

CITY OF REEDSPORT
451 Winchester Avenue
Reedsport, OR 97467
(541) 271-3603 phone
(541) 271-2809 fax

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: _____ 20 _____

| | | |
|----------------------|----------------|------------|
| POSITION APPLIED FOR | POSITION TITLE | DEPARTMENT |
|----------------------|----------------|------------|

| | | |
|-----------|------------|-------------|
| 1. Name | | |
| | | |
| Last Name | First Name | Middle Name |

| | | |
|--------------------|-------|-----|
| 2. Mailing Address | | |
| Street | | |
| | | |
| City | State | Zip |

| | | | |
|------------|---------------|------------|--|
| 3. | | | Can we call you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Home Phone | Message Phone | Work Phone | |

| | | |
|-------------------|----------------------|-------|
| 4. Email Address: | Driver's License No: | State |
| | Type of License | |

| | |
|----|---|
| 5. | Do you speak <input type="checkbox"/> Yes <input type="checkbox"/> No or write <input type="checkbox"/> Yes <input type="checkbox"/> No any languages fluently other than English? Which language(s) _____ |
|----|---|

| | |
|----|--|
| 6. | If you have worked for the City of Reedsport before, give dates: |
|----|--|

| | |
|----|---|
| 7. | Are you able to work at any of the City's sites? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | If No, please explain: |

8. Will you accept: (Check work you will accept)
 Full Time Part Time Seasonal Shift Work

Can you work multiple shifts? (please explain)

Do you have a legal right to work in this country? Yes No

Have you every been convicted of or pled guilty or no contest to any crime? Yes No
 If yes, explain below. (exclude those cases processed in juvenile court and minor traffic violations.) Conviction does not necessarily disqualify you from employment. The type of offense, date of occurrence, and the position sought will be considered.

9. **EDUCATION RECORD** - If now in school, include present term.

| | |
|----------------------------------|--|
| NAME AND LOCATION OF HIGH SCHOOL | GRADUATED? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|----------------------------------|--|

| | | | |
|--|--|--|--|
| IF NOT A HIGH SCHOOL GRADUATE, DO YOU HAVE A CERTIFICATE OF EQUIVALENCY (GED)? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
|--|--|--|--|

Post High School Education:

| NAME AND LOCATION OF SCHOOL | FROM Mo. Yr. | TO Mo. Yr. | FULL TIME | PART TIME | Fields of Study or Titles of Special Courses | Certificates, Degrees, etc. earned (if no degree, list number of credit hours) |
|-----------------------------|--------------|------------|--------------------------|--------------------------|--|--|
| | | | <input type="checkbox"/> | <input type="checkbox"/> | Major: <input type="text"/> Minor: <input type="text"/> | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | Major: <input type="text"/> Minor: <input type="text"/> | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | Major: <input type="text"/> Minor: <input type="text"/> | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | Major: <input type="text"/> Minor: <input type="text"/> | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | Major: <input type="text"/> Minor: <input type="text"/> | |

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

Keyboarding Speed:

11. **REFERENCES** - List the names of six persons, other than relatives.

| | NAME | ADDRESS | BUSINESS | TELEPHONE |
|----|----------------------|----------------------|----------------------|----------------------|
| 1) | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2) | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 3) | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 4) | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 5) | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 6) | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

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

12 **EMPLOYMENT HISTORY** - Beginning with your present or most recent job, describe your work experience during the past TEN years. Include all 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.

| | | | | |
|----|--------------------|---|--|--|
| 1) | Employing Firm | Address | FROM | Mo. Yr. |
| | Job Title | Supervisor's Title, Name and Phone Number | TO | Mo. Yr. |
| | Specific Duties | | <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME | Hours per Week <input type="text"/> |
| | Reason for leaving | | . | . |

CURRENT EMPLOYER

If you still work here, may we contact this employer? Yes No

2) Employing Firm _____ Address _____

Job Title _____ Supervisor's Title, Name and Phone Number _____

Specific Duties _____
Reason for leaving _____

| | |
|------------------------------------|----------------------|
| FROM | Mo. Yr. |
| TO | Mo. Yr. |
| <input type="checkbox"/> FULL TIME | Hours per Week |
| <input type="checkbox"/> PART TIME | <input type="text"/> |

3) Employing Firm _____ Address _____

Job Title _____ Supervisor's Title, Name and Phone Number _____

Specific Duties _____
Reason for leaving _____

| | |
|------------------------------------|----------------------|
| FROM | Mo. Yr. |
| TO | Mo. Yr. |
| <input type="checkbox"/> FULL TIME | Hours per Week |
| <input type="checkbox"/> PART TIME | <input type="text"/> |

4) Employing Firm _____ Address _____

| | |
|------|---------|
| FROM | Mo. Yr. |
|------|---------|

| | | | |
|--------------------|---|------------------------------------|----------------------|
| Job Title | Supervisor's Title, Name and Phone Number | TO | Mo. Yr. |
| | | | |
| Specific Duties | | <input type="checkbox"/> FULL TIME | Hours per Week |
| | | <input type="checkbox"/> PART TIME | <input type="text"/> |
| Reason for leaving | | | |
| | | | |

5)

| | | | |
|--------------------|---|------------------------------------|----------------------|
| Employing Firm | Address | FROM | Mo. Yr. |
| | | | |
| Job Title | Supervisor's Title, Name and Phone Number | TO | Mo. Yr. |
| | | | |
| Specific Duties | | <input type="checkbox"/> FULL TIME | Hours per Week |
| | | <input type="checkbox"/> PART TIME | <input type="text"/> |
| Reason for leaving | | | |
| | | | |

6)

| | | | |
|-----------------|---|------------------------------------|----------------------|
| Employing Firm | Address | FROM | Mo. Yr. |
| | | | |
| Job Title | Supervisor's Title, Name and Phone Number | TO | Mo. Yr. |
| | | | |
| Specific Duties | | <input type="checkbox"/> FULL TIME | Hours per Week |
| | | <input type="checkbox"/> PART TIME | <input type="text"/> |
| | | | |

| | |
|---|--|
| Reason for leaving | |
| 13. State your reason for desiring work with the City of Reedsport and add any other information pertinent to your application. | |
| | |

**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 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.

• 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.

• Signature _____ Date _____