

# EMPLOYMENT APPLICATION

## CITY OF ARCO

302 W Grand Ave, Arco, ID 83213 (208)527-8294

City of Arco is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, they should contact a company representative.

### Applicant Information

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Home Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Employment Position

Position(s) Applying For: \_\_\_\_\_ Date available to start work: \_\_\_\_\_

How did you hear about the position? \_\_\_\_\_

What days are you available for work? \_\_\_\_\_

If needed, are you available to work overtime? \_\_\_\_\_

Do you have reliable transportation to/from work? \_\_\_\_\_ Desired salary: \_\_\_\_\_

### Personal Information

Have you ever applied to or previously worked for the City of Arco before?      Yes      No

If yes, when? \_\_\_\_\_

Do you have any friends, relatives, or acquaintances working for the City of Arco?      Yes      No

If yes, please state name and relationship: \_\_\_\_\_

Are you 18 years of age or older?      Yes      No

Are you a U.S. Citizen or approved to work in the United States?      Yes      No

Will you consent to a mandatory controlled substance test?      Yes      No

Do you have a current driver's license or CDL?      Yes      No      CDL Class: \_\_\_\_\_

Do you have any conditions requiring job accommodation?      Yes      No

If yes, please describe required accommodations: \_\_\_\_\_

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(Note: City of Arco complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.)

Have you ever been convicted of a criminal offense (felony or misdemeanor)? Yes No

If yes, please state the nature of the offense, when, where and disposition of the case: \_\_\_\_\_

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position applied for may, however, be considered)

**Job Skills/Qualifications**

Please list any skills & qualifications you possess for the position in which you are applying:

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**Education & Training**

High School

Name	Location (City, State)	Year Graduated	Degree Earned

College/University

Name	Location (City, State)	Year Graduated	Degree Earned

Vocational School/Specialized Training

Name	Location (City, State)	Year Graduated	Degree Earned

**Military**

Are you a member of the Armed Services? Yes No

Which branch of the military did you enlist? \_\_\_\_\_

What was your military rank when discharged? \_\_\_\_\_

How many years did you serve in the military? \_\_\_\_\_

What military skills do you possess that would be an asset for the position you are applying for?

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**Previous Employment**

Employer Name: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_  
May we contact?    Yes    No    Reason for Leaving: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_  
May we contact?    Yes    No    Reason for Leaving: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_  
May we contact?    Yes    No    Reason for Leaving: \_\_\_\_\_

**References**

Please provide 3 personal references below:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**At-Will Employment**

The relationship between you and the City of Arco is referred to as "employment at-will". This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or the City of Arco. No representative of City of Arco has authority to enter into any agreement contrary to the foregoing "employment at-will" relationship. You understand that your employment is "at-will", and that you acknowledge that no oral or written statements or representations regarding your employment can alter your "at-will" employment status, except for a written statement signed by you and either our Executive Vice-President/Chief Operations Officer or the Company's President.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date