



CITY OF
HAYDEN
 IDAHO

8930 N Government Way Hayden, Idaho 83835

APPLICATION FOR EMPLOYMENT

<p><i>The City of Hayden is an equal opportunity employer. All applicants are considered on the basis of qualifications and ability without regard to race, religion, color, sex, age, national origin or disability.</i></p>			
PERSONAL INFORMATION			
Name: (Last, First, MI)		Present Address:	
Home Phone Number:		Street: _____	
Email Address:		City: _____ State: _____ ZIP _____	
Work, Message, and/or Cell Phone Number:		Permanent Address: (If different)	
		Street: _____	
		City: _____ State: _____ ZIP _____	
POSTION INFORMATION			
Position Desired:		Available for F/T P/T SEASONAL	
If Seasonal Specify Start and End Dates: Available starting _____ to _____			
MM/DD/YY MM/DD/YY			
Do you have relatives employed by the City of Hayden? Yes ___ No ___		Have you ever applied to the City of Hayden before? Yes ___ No ___	
If Yes, in what position: _____		If Yes, For What Position: _____	
		Date of Application: _____	
EDUCATION			
H.S. diploma or G.E.D.? ___ Yes ___ No If No, circle the highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12			
Name of School		Certificate/Degree	
WORK EXPERIENCE			
<i>THE INFORMATION IN THIS SECTION IS REQUIRED - (Start with most recent employer.)</i>			
Dates of Employment	Name and Address of Employer	Position Held	Name of Supervisor
<i>Attach another page to add more employment history if needed.</i>			



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OTHER INFORMATION RELATED TO POSITION			
List any experiences and/or skills that you feel would especially qualify you for this position:			
Licenses/Certificates	Seminars/Training	Associations/Memberships	
<p><i>As required under the Immigration Reform and Control Act, any person working for the City of Hayden, 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.</i></p> <p>Do you legally have the right to work in the U.S.? Yes _____ No _____</p>			
REFERENCES Provide three persons not related to you, whom you have known for at least one year.			
Name	Address	Phone Number	
Name	Address	Phone Number	
Name	Address	Phone Number	
SIGNATURE OF APPLICANT			
<p>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.</p> <p>The City of Hayden 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.</p> <p>If employed by the City of Hayden, 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.</p> <p>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.</p> <p>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 Hayden's choice. Such exam shall be paid for by the City of Hayden. I also agree that all information concerning said physical examination can be supplied to the City of Hayden, or an authorized agent of this municipality, upon their request.</p> <p>I further understand that the City of Hayden 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. As a condition of hiring, some applicants may be required to submit to a pre-employment drug and alcohol test conducted by the City of Hayden's authorized representative. Applicants will provide a urine sample for drug testing. The test results will be maintained in a confidential file, and only released to the City of Hayden, its representatives, or as otherwise authorized or required by law. The applicant releases the City of Hayden 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 if the testing is required as part of their position. 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.</p> <p>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.</p> <p>Date _____ Signature of Applicant _____</p>			