City of Caldwell
411 Blaine
Caldwell, Idaho 83605
(208) 455-4690
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www.cityofcaldwell.com

Application for Employment

The City of Caldwell is committed to ensuring equal opportunities to all individuals. Your application will be considered without regard to age, race, religion, color, national origin, disability, veteran status, or any other basis prohibited by local, state or federal law.

As you complete your application for employment, give special attention to experience relative to the job for which you are applying. Be specific and thorough and include all relevant experience.

Position(s) Applied For:	Application Date: _____
__ _____	Date Available: _____

Last Name: _____ First Name: _____ M.I.: _____

Present Address: _____
Street City State Zip

Contact Phone: _____ Email: _____

Are you willing to work: _____ Full Time _____ Part Time _____ Temporary

Acceptable Salary: $_____ per _____

If position requires driving, do you have a valid driver's license? _____ Yes _____ No

What State: _____ What Class: _____ Restrictions: _____

Are you legally eligible for employment in the U.S.? _____ Yes _____ No
(Proof of U.S. citizenship or immigration status will be required upon employment)

Do you qualify for veterans preference? _____ Yes _____ No (Copy of DD-214 Form required)

Have you previously been employed by the City of Caldwell? _____ Yes _____ No

If yes, when? _____ If yes, was it under a different name? _____

If you have relatives employed with the City of Caldwell, list names and how related:

_____

EDUCATION

Do you have a high school diploma or equivalent (GED)? _____Yes _____No

Check the highest grade completed – not including college: 1 2 3 4 5 6 7 8 9 10 11 12

Special Training or Education beyond High School

Name of School/Location	Major Course of Study	Type of Degree Received

EMPLOYMENT HISTORY

In the spaces below, please list the specific duties and responsibilities included in your work experience, beginning with your present or most recent employment. Employment verification may be made regarding all of your past experience. Please note if you do not want your present employer or any other employer contacted and provide a brief reason.

Employer Name:	Telephone:
Address:	Dates of Employment: Mo/Year to Mo/Year
Name of Supervisor:	Starting Salary: $
Job Title, Duties and Responsibilities (Be Specific):	Ending Salary: $
	Reason for Leaving:

Employer Name:	Telephone:
Address:	Dates of Employment: Mo/Year to Mo/Year
Name of Supervisor:	Starting Salary: $
Job Title, Duties and Responsibilities (Be Specific):	Ending Salary: $
	Reason for Leaving:

Employment History (Continued)	
Employer Name:	Telephone:
Address:	Dates of Employment: Mo/Year to Mo/Year
Name of Supervisor:	Starting Salary: $
Job Title, Duties and Responsibilities (Be Specific):	Ending Salary: $
	Reason for Leaving:
Employer Name:	Telephone:
Address:	Dates of Employment: Mo/Year to Mo/Year
Name of Supervisor:	Starting Salary: $
Job Title, Duties and Responsibilities (Be Specific):	Ending Salary: $
	Reason for Leaving:
Employer Name:	Telephone:
Address:	Dates of Employment: Mo/Year to Mo/Year
Name of Supervisor:	Starting Salary: $
Job Title, Duties and Responsibilities (Be Specific):	Ending Salary: $
	Reason for Leaving:

Please explain any gaps in your work history:
Please list any experience and/or skills that you feel would especially qualify you for this position, including professional registrations, journey-level licenses or other occupational certificates:
Please list any applicable membership in technical/professional associations (exclude those which may disclose your race, color, religion or national origin):
List any job-related seminars attended or training received which you feel especially qualify you for this position (excluding formal education):
Do you speak any languages other than English (Please list):

REFERENCES

(Include individuals who are qualified to evaluate your capabilities. Do not include relatives).

Name	Address	City	State/Zip	Phone

SIGNATURE OF APPLICANT

I certify that the information in this application are true, complete, and correct to the best of my knowledge. I understand that if employed, false statements or material omissions contained in my application papers, including facts not required by the application but which could affect employability and/or job performance, or failure to show evidence of my identity and legal authority to work in the U.S. will be considered sufficient cause for dismissal at any time. I understand that the City of Caldwell is an alcohol/drug free workplace, and that if I am offered employment, the offer will be contingent on my passing a pre-employment alcohol and/or drug test. I also understand that acceptance of an offer of employment does not create a contractual obligation and/or an expressed or implied employment contract between the City and myself for employment or continuation of employment. The City has my permission to contact my previous employers, review my personnel files and/or conduct whatever background checks are necessary to determine my fitness for work. I authorize persons, schools, current employer and previous employers named in this application to release information to the City of Caldwell and I release them from any liability, claims or damages of any nature that may result from furnishing the information requested. This application has been read by me in its entirety.

_____ _____

Date Signature of Applicant

In order to assure equal employment opportunity, the City of Caldwell monitors recruitment and selection practices. We would appreciate your assistance by voluntarily completing this form to provide affirmative action data as well as veterans information if you are claiming veterans preference. Submission of this information is strictly voluntary. This information will be kept separate from the application and used for statistical data only.

CITY OF CALDWELL
AFFIRMATIVE ACTION DATA REQUEST

Date: _____ Position Applied For: _____

Name: _____ Age: _____

Sex: _____ Male _____ Female Disabled: _____ Yes _____ No
Race: _____ African American _____ Hispanic _____ Asian American/Pacific Islander
_____ American Indian/Alaskan Native _____ Caucasian
How were you informed of this opening? _____ Currently Employed by the City _____ Walk-In
_____ Newspaper/Magazine Ad _____ College Placement Office _____ Private Employment Office
_____ Department of Employment _____ City Website _____ Other Website _____ Other

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WAR ERA VETERANS PREFERENCE

Idaho Law provides veterans preference to State residents who have been in active service of the United States during a recognized war period as defined by federal law and providing required documentation. War veterans receive five (5) points preference. Disabled veterans with a service-connected disability of 10% or more and receiving compensation from the VA or a military department are eligible for ten (10) points preference. Spouses of disabled veterans may claim preference if they have a letter from a physician stating the veteran in unable to work due to disability. A widow/er of a disabled veteran may claim preference as long as he/she remains unmarried.

Recognized War Periods Include:		
	World War II	12/07/41 to 12/31/46
	Korean Conflict	06/27/50 to 01/31/55
	Vietnam War	02/28/61 to 08/04/64
	Vietnam Conflict	08/05/64 to 05/07/75
	Persian Gulf War	08/02/90 to (Date not yet proclaimed)

To receive consideration for veterans preference, you must complete the following checklist **and** submit all necessary documents.

Date: _____ Position Applied For: _____
Name: _____

ALL VETERANS
1. You must submit a DD-214 form or, if currently enlisted, military enlistment papers.
2. I have served during a recognized war period: _____Yes _____No Dates of Service from _____to _____
DISABLED VETERANS
3. You must submit a current VA certification letter (dated within the last 12 months)
SPOUSES OF DISABLED VETERANS
4. If you are the spouse of a disabled war veteran claiming veteran's preference, you must submit a letter from a physician verifying the veteran is unable to perform the work for which you are applying.
5. Are you divorced from the veteran? _____Yes _____No
6. Is the veteran deceased? _____Yes _____No
7. Have you remarried? _____Yes _____No