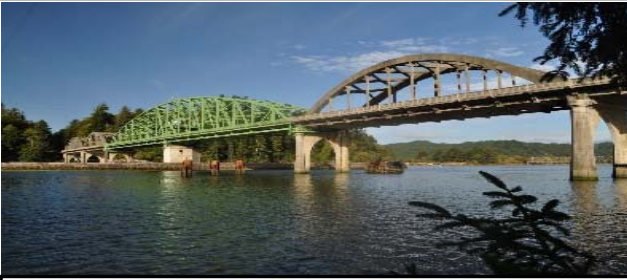


# REEDSPORT POLICE

Official Use Only:

Date Received \_\_\_\_\_ Time \_\_\_\_\_



Reedsport provides equal employment opportunity to all qualified employees and applicants without unlawful regard to race, color, religion, gender, sexual orientation, national origin, age, disability, genetic information, veteran status, or any other status protected by applicable federal, Oregon, or local law.

Directions: Supply an answer to every question. Write NA if the question is not applicable. Failure to observe these directions will result in your application not receiving adequate consideration.

Date:

POSITION APPLIED FOR	POSITION TITLE	DEPARTMENT
NAME		
MAILING ADDRESS		
Street	City	State Zip
Home/Cell Phone	Work Phone	Can we call you at work? Yes No
Email Address		
Do you speak any other languages other than English? Yes No Write? Yes No		
If so, what languages?		
If you have worked for the City of Reedsport, please give dates:		

List any special training, licenses, certificates, office equipment, languages or other special skills you may have that are pertinent to the position.

### Level of Education-

If now in school, include the present term

Name of High School

Address

City

State

Zip

Did you graduate?

Yes

No

GED

#### POST HIGH SCHOOL EDUCATION

Name and Location of School	FROM TO	FULL TIME	PART TIME	Fields of Study or Titles of Special Courses	Certificates, Degrees, ect earned. (if no degree, list credit hours)

**This section must be completed. A resume will not be accepted as a substitute, but may be attached.**

**EMPLOYMENT HISTORY**

Beginning with your present or most recent job, describe your work experience during the past **FIVE** years. Include non-paid or volunteer work. Also, list any prior work experience related to the duties of the position for which you are applying. If you need more space, please attach additional sheets. Explain gaps in employment.

EMPLOYING FIRM

ADDRESS

FROM

TO

FULL TIME

PART TIME

SUPERVISOR'S NAME, ADDRESS AND PHONE NUMBER

JOB DESCRIPTION

Specific Duties

REASON FOR LEAVING

EMPLOYING FIRM		ADDRESS	
FROM	TO	FULL TIME	PART TIME
SUPERVISOR'S NAME, ADDRESS AND PHONE NUMBER			
JOB DESCRIPTION			
Specific Duties			
REASON FOR LEAVING			

EMPLOYING FIRM		ADDRESS	
FROM	TO	FULL TIME	PART TIME
SUPERVISOR'S NAME, ADDRESS AND PHONE NUMBER			
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EMPLOYING FIRM		ADDRESS	
FROM	TO	FULL TIME	PART TIME
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JOB DESCRIPTION			
Specific Duties			
REASON FOR LEAVING			

**PLEASE READ CAREFULLY**

**APPLICATION FORM WAIVER**

I hereby certify that all statements made in this application are true, and I agree and understand that any statement that is false, fraudulent, or misleading in this application or attached material, during the interview or screening process, or discovered in the course of any employment-related process (post hire) may result in the revoking of a job offer or termination of employment.

- I certify that all statements contained herein are true and complete.
- I understand that I must provide proof I am authorized to work in the United States, in accordance with federal law, if I am hired.
- I authorize the employing agency to verify the employment and education information provided in this employment application.
- I authorize my driving record to be checked if the position for which I am applying requires driving.
- I understand and agree to be subjected to a pre-employment drug screening and criminal history background check, if applicable.
- I understand that my employment with the City shall be probationary for a period of one year, and
- I understand and agree that if I am hired the statements in these paragraphs will become a binding part of my employment relationship. I have read each of these statements. I have reviewed all of the information provided in this application and in any attachments or supporting documents.

Further that at any time during the probationary period or thereafter, my employment relation with the City is terminable at will for any reason by either party.

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Signature

Date