



## Application for Employment

### City of Eagle and the Eagle Public Library

An Equal Opportunity Employer

To be considered an applicant, you must complete this form. A resumé may also be attached – see job announcement for application requirements. 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:		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: _____

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:

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Address:

Street	City	State	Zip
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Telephone: (    )                      Supervisor Name:

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Dates From:                      To:                                      Final Rate of Pay:

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Position Held:

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Primary Duties:

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Reason for Leaving:

**Next Employer:**

Employer:

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Address:

Street	City	State	Zip
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Telephone: (    )                      Supervisor Name:

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Dates From:                      To:                                      Final Rate of Pay:

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Position Held:

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Primary Duties:

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Reason for Leaving:

**Next Employer:**

Employer:

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Address:

Street	City	State	Zip
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Telephone: (    )                      Supervisor Name:

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Dates From:                      To:                                      Final Rate of Pay:

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Position Held:

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Primary Duties:

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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: \_\_\_\_\_  
 Street City State Zip  
 Telephone: ( ) ( )  
 Home Other  
 Connection To You (i.e. friend, co-worker): \_\_\_\_\_ Occupation: \_\_\_\_\_

Have you ever been convicted of 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 Eagle/Eagle Public Library or any elected official of the City of Eagle? Yes  No

If yes, give name and relationship to you:

MAY WE CONTACT YOUR PRESENT EMPLOYER? Yes  No

### 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 authorize the City of Eagle/Eagle Public Library to investigate my references, work record, education, and other matters related to my suitability for employment and further authorize the references that I have listed to disclose to the City/Library information related to my job skills, knowledge, and abilities. I hereby release from liability the City of Eagle/Eagle Public Library and their representatives in seeking such information and all other persons, corporations or organizations for furnishing such information.

If hired, I understand and acknowledge that I may be required to submit a criminal history check, physical examination, and/or other background checks relevant for the position for which I have applied and which will be listed on a release form that will be attached to the offer of employment.

I understand it is the City's/Library's policy not to refuse to hire a qualified individual because of this person's need for accommodation that would be required by the Americans With Disabilities Act.

I understand and agree that, if hired, my employment is for no definite period and either City of Eagle/Eagle Public Library 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 Eagle and the Eagle Public Library 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. Those applicants requiring accommodation to the application and/or interview process should contact the City Clerk's Office.

**VETERAN'S PREFERENCE**

**If you are NOT claiming Veteran's Preference, please initial here \_\_\_\_\_.**

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: \_\_\_\_\_