



**City of Caldwell**  
 411 Blaine  
 Caldwell, Idaho 83605  
 Phone: (208) 455-4631  
 Fax: (208) 455-3003  
 www.cityofcaldwell.org

## Application for Employment

The City of Caldwell is committed to ensuring equal opportunities to all individuals. Your application will be considered without regard to age, race, religion, color, national origin, disability, veteran status, or any other basis prohibited by local, state or federal law.

As you complete your application for employment, give special attention to experience relative to the job for which you are applying. Be specific and thorough and include all relevant experience.

|   |  |
|---|--|
| Position(s) Applied For: _____  | Application Date: _____<br>Date Available: _____ |
| Last Name: _____ First Name: _____ M.I.: _____  |  |
| Present Address: _____<br><div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> <span>Street</span> <span>City</span> <span>State</span> <span>Zip</span> </div>  |  |
| Contact Phone: _____ Email: _____   |  |
| <p>Are you willing to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary</p> <p>If position requires driving, do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No<br/>       What State: _____ What Class: _____ Restrictions: _____</p> <p>Are you legally eligible for employment in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No<br/>       (Proof of U.S. citizenship or immigration status will be required upon employment)</p> <p>Do you qualify for veterans preference? <input type="checkbox"/> Yes <input type="checkbox"/> No (Copy of DD-214 Form required)</p> <p>Have you previously been employed by the City of Caldwell? <input type="checkbox"/> Yes <input type="checkbox"/> No<br/>       If yes, when? _____ If yes, list name employed under? _____</p> <p>If you have relatives employed with the City of Caldwell, please list names and how related:</p><br><br><br> |  |
|   |  |

## EDUCATION

Check the highest grade completed – not including college:

### Special Training or Education beyond High School

| Name of School/Location | Major Course of Study | Type of Degree Received |
|-------------------------|-----------------------|-------------------------|
|                         |                       |                         |
|                         |                       |                         |
|                         |                       |                         |
|                         |                       |                         |

## EMPLOYMENT HISTORY

In the spaces below, please list the specific duties and responsibilities included in your work experience, beginning with your present or most recent employment. Employment verification may be made regarding all of your past experience. Please note if you do not want your present employer or any other employer contacted and provide a brief reason.

|  |  |
|--|--|
| Employer Name:   | Telephone:   |
| Address:   | Dates of Employment:<br>Mo/Year            to            Mo/Year |
| Name of Supervisor:                                    | Starting Salary:<br>\$   |
| Job Title, Duties, and Responsibilities (Be Specific): | Ending Salary:<br>\$   |
|  | Reason for Leaving:  |

|  |  |
|--|--|
| Employer Name:   | Telephone:   |
| Address:   | Dates of Employment:<br>Mo/Year            to            Mo/Year |
| Name of Supervisor:                                    | Starting Salary:<br>\$   |
| Job Title, Duties, and Responsibilities (Be Specific): | Ending Salary:<br>\$   |
|  | Reason for Leaving:  |

**Employment History (Continued)**

|  |  |
|--|--|
| Employer Name:   | Telephone:   |
| Address:   | Dates of Employment:<br>Mo/Year          to          Mo/Year |
| Name of Supervisor:                                    | Starting Salary:<br>\$                                       |
| Job Title, Duties, and Responsibilities (Be Specific): | Ending Salary:<br>\$   |
|  | Reason for Leaving:  |

|  |  |
|--|--|
| Employer Name:   | Telephone:   |
| Address:   | Dates of Employment:<br>Mo/Year          to          Mo/Year |
| Name of Supervisor:                                    | Starting Salary:<br>\$                                       |
| Job Title, Duties, and Responsibilities (Be Specific): | Ending Salary:<br>\$   |
|  | Reason for Leaving:  |

|  |  |
|--|--|
| Employer Name:   | Telephone:   |
| Address:   | Dates of Employment:<br>Mo/Year          to          Mo/Year |
| Name of Supervisor:                                    | Starting Salary:<br>\$                                       |
| Job Title, Duties, and Responsibilities (Be Specific): | Ending Salary:<br>\$   |
|  | Reason for Leaving:  |

Please list any experience and/or skills that you feel would especially qualify you for this position, including professional registrations, journey-level licenses or other occupational certificates:

Please list any applicable membership in technical/professional associations (exclude those which may disclose your race, color, religion or national origin):

List any job-related seminars attended or training received which you feel especially qualify you for this position (excluding formal education):

Do you speak any languages other than English (Please list):

### REFERENCES

(Include individuals who are qualified to evaluate your capabilities. Do not include relatives).

| Name | Address | City | State/Zip | Phone |
|------|---------|------|-----------|-------|
|      |         |      |           |       |
|      |         |      |           |       |
|      |         |      |           |       |
|      |         |      |           |       |

### SIGNATURE OF APPLICANT

I certify that the information in this application are true, complete, and correct to the best of my knowledge. I understand that if employed, false statements or material omissions contained in my application papers, including facts not required by the application but which could affect employability and/or job performance, or failure to show evidence of my identity and legal authority to work in the U.S. will be considered sufficient cause for dismissal at any time. I understand that the City of Caldwell is an alcohol/drug free workplace, and that if I am offered employment, the offer will be contingent on my passing a pre-employment alcohol and/or drug test. I also understand that acceptance of an offer of employment does not create a contractual obligation and/or an expressed or implied employment contract between the City and myself for employment or continuation of employment. The City has my permission to contact my previous employers, review my personnel files and/or conduct whatever background checks are necessary to determine my fitness for work. I authorize persons, schools, current employer and previous employers named in this application to release information to the City of Caldwell and I release them from any liability, claims or damages of any nature that may result from furnishing the information requested. This application has been read by me in its entirety.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Applicant