Duties:

Reason for Leaving:

Technology Skills (List All Skills & Software Applications You Have Experience Using):

Word Processing:
Spreadsheet:
Other Software:
Database:
Microsoft Office? Yes ☐ No ☐ PowerPoint? Yes ☐ No ☐
Scanner? Yes ☐ No ☐ Copier? Yes ☐ No ☐

Digital Phone Systems? Yes ☐ No ☐

Explain Internet Skills, Including Email Usage:

Professional Licenses or Certificates Held:

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 ☐ No ☐ **(If Yes, fill out Page 5 of Application & attach proper documentation)**

Have you previously claimed such preference? Yes ☐ No ☐

Personal Reference (Please list the names of three (3) persons not related to you by blood or marriage.)

Name: _____
Last First Middle
Address: _____
Street City State Zip
Telephone: ( ) ( )
Home Other
Connection To You (i.e. friend, co-worker): Occupation:

Personal Reference

Name: _____
Last First Middle
Address: _____
Street City State Zip
Telephone: ( ) ( )
Home Other
Connection To You (i.e. friend, co-worker): Occupation:

Personal Reference

Name: _____
Last First Middle
Address:

TODAY'S DATE: _____

	Street	City	State	Zip
Telephone:	( )	( )		
	Home	Other		

Connection To You (i.e. friend, co-worker): Occupation:

Have you ever been charged with a crime (other than a minor traffic infraction)? Yes ☐ No ☐

If yes, when & where: _____ Please Explain: _____

_____

_____

Are you related by blood or marriage to any person now employed by Employer? Yes ☐ No ☐

If yes, give name and relationship to you:

CERTIFICATION

I certify that all answers and statements on 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 _____ 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, gender or age (unless a bona fide job requirement) or the presence of any disability. Reasonable accommodations will be made for disabled persons.

VETERAN'S 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, 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 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 the 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 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: _____

TODAY'S DATE: _____

MAY WE CONTACT YOUR PRESENT EMPLOYER? Yes ☐ No ☐

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, an applicant for employment with _____, do hereby authorize a review of and full disclosure of all records or information concerning myself to any duly authorize agent of _____, 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 by the _____. 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: _____

Printed Name, including all names I have previously used or been known by:

_____

_____

_____

Phone:_____

DOB:_____