



## City of Sandpoint Application for Employment An Equal Opportunity Employer

To be considered an applicant, you must complete this form. A résumé 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						
Mailing Address:										
	Street or PO Box	City	State	Zip						
Telephone: (    ) (    ) (    )										
	Home	Cell	Message							
Email Address:										
Webpage Address(es):										
Position Applying For:										
Job Title:										
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Are you applying for:</td> <td style="width: 33%;">What shifts will you work?</td> <td style="width: 34%;">May We Contact Present Employer?</td> </tr> <tr> <td> <input type="checkbox"/> F/T   <input type="checkbox"/> P/T   <input type="checkbox"/> Temp/Seasonal         </td> <td> <input type="checkbox"/> Days   <input type="checkbox"/> Nights         </td> <td> <input type="checkbox"/> Yes   <input type="checkbox"/> No         </td> </tr> </table>					Are you applying for:	What shifts will you work?	May We Contact Present Employer?	<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> Temp/Seasonal	<input type="checkbox"/> Days <input type="checkbox"/> Nights	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you applying for:	What shifts will you work?	May We Contact Present Employer?								
<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> Temp/Seasonal	<input type="checkbox"/> Days <input type="checkbox"/> Nights	<input type="checkbox"/> Yes <input type="checkbox"/> No								
Available Start Date:										

Are you legally eligible to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/> (Federal Law requires proof of identity and employment authorization for all new employees.)	
Can you travel if the job requires it? Yes <input type="checkbox"/> No <input type="checkbox"/> Do you have a valid driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/> State: _____	Do you have a Commercial Driver's License (CDL)? Yes <input type="checkbox"/> No <input type="checkbox"/> State: _____ If so, which class (A, B, C)? _____

Education/Training					
<u>School</u>	<u>Name</u>	<u>Location</u>	<u>Dates Attended From / To:</u>	<u>Diploma, Degree &amp; Major</u>	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 and 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: \_\_\_\_\_  
 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 the City of Sandpoint?    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 City of Sandpoint to provide equal opportunity in all terms, conditions and privileges of employment for all qualified job applicants and employees without regard to race, color, religion, sex, age, national origin, gender, sexual orientation or gender identity/expression (unless a bona fide job requirement) or the presence of any disability. Reasonable accommodations will be made for disabled persons.

The City of Sandpoint and USDA are equal opportunity providers and employers. If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) or at any USDA office or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter by mail to U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Ave SW, Washington, DC, 20250-9410, by fax to (202)690-7442 or email [program.intake@usda.gov](mailto:program.intake@usda.gov).

Persons needing an interpreter or special accommodations are urged to contact the City Clerk/ADA Coordinator at (208) 263-3310. Assistive listening devices are available for persons with hearing loss. Se les recomienda a las personas que necesiten un interprete o arreglos especiales que llamen a la Administradora de ADA/Secretaria Municipal al 208-263-3310. Dispositivos de ayuda auditiva están disponibles para las personas con pérdida de audición.



**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.

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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 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 the City of Sandpoint, 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 Sandpoint, 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 City of Sandpoint. 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

DATED: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

DOB: \_\_\_\_\_



**TODAY'S DATE:** \_\_\_\_\_

**FOR WHICH POSITION DID YOU APPLY?** \_\_\_\_\_

I learned about this job opening through (check all that apply):

- City Employee
- Friend/Relative
- City Employment Announcement
- City Hall Walk-In
- City of Sandpoint website, www.sandpointidaho.gov
- Other website (please specify) \_\_\_\_\_
- An Organization or Group (please specify) \_\_\_\_\_
- Bonner County Daily Bee Newspaper Advertisement
- 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 Sandpoint 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 \_\_\_ I do not wish to answer.

Do you require reasonable accommodation in order to perform this job: \_\_\_ Yes \_\_\_ No

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