

City of Lapwai

An Equal Opportunity Employer

Name (Last, First, Middle)	Telephone Number
Address	Message Number
City/State/Zip	E-mail Address

Are you legally authorized to work in the United States? ☐ Yes ☐ No		
Are You Applying For: ☐ F/T ☐ P/T ☐ Temp	What Shift(s) Will You Work? ☐ Days ☐ Evenings ☐ Nights	May We Contact Present Employer? ☐ Yes ☐ No

EMPLOYMENT HISTORY - Begin With Most Recent Employment

Dates From To	Company Name	City, State
Titles and Duties --		
Reason for Leaving:	Supervisor's Name	Telephone Number
Dates From To	Company Name	City, State
Titles and Duties --		
Reason for Leaving:	Supervisor's Name	Telephone Number
Dates From To	Company Name	City, State
Titles and Duties --		
Reason for Leaving:	Supervisor's Name	Telephone Number
Dates From To	Company Name	City, State
Titles and Duties --		
Reason for Leaving:	Supervisor's Name	Telephone Number

MILITARY - Branch of Service:

Describe any military training received relevant to the position for which you are applying:

Have you obtained a high school diploma or GED certificate? ☐ Yes ☐ No			
School	Name & Location	Diploma/Degree	Subject Of Specialization
College/University			
Specialized Courses & Training			

CLERICAL SKILLS - To Be Completed for Clerical Positions		
Typing, WPM		Medical Terminology ☐ Yes ☐ No
Shorthand, WPM		
		Legal Terminology ☐ Yes ☐ No
List Specific Computer Skills -		

PROFESSIONAL & TECHNICAL INFORMATION - To Be Completed for Licensed/Registered Persons			
Idaho Registration No.	Expiration Date	Certificate No.	Expiration Date
If not licensed in Idaho, have you applied? ☐ Yes ☐ No		If licensed in another state, list:	

OTHER SPECIAL SKILLS List Other Special Skills You Have As One Of The Job Opening:

Name	Address	Telephone	Occupation

Signature _____ Date _____

TODAY'S DATE: _____

VETERAN'S PREFERENCE

If you are NOT claiming Veteran's Preference, please initial here _____ and proceed to the next page.

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 5 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 Employer.

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

Name (Please Print)

Signature

DATE: _____

TODAY'S DATE: _____

MAY WE CONTACT YOUR PRESENT EMPLOYER? Yes ☐ No ☐

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, an applicant for employment with _____, do hereby authorize a review of and full disclosure of all records or information concerning myself to any duly authorize agent of _____, whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of all records and information of educational institutions; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me, either criminal or civil, in which I have, or have had any interest or involvement.

I understand that any information obtained during any personal history background investigation which is developed directly or indirectly, in whole or in part, upon this authorization will be considered in determining my suitability for employment by the _____. I hereby agree that any person(s) or entities who may furnish such information concerning me shall not be held liable for providing this information; and I do hereby release said person(s) and entities from any and all liability which may be incurred as a result of furnishing such information.

I further authorize that a photocopy of this signed release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Signature

Witness

DATED: _____

Printed Name, including all names I have previously used or been known by:

Phone: _____

DOB: _____