



THE CITY OF SALMON... The Birthplace of Sacajawea

APPLICATION FOR EMPLOYMENT

The City of Salmon is an equal opportunity employer. It is our policy that all applicants be considered solely on the basis of qualifications and ability without regard to race, religion, color, sex, age, national origin or disability.

Personal Information

Name: (Last, First, MI)	Social Security Number:
Present Address: Street: _____ City: _____ State: _____ ZIP _____	Permanent Address: (If different) Street: _____ City: _____ State: _____ ZIP _____
Home Phone Number:	Work Phone Number:
Email Address:	

Position Information

Position Desired:	Date Available for Employment:
Salary Range Desired:	Have You Ever Applied to the City of Salmon Before? Yes _____ No _____
If Considered For a Position with the Police Dept., are you willing to submit to a polygraph (lie detector)? Yes _____ No _____	If Yes, For What Position: _____
Are You Willing to Work: Full Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/>	Date of Application: _____

Education:

Do you have a high school diploma or equivalent? (GED)		
Circle the highest grade completed – not including college: 1 2 3 4 5 6 7 8 9 10 11 12		
Undergraduate School Attended: (Name, Location)		
GPA:	Dates Attended:	Degree Earned:
Graduate School Attended: (Name, Location)		
GPA:	Dates Attended:	Degree Earned:
Post Graduate School Attended: (Name, Location)		
GPA:	Dates Attended:	Degree Earned:
Other (Other):		
GPA:	Dates Attended:	Degree Earned:

If you require additional space for education institutions, please attach paper to the application following the above format.

Subjects of Special Study or Research Work:

Special Training Relative to Position Applying For:

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Work Experience (Starting from most previous employer)

Name of Previous Employer:	Type of Business:
Address:	Supervisor's Name/Title:
Your Title:	Supervisor's Phone Number:
Duties/Responsibilities (Be Specific)	May We Contact? (Y/N)
	Date Started:
	Date Ended:
	Salary:

Reason for Leaving:

Name of Previous Employer:	Type of Business:
Address:	Supervisor's Name/Title:
Your Title:	Supervisor's Phone Number:
Duties/Responsibilities (Be Specific)	May We Contact? (Y/N)
	Date Started?
	Date Ended?
	Salary?

Reason for Leaving?

Name of Previous Employer:	Type of Business:
Address:	Supervisor's Name/Title:
Your Title:	Supervisor's Phone Number:
Duties/Responsibilities (Be Specific)	May We Contact? (Y/N)
	Date Started?
	Date Ended?
	Salary?

Reason for Leaving?

Please attach additional forms if you need additional space for work experience

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Other Information Essential To Position

List any experiences and/or skills that you feel would especially qualify you for this position:

Typing Skills _____ WPM	Licenses/Certificates	Seminars/Training	Associations/Memberships	Computer/Software

References

(Give the names of three persons not related to you, whom you have known for at least one year)

Name	Address	Occupation/Title	Years Known

As required under the Immigration Reform and Control Act, any person working for the City of Salmon, regardless of the nature of the job or the number of hours or months employed, will be required to show proof of identity and work eligibility.

Do you legally have the right to work in the U.S.? Yes _____ No _____

Signature of Applicant

I certify that all information given on this application is true, correct, and complete to the best of my knowledge. I also certify that I have accounted for all of my work, experience, and training on this application, and that I have not knowingly withheld any fact or circumstance which could, if disclosed, affect my application unfavorably.

The City of Salmon is hereby authorized to make any investigation of my employment, educational or background history through investigative agencies or bureaus of its choice. I release all relevant parties from all liability of any damages resulting from furnishing such information.

If employed by the City of Salmon, I agree to abide by its rules and regulations. I understand that discovery of misrepresentation or omission of facts herein will make me ineligible for employment or be cause for immediate dismissal. I agree to furnish additional information as may be required to complete my employment file. I understand that operating conditions may require me to temporarily and/or regularly work shifts other than the one for which I am applying and I agree to such scheduling change as directed by my supervisor.

I have read and reviewed the description of the job for which I am applying. I understand that I must be capable of performing the essential functions of the job effectively and safely, with or without reasonable accommodations.

I also understand that my employment may be subject to the successful completion of an employment physical examination, and that my continued employment may be conditioned upon satisfactorily continuing to meet job-related physical and mental requirements. If requested, I agree to submit to a job-related physical examination performed by a qualified medical person of the City of Salmon's choice. Such exam shall be paid for by the City of Salmon. I also agree that all information concerning said physical examination can be supplied to the City of Salmon, or an authorized agent of this municipality, upon their request.

I further understand that the City of Salmon is committed to providing a safe, productive, and efficient work environment and to employing a work force free from the use of illegal drugs, either on or off the job. The City of Salmon has established a pre-employment drug and alcohol testing policy. Pre-employment testing of applicants: As a condition of hiring, applicants will be required to submit to a pre-employment drug and alcohol test conducted by the City of Salmon's authorized representative. Applicants will provide a urine sample for drug testing. Breath alcohol testing will be performed by an evidential breath testing device. The test results will be maintained in a confidential file, and only released to the City of Salmon, its representatives, or as otherwise authorized or required by law. The applicant releases the City of Salmon and its representatives from all liabilities relating to the drug testing carried out under this policy, including, without limitation, the release of the test results. Any applicant who fails to report for a test, refuses to take a test, fails to provide a specimen, tampers with a test specimen or who is identified with verified positive test results will be denied employment at that time. Applicants identified with verified positive test results may reapply after one (1) year from the date of the initial test with proof of successful completion of a rehabilitation program through a state-licensed facility.

I understand that this is an application for employment and that no employment contract, either express or implied, is being offered. I also understand that if employed, such employment is for an indefinite period and can be terminated at will be either party, with or without notice, at any time, for any or no reason, and is subject to change in wages, conditions, benefits, and operating policies.

Date _____

Signature of Applicant _____

Affirmative Action Data Request

To assist the City of Salmon in its commitment to Equal Employment Opportunity, applicants are asked to voluntarily provide the following information. This questionnaire will be separated from the application and will not be used in any employment decisions.

Date _____ Position applied for: _____
Name _____ Age: _____

Data: (Please Circle Appropriate Answer)

Sex: Male Female Disabled: Yes No

Race: African American Hispanic Asian American/Pacific Islander

American Indian/Alaskan Native Caucasian

How were you informed of this opening? (Please Circle)

I am currently employed by the City of Salmon
Newspaper/Magazine Ad
Department of Employment
Walk-In
College Placement Office
Internet Website
Private Placement Service
Job Interest Card
Other

War Era Veteran's Preference Statement

Idaho law provides veteran's preference for residents of Idaho who:

Have been in active service in the armed forces of the United States during a recognized war period or other recognized conflict as defined by law; or,

Are disabled veterans who served on active duty in the armed forces at any time; or,

Are widowers of such individuals, who have not remarried; or, are a qualifying spouse of an eligible disabled veteran who is unable to perform the work in the position for which the spouse seeks to apply the preference.

If you are claiming eligibility for veteran's preference, please complete a Veteran's Preference Form and submit it with your application along with any required information.

VETERANS PREFERENCE FORM
CITY OF SALMON
WAR ERA VETERAN'S PREFERENCE STATEMENT

Idaho Law provides veteran's preference for residents of Idaho who:

- (1) have been in active services in the armed forces of the United States during a recognized war period or other recognized conflict as defined by federal law, or
- (2) are disabled veterans who served on active duty in the armed forces at any time, or
- (3) are widowers of such individuals, who have not remarried, or
- (4) are a qualifying spouse of an eligible disabled veteran who is physically unable to perform the work in the position for which the spouse seeks to apply the preference.

GENERAL ELIGIBILITY (Circle Appropriate Answer)

Are you a resident of the State of Idaho? Yes/No
Have you included a copy of your DD-214 form or, if you're currently enlisted, a copy of your military enlistment papers? Yes/No
If you're no longer enlisted, were you discharged under honorable conditions? Yes/No
If you answered NO to any of the above questions, you are not eligible for veteran's preference.

WAR ERA VETERANS

Are you a war era veteran? Yes/No
If yes, please indicate the war era during which you served on active duty:

World War II 12/07/41 to 12/31/46

Korean Conflict 06/27/50 to 01/31/55

Served in Vietnam 02/28/61 to 08/04/64

Vietnam Conflict 08/05/64 to 05/07/75

Persian Gulf War 08/02/90 to (date not yet proclaimed)

Other recognized conflict as defined by federal law. Please Specify _____

DISABLED VETERANS

Have you served on active duty in the armed forces at any time, and do you have a present service-connected disability of 10% or more? Yes/No
Have you included a copy of a current VA certification letter dated within the last 12 months?
..... Yes/No

SPOUSES OF DISABLED VETERANS

Are you a spouse of an eligible disabled veteran? Yes/No
If yes, have you included a copy of your spouse's current VA certification letter dated within the last 12 months? Yes/No
Are you a widow or widower of a war era or disabled veteran, and have you remained unmarried?
If yes, you will be required to submit a copy of the death certificate. Yes/No

I certify that all information provided is true, correct, and complete to the best of my knowledge. I also understand that discovery of misrepresentation or omission of facts herein will make me ineligible for employment or be cause for immediate dismissal.

Name (Please Print) Signature Date

If you have any questions about veteran's preference, please call the City of Salmon at (208) 756-3214.

Criminal History Check

All acceptable applicants for the position for which you have applied must successfully pass a criminal history and driver's license check. In order to make the proper identification, the following information is necessary. A conviction may or may not be grounds for disqualification. Each case will be considered individually.

Position apply for: _____

Last Name	First Name	Middle Name
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Alias Names (Include Maiden/prior Married Names)	Birth Date	Sex	Social Security Number
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Please list the name of any city or town in which you have lived in the last five (5) years:

City/State	City/State	City/State
City/State	City/State	City/State

In the space below, please list **ANY** criminal offenses, including misdemeanors, and D.U.I., for which you have been convicted or received a withheld judgment for, **within your lifetime**.

Approximate Date	City/State	Offense or Violation
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Please list the approximate date and place of all traffic citations received within the last **FIVE** (5) years.

Approximate Date	City/State	Citation
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I authorize the City of Salmon to receive any and all information concerning myself contained within the files of the Bureau of Criminal Identification, and I understand that any of the above requested information not listed which appears on the security check will automatically disqualify me on the basis of falsification of the application.

Applicant's Name

Date