

City of Juliaetta
PO Box 229, 203 Main Street, Juliaetta, Idaho 83535
(208)276-7791
info@cityofjuliaetta.com

City Maintenance Job Application

PERSONAL INFORMATION

FULL NAME: _____ DATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

E-MAIL: _____ PHONE: _____

DATE AVAILABLE: _____

EMPLOYMENT ELIGIBILITY

- ARE YOU A U.S. CITIZEN?
- IF NOT, ARE YOU ALLOWED TO WORK IN THE U.S.?
- HAVE YOU EVER WORKED FOR CITY OF JULIAETTA?
- IF YES, WHAT WERE THE START AND END DATES?
- HAVE YOU EVER BEEN CONVICTED OF A FELONY?

EDUCATION

HIGH SCHOOL: _____ CITY/STATE: _____

GRADUATE: yes no

COLLEGE: _____ CITY/STATE: _____

GRADUATE: yes no DEGREE: _____

OTHER: _____ CITY/STATE: _____

GRADUATE: yes no DEGREE: _____

OTHER: _____ CITY/STATE: _____

GRADUATE: yes no DEGREE: _____

EMPLOYMENT HISTORY

EMPLOYER: _____

E-MAIL: _____ PHONE: _____

ADDRESS: _____

CITY/STATE/ZIP CODE: _____

STARTING PAY: _____ HOURLY SALARY

ENDING PAY: _____ HOURLY SALARY

JOB TITLE: _____ RESPONSIBILITIES: _____

BEGINNING DATE: _____ ENDING DATE: _____

REASON FOR LEAVING: _____

EMPLOYER: _____

E-MAIL: _____ PHONE: _____

ADDRESS: _____

CITY/STATE/ZIP CODE: _____

STARTING PAY: _____ HOURLY SALARY

ENDING PAY: _____ HOURLY SALARY

JOB TITLE: _____ RESPONSIBILITIES: _____

BEGINNING DATE: _____ ENDING DATE: _____

REASON FOR LEAVING: _____

EMPLOYER: _____

E-MAIL: _____ PHONE: _____

ADDRESS: _____

CITY/STATE/ZIP CODE: _____

STARTING PAY: _____ HOURLY SALARY

ENDING PAY: _____ HOURLY SALARY

JOB TITLE: _____ RESPONSIBILITIES: _____

BEGINNING DATE: _____ ENDING DATE: _____

REASON FOR LEAVING: _____

MILITARY SERVICE

ARE YOU A VETERAN? yes no

BRANCH: _____

RANK AT DISCHARGE: _____ TYPE OF DISCHARGE: _____

IF NOT HONORABLE, PLEASE EXPLAIN: _____

STARTING DATE: _____ ENDING DATE: _____

BACKGROUND CHECK CONSENT

IF ASKED, ARE YOU WILLING TO CONSENT TO A BACKGROUND CHECK? yes no

DISCLAIMER

Applicant understands that this is an Equal Opportunity Employer and committed to excellence through diversity. In order to ensure this application is acceptable, please print or type with the application being fully completed in order for it to be considered.

I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If the application leads to my eventual employment, I understand that any false or misleading information in my application or interview may result in my employment being terminated.

SIGNATURE: _____ DATE: _____

PRINT NAME: _____