
CITY OF PAYETTE EMPLOYMENT APPLICATION

APPLICATION INSTRUCTIONS

Thank you for your interest in employment with the City of Payette. Applications are accepted only for open positions and will be kept on file only until the position is filled. If applying for different positions, you must complete a separate application for each position. The information you have provided will be reviewed against the essential qualifications of our open position. Selected applicants will be contacted for interviews and/or testing.

Please follow the directions below when completing an application. Incomplete applications will not be processed.

1. Please complete the entire application even if you are attaching a personal resume. Answer all questions fully and accurately.
2. List all of your employers in the last 10 years in chronological order beginning with the most recent. Include all full-time, part-time, summer and temporary employment. Explain gaps longer than one (1) month. Do not indicate "see resume." If necessary, you may attach additional sheets.
3. If you are disabled, please let us know if you will need accommodations to complete the application process.
4. For those positions requiring college credits or a degree, attach transcripts of all formal education received. Diplomas are not acceptable as a substitute for transcripts.
5. For further employment information, please call Human Resources. We appreciate your interest in the City of Payette.

City of Payette
 700 Center Avenue
 Payette, ID 83661

**APPLICATION
 FOR EMPLOYMENT
 AN EQUAL OPPORTUNITY EMPLOYER**

Position Applied For: _____

DATE: _____

- FULL-TIME
- PART-TIME
- SUMMER/SEASONAL
- SHIFT (Includes holidays, nights & weekends for Police)

General Information

Name: (Last) (First) (Middle) Home Phone

Address: Work Phone

City: State: Zip Code

What prompted you to apply: Date Available for Work Salary Requirement
 Newspaper Job Service School Other

Are you at least 18 years of age? Yes No
 Have you ever been convicted of a felony? Yes No If yes, please explain & indicate date of conviction. (Except for the Police Dept., the existence of a criminal record will not necessarily disqualify an applicant.)

Do you have the legal right to work in the U.S.? Yes No (You will be required to submit proof at time of employment.)

Military Service? Yes No If "Yes," From To

Branch of Service Rank at Separation

Briefly describe your duties:

EDUCATION
 (APPLICANTS ATTACH COLLEGE TRANSCRIPTS)

SCHOOL	NAME AND ADDRESS OF INSTITUTION	MAJOR	NO. YEARS ATTENDED	DEGREE RECEIVED	AREAS OF SPECIALIZATION
High School					
College					
Technical Bus or Professional					
Others					

PROFESSIONAL LICENSES/CERTIFICATIONS - LIST TYPE	STATE	EXPIRATION DATE	REGISTRATION NO.

PLEASE INDICATE YOUR LAST KNOWN:
 TYPING SPEED: _____ WPM
 TEN KEY: _____
 SHORTHAND: _____
 DICTATION SPEED: _____

CHECK IF YOU HAVE EXPERIENCE OR ARE PROFICIENT IN:
 WORD PERFECT MICROSOFT WORD MICROSOFT OFFICE _____
 6.0 DOS LOTUS SWITCHBOARD
 WINDOWS 95 & 98 EXCEL OTHER _____
 ACCESS OTHER _____

PLEASE LIST OTHER SKILLS OR QUALIFICATIONS YOU HAVE THAT ARE APPLICABLE TO THE OPEN POSITION

LAW ENFORCEMENT APPLICANTS ONLY:

Do you have prior experience as a police officer or dispatcher? If yes, how many years? _____

Are you currently P.O.S.T. certified? Yes No

If Yes, in what state are you certified? _____

What type of certificates do you hold? _____

In the space above, under other skills or qualifications, please list any law enforcement training you have received. Give the date, place and type of training.

EMPLOYMENT RECORD - LIST MOST RECENT EMPLOYER FIRST (USE ADDITIONAL SHEETS IF NECESSARY)

PREVIOUS EMPLOYER	DATE MONTH—YEAR	RATE OF PAY	1. JOB TITLE 2. NAME OF IMMEDIATE SUPERVISOR 3. TITLE OF IMMEDIATE SUPERVISOR 4. TELEPHONE NUMBER	DESCRIBE YOUR JOB AND SPECIFIC RESPONSIBILITIES
1. NAME	FROM	STARTING		
STREET	TO	FINAL		
CITY	MAY WE CONTACT?			
STATE ZIP				
REASON FOR LEAVING				
2. NAME	FROM	STARTING		
STREET	TO	FINAL		
CITY	MAY WE CONTACT?			
STATE ZIP				
REASON FOR LEAVING				
3. NAME	FROM	STARTING		
STREET	TO	FINAL		
CITY	MAY WE CONTACT?			
STATE ZIP				
REASON FOR LEAVING				

4. NAME	FROM	STARTING	
STREET	TO	FINAL	
CITY	MAY WE CONTACT?		
STATE	ZIP		

REASON FOR LEAVING _____

REFERENCES: NAME AT LEAST TWO PERSONS WHO HAVE FIRST-HAND KNOWLEDGE OF YOUR WORK SKILLS AND EXPERIENCES:

NAME	ADDRESS	BUSINESS AND POSITION	PHONE

TERMS OF EMPLOYMENT/BACKGROUND VERIFICATION

I certify that the information in this application is true, complete, and correct to the best of my knowledge. I agree that any falsification or omission of information may disqualify me from further consideration for employment and may be considered justification for termination if discovered at a later date. I further understand that in the event I am employed, I agree to conform to the City's rules, regulations and policies. I understand that this employment application and/or any statement or representations that may be made during the employment application and interview process is not intended to create an employment agreement and/or an expressed or implied employment contract between the City and myself. If the position applied for requires driving in the course of work; I understand that I will be required to possess a current and valid driver's license. I also understand that any offer of employment is contingent on my ability to be covered by the City's auto insurance, if required for my position. To determine my qualifications, I authorize the City, at any time of my application for employment to obtain my DMV record if applicable, verification of my education and work experience as it relates to the essential qualifications of the position for which I am applying. I authorize persons, schools, current employer and previous employers named in this application to release this information to the City of Payette and I release them from any liability.

This application has been read by me in its entirety.

Signature: _____ Date: _____

FOR HUMAN RESOURCE USE ONLY

Job Code _____ Interview Scheduled Yes No

Hired Yes No Date of Employment _____ File Date _____

Job Title _____ Salary _____ Department _____

Letter Sent _____ Date _____