

Human Resources Department

City of Rexburg

35 North 1st East
Rexburg, ID 83440

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Phone: 208.359.3020
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CITY OF
REXBURG
America's Family Community

Job Application

Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application blank, particularly to list other past employment. PLEASE PRINT, except for the signature on the back of the Application. All information given will be held in confidence.

NOTE: This application is only valid while the position specified below is open. We do not accept job applications unless made for a specific job that is open at the time.

DATE: _____ **Drivers License #:** _____ **Drivers License State:** _____

FULL NAME (Print): _____

PRESENT ADDRESS: _____

HOME PHONE #: _____ **WORK PHONE #:** _____

CELL PHONE #: _____ **Can we call you at work?** Yes: ____ No: ____

EMAIL _____

POSITION APPLIED FOR: _____

EMPLOYMENT YOU ARE SEEKING: Full Time: ____ Part-Time: ____ Temporary: ____

CAN YOU WORK OVERTIME IF AND WHEN REQUIRED: Yes: ____ No: ____

The City subscribes to a drug-free work place policy. Applicants will be considered based upon their ability to meet our policies and work requirements.

WILL YOU TAKE A DRUG TEST AT RANDOM? Yes: ____ No: ____

WILL YOU ALLOW A BACKGROUND AND REFERENCE CHECK? Yes: ____ No: ____

HAVE YOU EVER BEEN CHARGED WITH A CRIME (other than a traffic infraction)? Yes: ____ No: ____

If yes, explain when, where and what: _____

ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? Yes: ____ No: ____
(Note: To the extent governed by federal law, we will require proof of legal authorization to work)

FOR DRIVING JOBS ONLY: Do you have a valid driver's license? Yes: ____ No: ____

Do you have a valid C.D.L. driver's license? Yes: ____ No: ____

ARE YOU A VETERAN? When did you serve _____? Yes: ____ No: ____
If yes, please submit a copy of your DD-214 discharge papers.

ARE YOU RELATED TO THE MAYOR OR A CITY COUNCIL PERSON OF THE CITY OF REXBURG?
Who? _____ Yes: ____ No: ____
How? _____

WHEN ARE YOU AVAILABLE FOR EMPLOYMENT? _____

EMPLOYMENT HISTORY (COPY THIS PAGE FOR MORE HISTORY IF NECESSARY)

List below your record of employment. Start with your present or most recent job. We require you to list at least the last three employers, or where you have worked, if any, during the last ten years, whichever is the longest.

Items with an asterisk (*) MUST be answered here or on your resume.

***DATES EMPLOYED: From:** _____ **To:** _____

***EMPLOYING FIRM:** _____

Firm Address: _____

Your Title: _____

*Immediate Supervisor _____ *Phone: _____

*Specific Duties: _____

Full Time? _____ Part Time? _____ Starting Salary: _____ *Last Salary: _____

*Reason for Leaving: _____

***DATES EMPLOYED: From:** _____ **To:** _____

***EMPLOYING FIRM:** _____

Firm Address: _____

Your Title: _____

*Immediate Supervisor _____ *Phone: _____

*Specific Duties: _____

Full Time? _____ Part Time? _____ Starting Salary: _____ *Last Salary: _____

*Reason for Leaving: _____

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Your Title: _____

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Your Title: _____

*Immediate Supervisor _____ *Phone: _____

*Specific Duties: _____

Full Time? _____ Part Time? _____ Starting Salary: _____ *Last Salary: _____

*Reason for Leaving: _____

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***EDUCATION**

(Circle last year completed)		DEGREES & MAJOR SUBJECTS	YEAR
High School	1 2 3 4	_____	_____
College	1 2 3 4 5 6 7 8	_____	_____
Other (Business, Vocations, Military-Explain) _____			

***QUALIFICATIONS & ABILITIES** **(Attach any certificates that may apply.)**

If you have any applicable qualification, training, license, expertise or ability which you believe may be of benefit, please describe and explain: _____

If you are an experienced operator of any applicable machines or equipment, please describe, explain and list hours operated: _____

REFERENCES

Give two character references who are not relatives or former employers.

NAME	ADDRESS	PHONE	OCCUPATION
_____	_____	_____	_____
_____	_____	_____	_____

