

City of Greenleaf 20523 North Whittier Drive Greenleaf, Idaho 83626 208/454-0552 cityhall@greenleaf-idaho.us

PLEASE TYPE OR PRINT LEGIBLY

Position Applied for		Date of Application:				
Name:						
Last	F	irst	Middle	Social Security Nur	nber (optional)	
Present Address:	Number Street/P.O. Box		City	State	Zip	
		pl	·	State	Zīp	
Phone:	Work/Messa	ge Phon	e:			
Availability: Date Available:	Type Posi	tion::	Full Time 🗌	Part Time ☐ Te	emporary 🗌	
Days/Hours you are available to work: (Weekdays [] (to) S	Check all below that apply) Saturday [(to)	Sunday 🗌 (to)		
Are you willing to perform job-related to	ravel? Yes 🗌 No 🗌	(Check all	that apply) overn	ight ☐ 1 week ☐	longer 🗌	
Personal: Check here if you are 18 years of age of the Are you legally eligible for employment (Proof of citizenship or immigration status will have you ever been convicted or pled forfeiture? Yes \(\sqrt{No} \sqrt{No} If yes, give of the proof	nt in the United States? be required within 3 days of guilty to a felony or a n	Yes Nemploymen	o t.) nor, including withl	neld judgments and b	ond	
State Law restricts some employment employees who are relatives by blood		and posi	ion of any City of G	reenleaf elected offic	ials or	
Do you have a valid driver's license? You (required to drive City of Greenleaf vehicles)	∕es □ No □ List State:					
Have you ever worked for <u>or applied t</u>				•		
Have you ever been involuntarily term Yes ☐ No ☐ If yes, can the terms be					ion?	
Idaho law provides for veterans prefe a RECOGNIZED WAR PERIOD or as I wish to claim preference. (Attack	defined by Idaho Code n DD-214 form to claim	Title 65 C preference	chapter 5. e, or if currently se		_	

Education:				
Do you have a high school of	liploma or equivalent (GED)? Y	es 🗌 No 🗌		
Describe Proficiency	: (Be prepared to demonst	rate)		
Typing or computer keyboarding experience? Personal Computer experience? List Software Programs you have worked with: Word Processing: Database: Other Software:		Yes speed No Spreadsheet: Browser:		
List other job-relate	ed skills, licenses, certif	fications, or member	ships:	
Personal References (Include individuals who	ARE QUALIFIED TO EVALUATE YOUR CAP.	ABILITIES AND ARE NOT PREVIOUS	SUPERVISORS OR RELATED TO YOU.)	
Name/Occupation	Address	Phone	Email	
	skill, education and experie forth in the job description		form the tasks for which	
	CERTIF	ICATION		
true, accurate, and com statements or material of	I certify that the facts cont plete to the best of my know omissions on this application or for immediate dismissal	wledge and I understand on or provided in intervi		
	I certify my understanding and/or an expressed or im			
	I certify my understanding obligation upon the City of		ffer of employment does to employ me in the future.	
Signature		Date		