



City of Independence

240 Monmouth Street

PO Box 7

Independence, OR 97351

Phone: (503) 838-1212/Fax: (503) 606-3282

APPLICATION FOR EMPLOYMENT

The City of Independence considers applicants for all positions without regard to race, color, gender, age, religion, national origin, disability, marital status, veteran status or any other legally protected status.

VOLUNTARY COMPLETION BY APPLICANT. NOT FOR INTERVIEW PURPOSES.

RECRUITMENT SOURCE

How did you become aware of this employment opportunity?

- Newspaper Which newspaper? _____
- City Employment Announcement City Job Information Line
- City Employee State Employment Office
- City Website Other Explain: _____



CITY OF INDEPENDENCE, OREGON

EMPLOYMENT APPLICATION

Position Applied For:

1. PLEASE PRINT OR TYPE
2. Answer all questions completely.
3. Resumes will not be accepted in lieu of applications. Applications will be kept on file for six (6) months from date signed.
4. At the time of employment with the city, you must submit proof of U.S. citizenship or authorization to work in the United States.
5. False statements or omission of material facts will result in rejection of your application or removal from employment after hire.

PERSONAL INFORMATION

Last Name	First Name	Middle	E-Mail Address	Date of Application
Address			Apt. #	P.O. Box
Home Phone				
City	State	Zip	Work Phone	
Are you legally eligible for employment in the USA? <input type="checkbox"/> Yes <input type="checkbox"/> No		Other names known by:		Do you have a high school diploma or GED certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No

EDUCATION AND TRAINING

Please include any training relative to the position you are applying for, including military:

Colleges, Vocational or Technical Schools, Training Centers	Major Subject	Units	Type of Degree or Certificate	Date

LICENSES AND CERTIFICATES REQUIRED FOR, OR RELATED TO, THIS POSITION

Description	Issued by	ID #	Expiration Date

Please list experience with machines, office equipment, languages, or other special skills pertinent to the position for which you are applying.

ADDITIONAL INFORMATION

Have you ever been employed by the City of Independence? Yes No Have you ever been a PERS member? Yes No

Have you ever been discharged or requested to resign from any position for misconduct or unsatisfactory service? Yes No

If yes, explain: _____

Have you ever pled guilty or been convicted of a criminal offense? Yes No (Please note a "Yes" answer will not bar you from consideration.)

If yes, explain: _____

If position requires, do you possess a valid driver's license? Yes No

If yes, please complete:

State: _____ Driver's License # _____ Class: _____

Have you received any tickets in the last three years for moving violations? Yes No

Date: _____ Violation: _____

Date: _____ Violation: _____

Do you have relatives employed by the City of Independence? Yes No If yes, please list their full name(s): _____

WORK EXPERIENCE

**Beginning with your present or most recent employer, describe all work experience including Military, Volunteer and Intern Experience.
(Attach additional sheets if necessary)**

Name of Present or Most Recent Employer			Address		
Starting Date	Leaving Date	Salary \$ _____ per _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time _____ hrs/wk <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern _____ hrs/wk	Reason for Leaving		
Month/Year	Month/Year				
Job Title (Present or Most Recent)		Name of Supervisor/Title		Phone #	

Job Duties:

May we contact this employer? Yes No

Name of Employer			Address		
Starting Date	Leaving Date	Salary \$ _____ per _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time _____ hrs/wk <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern _____ hrs/wk	Reason for Leaving		
Month/Year	Month/Year				
Job Title (Present or Most Recent)		Name of Supervisor/Title		Phone #	

Job Duties:

May we contact this employer? Yes No

Name of Employer			Address		
Starting Date	Leaving Date	Salary \$ _____ per _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time _____ hrs/wk <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern _____ hrs/wk	Reason for Leaving		
Month/Year	Month/Year				
Job Title (Present or Most Recent)		Name of Supervisor/Title		Phone #	

Job Duties:

May we contact this employer? Yes No

Name of Employer			Address		
Starting Date	Leaving Date	Salary \$ _____ per _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time _____ hrs/wk <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern _____ hrs/wk	Reason for Leaving		
Month/Year	Month/Year				
Job Title (Present or Most Recent)		Name of Supervisor/Title		Phone #	

Job Duties:

May we contact this employer? Yes No

WORK EXPERIENCE

(Attach additional sheets if necessary)

Name of Employer		Address	
Starting Date	Leaving Date	Salary \$ _____ per _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time _____ hrs/wk <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern _____ hrs/wk	Reason for Leaving
Month/Year	Month/Year		
Job Title (Present or Most Recent)		Name of Supervisor/Title	Phone #
Job Duties:			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Name of Employer		Address	
Starting Date	Leaving Date	Salary \$ _____ per _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time _____ hrs/wk <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern _____ hrs/wk	Reason for Leaving
Month/Year	Month/Year		
Job Title (Present or most Recent)		Name of Supervisor/Title	Phone #
Job Duties:			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY THOSE APPLICATIONS THAT ARE SIGNED AND DATED ARE CONSIDERED VALID. IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK THEM BEFORE SIGNING.

I certify that all answers and statements I have made on this application (and resume or other supplementary materials) are true and complete without omissions. I understand that any false information or omissions will be grounds for refusal to hire or could result in immediate discharge if I am employed. I authorize any of the persons or organizations named in this application to give you complete information and records regarding my employment, education, character and qualifications.

Yes No

I will be responsible for familiarizing myself with all rules and regulations of the Employer as they presently exist or are later modified. I understand that if I apply for a safety sensitive position, a conditional job offer will be contingent upon additional requirements, including the successful completion of a drug screening, and I could be subject to random testing after hire.

Yes No

I understand that newly hired and newly promoted employees serve a probationary period of fixed duration as the final step in the selection process to show their ability to perform the work. Employees hired into represented positions must, after a period of time specified in the applicable labor agreement, either (1) become and remain a member of the union, or (2) pay a fair share of the union costs of negotiation and administration of the contract as provided by City labor agreements.

Yes No

I HAVE READ, UNDERSTAND AND AGREE WITH THE ABOVE. (If you are submitting application via email, it may be signed at time of interview should you be selected)

SIGNATURE: _____

DATE: _____

City of Independence

AFFIRMATIVE ACTION INFORMATION

This information is voluntary and will be kept separate and confidential.

The City of Independence is dedicated to a policy of equal opportunity in employment without regard to race, color, gender, age, religion, national origin, disability, marital status, veteran status or any other legally protected status.

The following information is necessary for the City of Independence to evaluate its hiring practices consistent with its commitment to further the principle of Equal Employment Opportunity and to prepare reports required by law for the State and Federal governments.

Position Applied For: _____

Gender: Female Male

Date of Application: _____

Date of Birth _____ / _____ / _____
Month Day Year

RACIAL CATEGORY	
<input type="checkbox"/> WHITE / CAUCASIAN (not of Latino origin)	All persons having origins in any of the original peoples of Europe, North Africa, or Middle East.
<input type="checkbox"/> AFRICAN AMERICAN (not of Latino origin)	All persons having origins in any of the African American racial groups.
<input type="checkbox"/> LATINO	All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture of origin, regardless of race.
<input type="checkbox"/> ASIAN OR PACIFIC ISLANDER	All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes for example: China, Japan, Korea, the Philippine Islands, Samoa, and India.
<input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE	All persons having origins in any of the original peoples of North America who maintain cultural identification through tribal affiliation or community recognition.

EQUAL EMPLOYMENT OPPORTUNITY: We are an Equal Opportunity/Affirmative Action Employer. We are dedicated to a policy of nondiscrimination in employment on the basis of race, color, religion, gender, national origin, age, or mental and/or physical disability or any other legally protected status.

APPLICATION PROCESS: Submit a completed City of Independence employment application to Human Resources, City of Independence, 240 Monmouth Street, PO Box 7, Independence OR 97351, by the closing date.

DRUG SCREENING: If you apply for a safety sensitive position, a conditional job offer will be contingent upon successful completion of a drug screening, and subject to random testing after hire.

PROBATIONARY PERIOD: Newly hired and newly promoted employees serve a probationary period of fixed duration as the final step in the selection process to show their ability to perform the work.

SALARIES AND BENEFITS: The City of Independence offers competitive salaries and a comprehensive benefits program provided to regular full-time employees; paid vacation, holidays, and sick leave; medical and dental coverage to employees and dependents; life insurance, retirement plan and the opportunity to participate in deferred compensation programs.

REPRESENTED EMPLOYEES: Employees hired into represented positions must, after a period of time specified in the applicable labor agreement, either (1) become and remain a member of the union, or (2) pay a fair share of the union costs of negotiation and administration of the contract as provided by City labor agreements.

IMMIGRATION LAW: In accordance with the Immigration Reform and Control Act of 1986 (IRCA), all newly hired employees will be required to complete and sign an Employment Eligibility Verification Form and present documentation verifying identity and employment eligibility.



6030 NE WILLIAM R CARR ST, ADAIR VILLAGE, OR 97330

MAIN LINE: 541-745-5507 FAX: 541-745-5530

We consider applicants for all positions without regard to race, color, religion, gender, ancestry, national origin, age, sexual orientation, marital or veteran status, the presence of a non-job-related medical condition or disability, or any other legally protected status.

Position Applying for:					Date of Application			
Last Name			First Name			Middle Initial		
Address		Street		City		State		Zip
Personal Phone			Business Phone			Cell Phone		

EDUCATION AND FORMAL TRAINING:

Do you have a high school diploma or a GED certificate? YES NO

EDUCATION:

Circle Highest Year Completed -

High School				College				Graduate School					
9	10	11	12	13	14	15	16	17	18	19	20	21	22

List enough education to meet the requirements specified in the job description
Colleges, Nursing, Military, Trades, Business or Other Schools Attended

School Name and Location	Major Course of Study	Dates Attended	Credits Earned			Degree Earned
			Qtr Hrs	Sem Hrs.	Other	

**Application must be COMPLETELY filled out.
 RESUME WILL NOT BE ACCEPTED AS A SUBSTITUTE FOR APPLICATION**

WORK EXPERIENCE:

List your current or last employer first, then describe enough additional work experience to meet the requirements shown in the recruiting announcement. Include unpaid and volunteer work. Resumes will not substitute for completing the WORK EXPERIENCE section. If you need more space to describe duties, you may attach additional sheets.

MONTH/YEAR	TITLE:	No. People supervised:	Hours/Week	EMPLOYER INFORMATION
From:	Duties:			Name:
To:				Street:
				City/State
Total Years:				Phone:
				May we contact employers?
Months:	Supervisor's Name:	Last Salary (Monthly) \$		Reason for Leaving?

MONTH/YEAR	TITLE:	No. People supervised:	Hours/Week	EMPLOYER INFORMATION
From:	Duties:			Name:
To:				Street:
				City/State
Total Years:				Phone:
				May we contact employers?
Months:	Supervisor's Name:	Last Salary (Monthly) \$		Reason for Leaving?

MONTH/YEAR	TITLE:	No. People supervised:	Hours/Week	EMPLOYER:
From:	Duties:			Name:
To:				Street:
				City/State
Total Years:				Phone:
				May we contact employers?
Months:	Supervisor's Name:	Last Salary (Monthly) \$		Reason for Leaving?

MONTH/YEAR	TITLE:	No. People supervised:	Hours/Week	EMPLOYER INFORMATION
From:	Duties:			Name:
To:				Street:
				City/State
Total Years:				Phone:
				May we contact employers?
Months:	Supervisor's Name:	Last Salary (Monthly) \$		Reason for Leaving?

MONTH/YEAR	TITLE:	No. People supervised:	Hours/Week	EMPLOYER INFORMATION
From:	Duties:			Name:
To:				Street:
				City/State
Total Years:				Phone:
				May we contact employers?
Months:	Supervisor's Name:	Last Salary (Monthly) \$		Reason for Leaving?

SPECIAL SKILLS AND QUALIFICATIONS

Summarize any *job-related skills* acquired from employment or other experience; foreign languages you speak, read or write; courses or certificates received:

REFERENCES

Give name, address and telephone number of three references who are not related to you and are not previous employers.
1.
2.
3.

Are you 18 years or older? Yes No

Have you been convicted of a felony within the last 7 years? Yes No
Conviction will not necessarily disqualify an applicant for employment.

If yes, please explain:

Have you ever filed an application with us before? Yes No

If yes, give date(s):

Have you ever been employed with us before? Yes No

If yes, give date(s):

PLEASE READ THE FOLLOWING THOROUGHLY BEFORE SIGNING

I certify that I have answered truthfully and have not knowingly withheld any information relative to my application. I understand that any misrepresentation or material omission on this application will result in my being eliminated from further consideration. I further understand that, if accepted for employment, any misrepresentation or material omission which becomes known to the City of Adair Village may result in immediate termination of employment.

I authorize the employers and supervisors listed in this application to give City's representatives any and all information regarding me and my previous employment. **Furthermore I also understand that the City of Adair Village may conduct a criminal background investigation, fingerprinting, check my driving record, and/or verify my bondability as a condition of employment.** I release the City of Adair Village and all previous employers and supervisors as well as any other agency or company contacted from liability for any damages that may result from furnishing information to the City of Adair Village.

I understand that in order for the City of Adair Village to comply with federal immigration laws, if employed by City of Adair Village, on my first day of employment, I will be required to furnish proof of my identity and authorization to work legally in the U.S. by completing the U.S. Immigration and Naturalization Service Form I-9.

Signature _____ Date _____

RETURN COMPLETED APPLICATIONS TO

City of Adair Village
6030 William R Carr Av.
Adair Village, OR 97330

Updated Jan. 2008

City of Adair Village

EQUAL EMPLOYMENT OPPORTUNITY STATISTICAL SUPPLEMENT

As an employer, the City of Adair Village is required to collect, record, and compile personnel affirmative action data. This information is confidential and will be retained in Human Resources separate from your application for employment. Supplying this information is voluntary; failure to provide this information will not adversely affect consideration for employment.

Name: _____ Male Female

Position Applied For _____ Application Date _____

Under 20 years of age Over 40 years of age

ETHNICITY: Below are descriptions of ethnic categories as identified by the US Office of Management and Budget circular number A-46. Please select one category that correctly applies to you.

- Hispanic/Latino** – All persons of Cuban, Mexican, Puerto Rican, Central or South American or other Spanish culture, regardless of race.
- White (Not of Hispanic or Latino origin)** – All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- Black/African American (Not of Hispanic or Latino origin)** – All persons having origins in any of the black racial groups of Africa.
- American Indian or Alaskan Native (Not of Hispanic or Latino origin)** – All persons having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.
- Native Hawaiian/Other Pacific Islander (Not of Hispanic or Latino origin)** – All persons having origins in any of the original peoples of the Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (Not of Hispanic or Latino origin)** – All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Two or More Races (Not Hispanic or Latino)** – All persons who identify with more than one of the above five races

VETERAN STATUS: Please check one if it describes your veteran status.

Vietnam Era Veteran Veteran Any Other Era Special Disabled Veteran

RECRUITMENT SURVEY

How did you learn of this vacancy?

- Adair Village Web site City Employee
- Other Agency (specify below) Newspaper or Publication (specify below)

(Agency Name)

(Publication Name)

Other (please specify): _____



APPLICANT'S LAST NAME: _____

POSITION APPLIED FOR: _____

DATE OF APPLICATION: _____

CITY OF CENTRAL POINT, OREGON EMPLOYMENT APPLICATION

The City of Central Point is an Equal Opportunity Employer. All applicants will be considered without regard to race, color, religion, sex, age, national origin, status as an individual with a disability, or other protected status, in accordance with applicable state and federal equal employment opportunity laws.

No one shall be employed by the City of Central Point unless a completed, signed employment application and other required employment paperwork has been submitted to the City of Central Point Human Resources office. Completing and submitting an employment application does not guarantee employment. Applications will be accepted only for currently posted positions. Unsolicited applications will not be considered and will be destroyed after being retained for three months in accordance with OAR 166-200-0090.

PERSONAL INFORMATION:

Last Name: _____ First Name: _____ MI: _____

Other Names Used: _____ Preferred Name: _____

Street Address: _____ City: _____ ST: _____ Zip: _____

Mailing Address: _____ City: _____ ST: _____ Zip: _____

Contact Information: Home Phone: _____ Daytime Phone: _____

Email Address: _____ Message Phone: _____

Have you ever been employed by the City of Central Point? No Yes, in _____ (specify year/s)

Have you ever been convicted of any crime or law violation other than minor traffic citations? No Yes

If YES, give date(s), county(s) and state(s) of conviction, and the specific charge(s).

A "Yes" answer does not automatically disqualify you from employment.

<u>Date</u>	<u>County and State</u>	<u>Crime or Law Violation</u>

Do you have a valid Driver's License? No Yes If "Yes" specify State of issue: _____

Do you have a valid CDL License? No Yes If "Yes" specify type of license: _____

Are you available to work: *Nights?* No Yes *Evenings?* No Yes *Weekends?* No Yes

City policy prohibits the hiring of relatives of current City Councilors and employment of family members where family members would be subject to supervision of or from another family member.

Are you a relative of a member of the current City Council? No Yes

Are you a relative of any current City of Central Point employees? No Yes

If "Yes" you will be required to disclose relationship prior to an offer of employment.

Return signed, completed applications to:

*City of Central Point Human Resources
140 S Third Street • Central Point OR 97502
541.423.1046 (phone) 541.664.6384 (fax)*

SKILLS: Using a scale of 0 to 5 (0 is low and 5 is high), please indicate your skill level for the following:

Skill Level 0-5	Skill	Skill Level 0-5	Skill
_____	Spreadsheet Software	_____	Web Design <input type="checkbox"/> html <input type="checkbox"/> front page <input type="checkbox"/> other
_____	Word Processing Software	_____	Data Base Software
_____	Calendaring Software	_____	Computer Use <input type="checkbox"/> PC <input type="checkbox"/> Mac
_____	10-Key (_____ speed)	_____	Typing/Keyboarding (_____ wpm)
_____	Internet use	_____	Email
_____	Other: _____	_____	Other: _____
_____	Other: _____	_____	Other: _____

EDUCATION AND TRAINING: List enough education and training to show that you meet the requirements specified in the job description. Job offers for positions requiring a college degree and/or certification will be made contingent upon receipt of college transcripts and/or proof of certification.

Do you have a high school diploma or GED? Yes No
 If Yes, list school and location (city and state): _____
 If No, list highest grade completed: _____

List colleges, military, trade, business, and/or other schools:

Name of school and location	Course of Study (Major)	Credits Completed		Did you Graduate?	Name/Type of Degree or Certificate Earned
		Qtr Hrs	Sem Hrs		
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

If necessary, attach a separate sheet.

List any licenses, certifications, or other qualifications which contribute to your suitability for this position:

EMPLOYMENT HISTORY: You MUST complete this section. A résumé cannot be substituted. Please give an accurate and complete record of all full-time and part-time, paid and unpaid, work for at least the last 10 years. Explain all breaks in continuous employment in the last 10 years. Begin with your current or most recent job and attach additional pages if necessary. Résumés are encouraged as a supplement to the application. Failure to complete this section may result in your application being rejected.

➤ **CURRENT or LAST EMPLOYMENT**

Job Title: _____ Dates of Employment: Start: Mo ____/Yr ____
 Employer: _____ End: Mo ____/Yr ____
 Address: _____ Full Time: Part-Time: # hrs/wk ____
 City: _____ ST: __ Zip: _____ # of people you directly supervise(d): ____
 Direct Supervisor: _____ Last Salary: \$ _____ year month hour
 Supervisor's Phone: _____ Reason for leaving: _____

List specific duties and responsibilities:

➤ **PREVIOUS EMPLOYMENT**

Job Title: _____
Employer: _____
Address: _____
City: _____ ST: ___ Zip: _____
Direct Supervisor: _____
Supervisor's Phone: _____

Dates of Start: Mo ____/Yr ____
Employment: End: Mo ____/Yr ____
Full Time: Part-Time: # hrs/wk ____
of people you directly supervise(d): _____
Last Salary: \$ _____ year month hour
Reason for leaving: _____

List specific duties and responsibilities:

➤ **PREVIOUS EMPLOYMENT**

Job Title: _____
Employer: _____
Address: _____
City: _____ ST: ___ Zip: _____
Direct Supervisor: _____
Supervisor's Phone: _____

Dates of Start: Mo ____/Yr ____
Employment: End: Mo ____/Yr ____
Full Time: Part-Time: # hrs/wk ____
of people you directly supervise(d): _____
Last Salary: \$ _____ year month hour
Reason for leaving: _____

List specific duties and responsibilities:

➤ **PREVIOUS EMPLOYMENT**

Job Title: _____
Employer: _____
Address: _____
City: _____ ST: ___ Zip: _____
Direct Supervisor: _____
Supervisor's Phone: _____

Dates of Start: Mo ____/Yr ____
Employment: End: Mo ____/Yr ____
Full Time: Part-Time: # hrs/wk ____
of people you directly supervise(d): _____
Last Salary: \$ _____ year month hour
Reason for leaving: _____

List specific duties and responsibilities:

Please add additional pages if necessary to complete this section.

In the space below, please write in your own handwriting a paragraph about why you want this job.

**READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION.
 ONLY SIGNED AND DATED APPLICATIONS WILL BE CONSIDERED.
 IF YOU HAVE ANY QUESTIONS REGARDING THESE STATEMENTS,
 PLEASE ASK THEM BEFORE SIGNING.**

I certify that all answers and statements I have made on this application, résumé and/or other supplementary materials are true and complete without omissions, and that I am eligible for employment in the United States. I understand that any false information given in my application, supplemental materials, or interview(s) will be grounds for refusal to hire or for immediate discharge if I am employed. I authorize any of the persons or organizations named in this application or referred by those named to give the City of Central Point complete information and records regarding my employment, education, character and qualifications. I understand that, pursuant to Municipal Code 2.54 and Oregon Administrative Rule 257-10-025, I will be subject to a criminal records check and reference checks if I am considered a finalist for the position I have applied for.

Yes No (____ Initial here)

I agree to conform to all rules and regulations of the City of Central Point as they presently exist or are later modified. **I recognize that, if employed, my employment can be terminated, at the discretion of the Employer or at my option, at any time, except as specifically set forth in writing in a current collective bargaining agreement or City policy.** I also understand that only the City Administrator or his/her authorized designee may make an offer of employment, and that no other representative of the Employer has any authority to enter into any employment agreement for any specified period of time, or to assure me of any future position, benefits, or terms and conditions of employment, except as specifically approved, in writing, by the City Administrator or his/her authorized designee.

Yes No (____ initial here)

This application and its attachments become the official property of the City of Central Point and cannot be returned, reused, photocopied, or made available to the applicant after being submitted. The applicant should retain a copy of the application and any attachments for future use or reference.

A complete, signed application is required to be considered for any position, and a separate application is required for each position for which the applicant wishes to be considered.

I have read, understand and agree with the above.

Signature of Applicant

Date



City of Central Point
Confidential EEO Information Form and Recruitment Survey

MAINTAINED FOR RECORD-KEEPING PURPOSES ONLY

The City of Central Point appreciates your interest in employment with our organization. As a public employer, we comply with federal employment regulations and, as such, need to collect, record, and compile personal data about applicants. In addition to applicant data, we find it helpful, to collect information to determine the effectiveness of our recruitment efforts. This form will be detached from your employment application at the time it is received in Human Resources and will be kept in a confidential file completely separate from your application materials. This information is for record-keeping purposes ONLY and will NOT be used by any managers or supervisors responsible for making a hiring decision.

Providing the information requested on this form is VOLUNTARY. You do not have to complete this page; failure to provide this information will in no way affect your being considered for employment with the City of Central Point.

Your assistance is appreciated. *Thank you*

Section I – EEO/AFFIRMATIVE ACTION DATA

Your Name: _____

Position You Have Applied For: _____

Date of Application: _____

Gender: Female Male

Race/National Origin: American Indian or Alaskan Native
 (please mark one) Asian
 Native Hawaiian or other Pacific Islander
 Black or African American, not of Hispanic origin
 Hispanic
 White, not of Hispanic origin
 Two or more races

Section II – RECRUITMENT SOURCE DATA

From what source(s) did you learn of this position/vacancy?(please mark all that apply)

- City of Central Point Website
- City Hall Lobby Posting
- City of Central Point Employee: _____
- Friend or Relative: _____
- The Mail Tribune
- Other Newspaper (please specify): _____
- Trade Journal (please specify): _____
- League of Oregon Cities Website
- Internet Listserv (please specify): _____
- Oregon State Employment Office
- Other Website's Link (please specify): _____
- Other (please specify): _____

The City of Central Point is an Equal Opportunity Employer.



City of Redmond, Oregon EMPLOYMENT APPLICATION

The City of Redmond makes its employment decisions without regard to race, color, gender, national origin, religion, marital status, age, sexual orientation, prior industrial injury, mental or physical disabilities unrelated to job performance, or veterans. The City of Redmond is a Drug-Free Workplace and complies with the Oregon Smoke-Free Workplace law. Candidates who are provided a conditional offer of employment will be subject to pre-employment drug testing and a criminal history records check. Those candidates who will be required to hold a driver's license will be subject to a pre-employment DMV records check to ensure a safe driving record.

THIS APPLICATION WILL BE CONSIDERED ONLY FOR THIS SPECIFIC JOB. IT WILL NOT BE RETAINED FOR FUTURE POSITIONS. IF YOU DESIRE TO BE CONSIDERED FOR A POSITION AT A FUTURE TIME, YOU MUST FILE A NEW APPLICATION. IF HIRED, THIS APPLICATION WILL BECOME PART OF YOUR PERMANENT PERSONNEL FILE.

DIRECTIONS: Print in INK or use typewriter. An incomplete application will not be considered. Use additional sheets if more space needed.

1. _____
POSITION APPLIED FOR _____ **DATE** _____

2. Name _____
LAST _____ **FIRST** _____ **MIDDLE** _____

3. Mailing Address _____
_____ **City** _____ **State** _____ **Zip Code** _____

4. Phone No. _____
Home _____ **Work (if permission to contact you at work)** _____ **Other Phone** _____

5. Confidential e-mail address (where information regarding this application may be sent): _____

6. How did you hear about this opportunity? _____

7. EDUCATION - If now in high school, include present term.

Name and Location of High School

High School Diploma Earned 9 Yes 9 No

If not a high school graduate, do you have a Certificate of Equivalency (GED) - 9 Yes 9 No

Schools Attended After High School, or Special Training Received:

NAME AND LOCATION OF SCHOOL OR TRAINING FACILITY

FROM (month/year) _____ TO (month/year) _____ 9 Full Time Student 9 Part Time Student

Major _____ Minor _____ No. Of Credits Received _____
FIELDS OF STUDY OR TITLES OF SPECIAL COURSES

CERTIFICATES, DEGREES, OR OTHER EARNED

Other School Attended After High School, or Special Training Received:

NAME AND LOCATION OF SCHOOL OR TRAINING FACILITY

FROM (month/year) _____ TO (month/year) _____ 9 Full Time Student 9 Part Time Student

Major _____ Minor _____ No. Of Credits Received _____

FIELDS OF STUDY OR TITLES OF SPECIAL COURSES

CERTIFICATES, DEGREES, OR OTHER EARNED

Other School Attended After High School, or Special Training Received:

NAME AND LOCATION OF SCHOOL OR TRAINING FACILITY

FROM (month/year) _____ TO (month/year) _____ 9 Full Time Student 9 Part Time Student

Major _____ Minor _____ No. Of Credits Received _____

FIELDS OF STUDY OR TITLES OF SPECIAL COURSES

CERTIFICATES, DEGREES, OR OTHER EARNED

8. Describe specialized training, military service, job-related skills, other related skills, and professional licenses and certificates that you consider relevant to the position for which you are applying:

9. Have you ever been discharged from employment - 9 Yes 9 No. If yes, explain fully:

10. Please list any criminal convictions (other than traffic infractions) you have sustained. You will not be automatically excluded from consideration if you have been convicted of a crime. Your suitability for the position sought will be evaluated based upon the totality of circumstances, such as the nature of the crime, the timeliness of the conviction, or the type of work involved. If you do not have any such convictions, state Anone.

11. Are you/have you been a member of Oregon PERS? 9 Yes 9 No

12. Have you ever worked for the City of Redmond before? 9 Yes 9 No. If yes, date(s) worked and position(s) held:

13. To insure that you are not placed in a position which might be a hazard to you or to others, a physical examination prior to appointment to a position may be required. Final appointment for those specific positions

will be contingent upon the results of the physical examination.

14. EMPLOYMENT HISTORY - Beginning with your present/most recent job, describe your work experience during the past ten (10) years. List any experience related to the duties of the position for which you are applying. Include any non-paid/volunteer work that might apply.

NOTE: IF SELECTED FOR AN INTERVIEW PRESENT AND PAST EMPLOYERS WILL BE CONTACTED.

FILL IN THE FOLLOWING IN DETAIL. PLEASE PRINT.

NAME OF PRESENT OR LAST EMPLOYER

Address City State Zip Code Telephone
JOB TITLE IMMEDIATE SUPERVISOR=S NAME

FROM (month/year) _____ TO (month/year) _____ 9 Full Time 9 Part Time (Hrs Per Week _____)
STARTING SALARY _____ LAST SALARY _____
Specific Duties _____
Reason For Leaving _____

NAME OF PRESENT OR LAST EMPLOYER

Address City State Zip Code Telephone
JOB TITLE IMMEDIATE SUPERVISOR=S NAME

FROM (month/year) _____ TO (month/year) _____ 9 Full Time 9 Part Time (Hrs Per Week _____)
STARTING SALARY _____ LAST SALARY _____
Specific Duties _____
Reason For Leaving _____

NAME OF PRESENT OR LAST EMPLOYER

Address City State Zip Code Telephone
JOB TITLE IMMEDIATE SUPERVISOR=S NAME

FROM (month/year) _____ TO (month/year) _____ 9 Full Time 9 Part Time (Hrs Per Week _____)
STARTING SALARY _____ LAST SALARY _____
Specific Duties _____
Reason For Leaving _____

15. REFERENCES. List three (3) professional references, other than family, who are familiar with your work experience and job performance.

NAME	OCCUPATION	ADDRESS	PHONE
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

16. IMMIGRATION AND REFORM AND CONTROL ACT OF 1986.

If hired, you will be required to submit identification in accordance with the Immigration and Naturalization Service requirements. Do you have the legal right to work in the U.S.? 9 Yes 9 No

17. ABILITY TO PERFORM THE ESSENTIAL JOB FUNCTIONS.

A job description detailing the essential functions and duties of the job for which you are applying is attached. Are you able to perform the essential job functions or duties listed with or without accommodation? 9 Yes 9 No

**AS AN APPLICANT FOR EMPLOYMENT WITH THE CITY OF REDMOND
I UNDERSTAND AND AUTHORIZE THE FOLLOWING:**

I hereby certify that the information contained in this application contains no misrepresentations or falsifications, and that the information given is true and complete to the best of my knowledge and belief. I fully understand that misrepresentations or omissions of fact in this application is cause for disqualification of this application and/or dismissal from employment. I fully understand the requirements for employment with the City of Redmond as contained in this application. I authorize the City of Redmond, OR, to make any and all necessary inquiries or investigations to verify or supplement the information contained herein. I also specifically authorize any past employer, education, or other person with knowledge of my work history, to release to the City of Redmond, any information requested to determine my qualifications and fitness for the position I am seeking. Further, I release the City of Redmond and all individuals giving or receiving information from any liability or damage whatsoever which may result from furnishing the requested information. AN UNSIGNED APPLICATION IS CONSIDERED AN INCOMPLETE APPLICATION.

APPLICANT=S SIGNATURE

DATE

Please read the attached instruction page carefully. All instructions must be followed to be considered as an applicant for this position.

COMPLETE ATTACHED SUPPLEMENTAL IF POSITION REQUIRES DRIVERS= LICENSE

(10-01-07)



City of Mt. Angel

5 N. Garfield Street / P.O. Box 960, Mt. Angel, OR 97362
TELEPHONE: (503) 845-9291 FAX: (503) 845-6261

AUTHORIZATION TO RELEASE INFORMATION

As an applicant for a position with the City of Mt. Angel, I am required to furnish information for the use in determining my moral, physical and mental qualifications. In this connection, I authorize release of any and all information that you may have concerning me, including information of a confidential or privileged nature. *Personal Information is kept strictly confidential and will be maintained in accordance with all applicable Administrative and Statutory laws.*

I hereby release you, your organization, or others from any liability or damage which may result from furnishing the information requested.

Signature

Date

CONFIDENTIAL INFORMATION – NOT AVAILABLE FOR PUBLIC INSPECTION

Name: _____			
<i>Last</i>	<i>First</i>	<i>Middle</i>	
Address: _____			
<i>Street / P.O. Box</i>	<i>City</i>	<i>State</i>	<i>Zip code</i>
Daytime Phone: -----		Date of Birth -----	
Social Security Number: -----			
Driver's License Number: -----		State -----	

For Office Use Only:
Police Dept. Please return to: Admin. Fire Library Public Works