



## RECORD OF EMPLOYMENT

(If you have had more than four employers, please list these on a separate sheet of paper.)

1. Name of Current/Most Recent Employer		Address, City, State		Telephone		Job Title	
Dates Employed		Rate of Pay		Reason for Leaving		Supervisor's Name and Title	
From	To	Starting	Ending				
Mo.	Yr.	Mo.	Yr.				
List the jobs you held, duties performed, skills used or learned, advancements or promotions.							

2. Name of Current/Most Recent Employer		Address, City, State		Telephone		Job Title	
Dates Employed		Rate of Pay		Reason for Leaving		Supervisor's Name and Title	
From	To	Starting	Ending				
Mo.	Yr.	Mo.	Yr.				
List the jobs you held, duties performed, skills used or learned, advancements or promotions.							

3. Name of Current/Most Recent Employer		Address, City, State		Telephone		Job Title	
Dates Employed		Rate of Pay		Reason for Leaving		Supervisor's Name and Title	
From	To	Starting	Ending				
Mo.	Yr.	Mo.	Yr.				
List the jobs you held, duties performed, skills used or learned, advancements or promotions.							

4. Name of Current/Most Recent Employer		Address, City, State		Telephone	Job Title
Dates Employed		Rate of Pay		Reason for Leaving	Supervisor's Name and Title
From Mo.    Yr.	To Mo.    Yr.	Starting	Ending		
List the jobs you held, duties performed, skills used or learned, advancements or promotions.					

Have you ever been convicted of any crime (other than a parking or traffic infraction), including any misdemeanor traffic citation, felony or other misdemeanor? Yes \_\_\_ No \_\_\_ (A conviction will not necessarily disqualify an applicant.)

If yes, please explain: \_\_\_\_\_

**Driving Positions Only**

Do you have a valid driver's license? Yes \_\_\_ No \_\_\_ License Number and State Issued: \_\_\_\_\_

Do you have a current Idaho CDL? Yes \_\_\_ No \_\_\_ License Number, Class and State Issued: \_\_\_\_\_

<b>EDUCATION</b> (Circle last year completed)					<b>SCHOOL NAME</b>	<b>MAJOR SUBJECTS/ DEGREE OBTAINED?</b>
High School	9	10	11	12	_____	_____
College	1	2	3	4	_____	_____
Other job-related education					_____	_____

If you are an experienced operator of any business/plant machines or equipment, please list: \_\_\_\_\_ Other job related skills: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please Read Before Signing**

I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE, I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.

I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**CITY OF McCALL  
DRUG/ALCOHOL TESTING POLICY**

***Controlled Substance Testing Consent Form***  
**(Prospective Employee)**

As part of my application for employment, I consent to a drug/alcohol test promptly and at a time when I represent I have not consumed alcohol within 8 hours.

I understand that if I test positive for illegal drugs or for alcohol, I will not be offered employment.

I understand that the collection, testing, and reporting of my specimen will be done in accordance with applicable chain of custody procedures.

I consent to the release of my drug or alcohol test results received by our testing service as the representative of the City of McCall, and the Medical Review Officer, and understand that those test results received, to supervisory officials of the City of McCall, and understand that those test results will be held in confidence by them.

If I am applying for a position that would require a CDL license, I further consent to the City of McCall's contacting those employers for whom I have worked as a commercial vehicle operator for the past two (2) years for the purpose of the City of McCall's verifying from my past employers whether I have tested positive for illegal drugs or alcohol, or have refused to test when requested to do so. In the event that the City receives information from a past employer that I have tested positive for illegal drugs or alcohol within the last year, I will not be offered employment, or my conditional/probationary employment will be terminated with the City. I consent to the release of that information by those employers for whom I have worked during the past two (2) years as a commercial vehicle driver.

I understand the terms of the City of McCall's drug/alcohol testing policy.

Date: \_\_\_\_\_

\_\_\_\_\_  
Print applicant's name

\_\_\_\_\_  
Applicant's phone number

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Applicant's social security number

**AUTHORITY FOR RELEASE OF INFORMATION**

Name: _____			SSN: _____	
Last	First	Middle		
Date of Birth: _____			Place of Birth: _____	
			City	County
			State	Country
Sex: _____	Race: _____	Driver's License Number: _____	State of Issue: _____	

I, \_\_\_\_\_, do hereby authorize a review of and full disclosure of all records, or any part thereof concerning myself, by and to ANY duly authorized agent of the City of McCall whether the said records are of public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions, financial institutions or credit institutions, including records of deposits, withdrawals and balances of checking and savings accounts, and loans and also the records of commercial or retail credit agencies (including credit reports and/or ratings); public utility companies, employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me, and salary records; real and personal property tax statements and records, and other financial statements and records wherever filed, records of complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal, civil and/or traffic records; the results of any polygraph examinations; records of complaint of a civil nature made by or against me, where so ever located and to include the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in a case in which I presently have, or have had an interest.

I reiterate, and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation, which may provide pertinent data for the City of McCall to consider in determining my suitability for employment by that department. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically identified herein.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, whole or in part, upon this release authorization will be considered in determining my suitability for employment by the City of McCall. I understand that all materials pertaining to this background investigation becomes the property of the City of McCall and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against any claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

If the applicant is under the age of eighteen years, this authorization must also be signed by the applicant's parent or legal guardian in the presence of a Notary Public.

**MUST BE SIGNED IN THE PRESENCE OF A NOTARY:**

\_\_\_\_\_  
Signature

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ 200\_\_\_\_. My commission expires \_\_\_\_\_ 200\_\_\_\_.

Notary:

\_\_\_\_\_  
Signature of Parent/Guardian

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ 200\_\_\_\_. My commission expires \_\_\_\_\_ 200\_\_\_\_.

Notary: