

## APPLICATION FOR EMPLOYMENT

City of Ucon \* 3787 East 112 North \* Ucon, ID 83454 \* Phone: 208.523.3971 \* Fax: 208.552.7081 \* cityofucon@gmail.com

|  |     |       |                                      |        |                              |
|--|-----|-------|--------------------------------------|--------|------------------------------|
| Date:  | / / | Name: |                                      |        |                              |
| Address:   |     |       | City:                                | State: | Zip:                         |
| Are you legally able to work in the United States? |     |       | Yes                                  | No     |                              |
| Social Security #:                                 |     |       | Do you have a valid Drivers License? |        | Yes                          |
| Phone:   |     |       | Driver's License #:                  |        |                              |
| Alt. Phone:  |     |       | Email:                               |        |                              |
| Date you are able to start:                        |     |       | / /                                  |        | Willing to work OT/Saturday? |
|  |     |       | Yes                                  |        | No                           |

### Emergency Contact Information

|        |  |  |               |  |  |
|--------|--|--|---------------|--|--|
| Name:  |  |  |               |  |  |
| Phone: |  |  | Relationship: |  |  |

### Work Experience - Please list your 2 previous employers

|                     |  |  |                   |       |     |         |
|---------------------|--|--|-------------------|-------|-----|---------|
| Employer:           |  |  | Supervisor Name:  |       |     |         |
| Phone #             |  |  | Employment Dates: | From: | / / | To: / / |
| Position Held:      |  |  | Rate of Pay: \$   |       |     |         |
| Responsibilities:   |  |  |                   |       |     |         |
| Reason for leaving: |  |  |                   |       |     |         |

|                     |  |  |                   |       |     |         |
|---------------------|--|--|-------------------|-------|-----|---------|
| Employer:           |  |  | Supervisor Name:  |       |     |         |
| Phone #             |  |  | Employment Dates: | From: | / / | To: / / |
| Position Held:      |  |  | Rate of Pay: \$   |       |     |         |
| Responsibilities:   |  |  |                   |       |     |         |
| Reason for leaving: |  |  |                   |       |     |         |

### Education

|                      |  |  |                         |    |    |    |
|----------------------|--|--|-------------------------|----|----|----|
| High School:         |  |  | Highest Grade Completed |    |    |    |
| Location:            |  |  | 9                       | 10 | 11 | 12 |
| College/Grad School: |  |  | Area of Study:          |    |    |    |
| Location:            |  |  | Graduated/Degree:       |    |    |    |
| Technical/Other:     |  |  | Area of Study:          |    |    |    |
| Location:            |  |  | Graduated/Degree:       |    |    |    |

|  |  |  |  |
|--|--|--|--|
| Please list any qualifications, hobbies, or interests that may assist you in this job: |  |  |  |
|  |  |  |  |

|  |  |   |  |  |
|--|--|---|--|--|
| Have you ever worked for the City of Ucon before?  |  | If so, when?                              |  |  |
| Are you over 18?   |  | Have you ever been convicted of a felony? |  |  |
| Do you have any medical conditions that may prevent you from performing your job function? |  |   |  |  |
| Please explain:  |  |   |  |  |

|   |     |    |  |
|---|-----|----|--|
| Do you have any relatives employed by City of Ucon? | Yes | No |  |
|---|-----|----|--|

I CERTIFY that answers given herein are true and complete to the best of my knowledge. I authorize investigations of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not intended to be a contract of employment. In the event of employment, I understand that false or misleading information given on my application or during my interview may result in termination.

|            |  |  |       |  |
|------------|--|--|-------|--|
| Signature: |  |  | Date: |  |
|------------|--|--|-------|--|