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Today's	Date		

## 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 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 I	nformation		A TOTAL PROPERTY OF THE PROPER	
Name:	Last	First	Middle	Other Names Used
¥	Street	Y	City	State
Address:			±,	
		8		*1
Telephone:	Hom	e	Cell	Fax
Email Add	ress and Web Pa	ge:		
Position Ap	pplying For:			2
Are you apply F/T I	ying for : P/T	What shifts will you we Days? Nights?		
Available S	Start Date:			•
<b>Are you leg</b> Federal Law	gally eligible to we were requires proof of	ork in the United Stat	es? YES / NO ent authorization for all nev	v employees.
Can you tra	vel if the job requi	res it? YES / NO Do	you have a valid drivers license?	YES / NO State
Are you cur	rently employed?	YES / NO May we	contact your present Emplo	yer? YES / NO
Have you ev	ver been convicted	of a felony? YES / I	NO If yes, explain below.	
SEPARATION OF STREET				

## **Education & Training**

School	<u>Name</u>	Location	Dates Attended	Diploma, Degree	Graduated?
High School			From/ To	& Major	
Colleges and Graduate Schools					×
Other, (Business, Vocational, Military)					

<b>Employment History:</b> Please start with most recent, going back to age 18. Exclude part-time positions held while going to college.				
Employer:		an the establishment in the end of the end o	om op de gegen dywrst tronsen a dae'r blannan ddae'r brodelloe'r roewranelynno o'r de gonlontf e ar	
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Street		City	State	zip
Telephone:	Supervisor Name:			
Dates From:	To:		Final Rate of Pay	Section of Burnis Burnis Burnis (Burnis Commence of Burnis Commence of Burnis Commence of
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Reason For Leaving:	AND			

<b>Next Employer:</b>	8		·	§
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Reason for Leaving:				
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Phone:		Super	visor:	
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Skills (List All Skills & Applications You Have Experience Using) use extra sheets if needed.		
Mechanics Skills:		
TO CONTINUE OF THE PARTY OF THE		
Road Maintenance:	The state of the s	
Heavy Equipment Operation:		
Previous Municipal Management Experience:		
Previous Public Relations Experience:		
Office, Computer and Internet Skills:		
Frade Licenses or Certifications Held:		
Current CDL? YES / NO		
Military Are you a veteran or family member who qualifie to Idaho Code 65-503 or its successor? YES / N	es for and are claiming preference pursuant NO (If yes, fill out page 5 of this application & attach proper documentation)	

Have you previously claimed such preference?  If you are NOT claiming Veteran's Preference, pleas	YES / NO e initial here and proceed to next page.
Per Idaho Code, Title 65, Chapter 5, Employer will afforevent of equal qualifications and experience between carqualifies will be preferred. If claiming veteran's prefere attach a copy of your DD-214 to this application.	ididates for an available manific
(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:	±
<ol> <li>I have a service-connected disability of 10% or m</li> <li>I am the spouse of an eligible disabled veteran, w</li> <li>I am the widow or widower of an eligible veteran</li> <li>I do not meet any of the selections above, but I se United States for a period of more than one-hundred discharged.</li> </ol>	ho has a service-connected disability. and have remained unmarried.
Part 2. Documentation & Signature:	
By my signature, I certify that all statements on this form knowledge. I understand that should an investigation dis application may be rejected and my name removed from Employer.	close inaccurate or miglanding answer
( ) I have attached a copy of my DD-214. Veterans p document.	preference will not be considered without this
Name (please print)	Signature
Date:	
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Name: Address: Phone: Connection To You: (i.e. friend, co-worker)  Personal Reference  Name: Address: Phone: Connection To You:  Personal Reference  Name: Connection To You:  Connection To You:	Personal Reference	
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Personal Reference  Name:		
AddressPhone:Connection To You:	Personal Reference	
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Have you ever been charged with a cr	rime (other than a minor traffic infraction)
If yes, when & where:	Please Explain:
Are you related by blood or marriage to any person currently serving as an e	to any person now employed by the City of Oakley, or elected official of the City of Oakley? YES / NO.
	ou:
	Certification
	ts on this application are true and complete to the best hat should an investigation disclose untruthful or ay be rejected, my name removed from consideration,
understand and agree that, if hired, mployer or I may terminate our repplication does not constitute an employer.	my employment is for no definite period and either elationship at any time, and that this employment oyment contract.
gnature of Applicant:	Dest
	Date:
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## AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

to any duly authorized agent of The City of Oakley	, an applicant for employment with The City of closure of all records or information concerning myself t, whether the said records are of a public, private, or
The intent of this authorization is to give my	consent for full and complete disclosure of all records
background reports, efficiency ratings, complaints o civil, in which I have, or have had any interest or inv	ployment and pre-employment records, including r grievances filed by or against me, either criminal or olvement.
which is developed directly or indirectly, in whole o determining my suitability for employment by the of entities who may furnish such information concer	during any personal history background investigation r in part, upon this authorization will be considered in City of Oakley. I hereby agree that any person(s) or ning me shall not be held liable for providing this and entities from any and all liability which may be
I further authorize that a photocopy of this si even though the said photocopy does not contain an o	gned release form will be valid as an original thereof, riginal writing of my signature.
Signature	Witness
D.A. TEDD	90
DATED:	36 gr
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Printed Name, including all names I have previously to	used or been known by:
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Phone	DOD.
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