



## City of Ketchum

### APPLICATION FOR EMPLOYMENT AN EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION			
First Name:		Last Name:	
Mailing Address:			
City:		State:	Zip:
Physical Address:			
City:		State:	Zip:
Phone Number:		Email Address:	
Have you ever been convicted of a violation of the law other than a minor traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Can you speak a foreign language? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, which language?			
POSITION INFORMATION			
Which position are you applying for?			
Type of employment desired: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary/Summer <input type="checkbox"/> Internship			
Salary desired:			
Hours of work (per week) desired:			
When are you available for employment?			
How did you hear about the position?			
EDUCATION			
High School:	Last Year Completed: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Major Studies:	Athletics or Other Activities:
College:	Last Year Completed: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Major Studies:	Athletics or Other Activities:
Other:			
Do you have any of the following certifications? <input type="checkbox"/> CPR <input type="checkbox"/> AED <input type="checkbox"/> First Aid <input type="checkbox"/> Lifeguard			
Are you an experienced operator of any business/plant machines or equipment? Please list.			

<b>EMPLOYMENT HISTORY (from most recent)</b>	
Company:	Position:
Address:	
Supervisor:	Phone Number:
Dates Employed:	Salary:
Responsibilities:	
Reason for Leaving:	
May we contact your previous supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Company:	Position:
Address:	
Supervisor:	Phone Number:
Dates Employed:	Salary:
Responsibilities:	
Reason for Leaving:	
May we contact your previous supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Company:	Position:
Address:	
Supervisor:	Phone Number:
Dates Employed:	Salary:
Reason for Leaving:	
May we contact your previous supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>REFERENCES</b>	
Please list three professional references.	
Full Name:	Relationship:
Company:	Phone Number:
Full Name:	Relationship:
Company:	Phone Number:
Full Name:	Relationship:
Company:	Phone Number:
<b>MILITARY</b>	
Are you a veteran or family member who qualifies for and are claiming preference pursuant to Idaho Code §65-503 or its successor? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, fill out Veteran's Preference section on page 4 of this Application &amp; attach proper documentation.)</i>	
Have you previously claimed such preference? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**DISCLAIMER & SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge and that intentional misrepresentations or omissions may be cause for the rejection of my application and that if hired, I may be released from employment.

I understand that the company may require me to successfully complete a pre-employment drug and alcohol test and a background check as a condition of employment and that continued employment may be based on the successful completion of similar tests.

Your electronic signature below indicates your agreement with the following statements: By typing my name in the following box and clicking submit button, I certify the above statements to be true and correct to the best of my knowledge, and that this information can be used for the purpose of processing my employment application and information.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**VETERAN'S PREFERENCE** (Reference Idaho Code, Title 65, Chapter 5, and 5 U.S.C. §2108)

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.

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 and 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 DD214. Veteran's preference will not be considered without this document.

Name: \_\_\_\_\_  
(Please Print)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_