

# City of Burley

## Application for Employment

We consider applicants for all positions with out regard of race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

*(PLEASE PRINT)*

Position(s) Applied For	Date of Application	
How Did You Learn About Us		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative	<input type="checkbox"/> Inquiry
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name or Initial
Address	City	State
		Zip Code
Telephone Number(s)		Social Security Number (voluntary)

Best time to contact you at home is:.....:.....AM, PM

Have you ever been employed with us before?.....Yes      No

If Yes, give date\_\_\_\_\_

Do any of your relatives, or anyone in a spousal type relationship, work for the City or Burley?.....Yes      No

Are you currently employed?.....Yes      No

May we contact your present employer?.....Yes      No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status

*Proof of citizenship or immigration status will be required upon employment.....*Yes      No

Date available for work\_\_\_/\_\_\_/\_\_\_      What is your desired salary range?\_\_\_\_\_

Are you available to work:

<input type="checkbox"/> Full Time	(please indicate 1 2 3 shift)
<input type="checkbox"/> Part-Time	(please indicate Mornings Afternoons Evenings)
<input type="checkbox"/> Temporary	(please indicate dates available ___/___/___--___/___/___)

Are you currently on "lay-off" status and subject to recall?.....Yes      No

Can you travel if a job requires it?.....Yes      No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER. WE DO NOT EXCLUDE APPLICANTS ON THE BASIS OF RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, DISABILITIES OR OTHER PROTECTED STATUSES



# EMPLOYMENT EXPERIENCE

Start with your present or last job. Please complete each area. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.	Employer	Work Performed	<u>Dates Employed</u>	
	Address		From	To
	Telephone Numbers		<u>Hourly Rate/Salary</u>	
	Job Title		Starting	Final
	Reason for leaving			
2.	Employer	Work Performed	<u>Dates Employed</u>	
	Address		From	To
	Telephone Numbers		<u>Hourly Rate/Salary</u>	
	Job Title		Starting	Final
	Reason for leaving			
3.	Employer	Work Performed	<u>Dates Employed</u>	
	Address		From	To
	Telephone Numbers		<u>Hourly Rate/Salary</u>	
	Job Title		Starting	Final
	Reason for leaving			
4.	Employer	Work Performed	<u>Dates Employed</u>	
	Address		From	To
	Telephone Numbers		<u>Hourly Rate/Salary</u>	
	Job Title		Starting	Final
	Reason for leaving			

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

*You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.*

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# REFERENCES

1.	( )
(Name)	Phone #
2.	( )
(Name)	Phone #
3.	( )
(Name)	Phone #

# APPLICANT'S STATEMENT

I certify that the information given herein is true and complete.	Intl_____
I authorize investigation of all statements contained in the application for employment as may be necessary in arriving at an employment decision.	Intl_____
I authorize any background investigation as deemed appropriate by the City of Burley.	Intl_____
I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.	Intl_____
I understand that I am subject to pre-employment drug testing.	Intl_____
I certify that I have a valid drivers license issued by the state of Idaho or that I can obtain one within 30 days.	Intl_____
In the event of employment, I understand that false or misleading information given in my application or interviews may result in discharge, I understand, also, that I am required to abide by all rules and regulations of the employer.	Intl_____
_____	_____
Signature of Applicant	Date