

City of American Falls Employment Application

Thank you for your interest in employment with the City of American Falls. Please complete this application accurately and completely.

Personal Information

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Position Applied For: _____

Type of Employment: F/T P/T Temp/Seasonal

Date of Application: _____

Available Start Date: _____

May we contact your current employer: Yes No

Are you legally eligible to work in the United States: Yes No

Do you have a valid driver's license: Yes No State: _____

Employment History

Please list your last three employers, starting with the most recent:

Employer 1: _____

Address: _____

Phone: _____ Supervisor: _____

Job Title: _____ Dates Employed: _____

Primary Duties: _____

Reason for Leaving: _____

Final Rate of Pay: _____

Employer 2: _____

Address: _____

Phone: _____ Supervisor: _____

Job Title: _____ Dates Employed: _____

Primary Duties: _____

Reason for Leaving: _____

Final Rate of Pay: _____

Employer 3: _____

Address: _____

Phone: _____ Supervisor: _____

Job Title: _____ Dates Employed: _____

Primary Duties: _____

Reason for Leaving: _____

Final Rate of Pay: _____

Education

High School: _____ Graduated? Yes No

College/University: _____ Degree: _____

Other Training/Certifications: _____

References

Please provide three professional references:

Reference 1: _____

Phone: _____ Email: _____

Relationship: _____

Reference 2: _____

Phone: _____ Email: _____

Relationship: _____

Reference 3: _____

Phone: _____ Email: _____

Relationship: _____

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

Have you previously claimed such preference? ? Yes No

History

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 here: Yes No

If yes, give name and relationship to you: _____

Acknowledgment and Signature

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that any false information may result in disqualification from consideration or termination of employment.

Signature: _____ Date: _____

It is the policy of the City of American Falls to provide equal opportunity in all terms, conditions and privileged of employment for all qualified job applicants and employees without regard to race, color, national origin, gender or age or presence of any disability. Reasonable accommodations will be made for disabled persons.