

APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER



City of Moscow Human Resources

www.ci.moscow.id.us

206 East 3rd Street
P. O. Box 9203
Moscow, Idaho 83843

(208) 883-7000 phone
(208) 883-7019 TDD

Equal access to programs, services and employment is available to all persons. Those applicants requiring accommodation to the application and/or interview process should contact the Human Resources Department.

Please Print or Type

Position(s) applied for: _____

Referral Source:

- Advertisement Employee Relative Government Employment Agency
 Walk-in Private Employment Agency Internet Web Site Other

Name of Source (if applicable) _____

Name _____
Last First Middle

Address _____
Street City State Zip Code

Telephone Number () _____

May we contact you at work? Yes No If Yes, give work number () _____

Have you filed an application here before? Yes No

If yes, give date ____ / ____ / ____ and position applied for: _____

Have you ever been employed here before? Yes No If Yes, give dates ____ / ____ / ____

Are you legally eligible for employment in this country? Yes No

Date available for work ____ / ____ / ____ Are you on layoff and subject to recall? Yes No

Are you able to meet the attendance requirements of the position? Yes No

Will you work overtime if required? Yes No Have you ever been bonded? Yes No

Do you have a valid drivers license (if job related)? Yes No

Have you been charged with a crime (other than a minor traffic infraction)? Yes No

If Yes, when and where: _____

Please Explain: _____

Employment History

List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in the comments section below.

Current Employer	Telephone ()	Dates Employed		Summarize the nature of the work performed and job
		From	To	
Address				
Job Title		Salary Starting		
Immediate Supervisor and Title		\$	per	
Reason for Leaving		Salary Final		
May we contact for reference? Yes <input type="checkbox"/> No <input type="checkbox"/> Later <input type="checkbox"/>		\$	per	
Employer	Telephone ()	Dates Employed		Summarize the nature of the work performed and job
		From	To	
Address				
Job Title		Salary Starting		
Immediate Supervisor and Title		\$	per	
Reason for Leaving		Salary Final		
May we contact for reference? Yes <input type="checkbox"/> No <input type="checkbox"/> Later <input type="checkbox"/>		\$	per	
Employer	Telephone ()	Dates Employed		Summarize the nature of the work performed and job
		From	To	
Address				
Job Title		Salary Starting		
Immediate Supervisor and Title		\$	per	
Reason for Leaving		Salary Final		
May we contact for reference? Yes <input type="checkbox"/> No <input type="checkbox"/> Later <input type="checkbox"/>		\$	per	
Employer	Telephone ()	Dates Employed		Summarize the nature of the work performed and job
		From	To	
Address				
Job Title		Salary Starting		
Immediate Supervisor and Title		\$	per	
Reason for Leaving		Salary Final		
May we contact for reference? Yes <input type="checkbox"/> No <input type="checkbox"/> Later <input type="checkbox"/>		\$	per	

Comments (including explanation of any gaps in employment) _____

Educational Background

- A. List last three (3) schools attended, starting with most recent. B. List number of years completed.
 C. Indicate degree or diploma earned, if any. D. Major and minor field of study (if applicable).

A. School	B. Years Completed	C. Degree Completed	D. Major	E. Minor

Skills and Qualifications - Summarize any training, skills, licenses, certificates, etc. that may qualify you as being able to perform job-related functions of the position for which you are applying.

References - List name and phone number of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Telephone	Years Known
	()	
	()	
	()	

List professional, trade, business, or civic associations and any offices held. (Exclude memberships which would reveal gender, race, religion, national origin, age, color, disability or other protected status.)

Organization	Offices Held

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

(If Yes, fill out page 5 of application & attach proper documentation)

Have you previously claimed such preference? Yes No

List any additional information you would like us to consider. _____

Are you related by blood or marriage to any person now employed by the City of Moscow, or any elected official of the City of Moscow? Yes No

If Yes, give name and relationship to you: _____

It is understood and agreed upon that any misrepresentation by me on this application will be sufficient cause for cancellation of this application and/or separation from the City of Moscow's service if I have been employed.

I give the City of Moscow the right to investigate all references and to secure additional information about me, if job-related. I hereby release from liability the City of Moscow and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

The City of Moscow is an Equal Opportunity Employer. The City of Moscow does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand it is the City's policy not to refuse to hire a qualified individual because of this person's need for an accommodation that would be required by the ADA.

Signature of Applicant _____ Date ____ / ____ / ____

VETERAN'S PREFERENCE

If you are NOT claiming Veteran's Preference, please initial here _____.

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.

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

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 & 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 the City of Moscow.

- I have attached a copy of my DD-214. Veteran's preference will not be considered without this document.

Name (Please print)

Signature

Date: _____

Confidential Voluntary Self-Identification

Due to increased reporting requirements, the City of Moscow is required by federal and state laws and regulations to furnish statistical data on all job applicants. You can assist us by completing the following information.

Completion of this data is voluntary and will not affect your opportunity for employment or the terms or conditions of your employment. This form will be used for EEO-4 reporting purposes only and will be kept separate from all other personnel records accessed only by the Human Resources Department.

Name: _____

Position applied for: _____

Gender:

(Please check one of the options below)

_____ Male

_____ Female

_____ I decline to identify my gender

Race/Ethnicity:

(Please check one of the descriptions below corresponding to the ethnic group with which you identify.)

_____ **Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

_____ **White (Not Hispanic or Latino)** – A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

_____ **Black or African American (Not Hispanic or Latino)** – A person having origins in any of the black racial groups of Africa.

_____ **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** – A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

_____ **Asian (Not Hispanic or Latino)** – A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

_____ **American Indian or Alaska Native (Not Hispanic or Latino)** – A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.

_____ **Two or More Races (Not Hispanic or Latino)** – All persons who identify with more than one of the above six (6) races.

_____ **I decline to self-identify**

Date completed: _____

Thank you for your participation.