

CITY OF VALE, OREGON
CITY HALL - 252 B STREET WEST - (541) 473-3133 - FAX (541) 473-3895
TTY- VOICE 1-800-735-2900

APPLICATION FOR EMPLOYMENT

(Equal Employment Opportunity Employer)

GENERAL

NAME _____

ADDRESS _____

TELEPHONE (____) _____ SOCIAL SECURITY NO. _____

DATE AVAILABLE FOR EMPLOYMENT: _____

Have you ever been employed by this Employer? YES NO

Are you employed now? YES NO

May we contact your present employer? YES NO

If yes, give name: _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? YES NO

Type of work desired: _____

Wages desired: _____

Do you have a valid driver's license in this state. YES NO

License No. _____

Can you perform the essential functions of the job(s) for which you are applying? YES NO

Are you available to work FULL-TIME PART-TIME OVER-TIME

This Employer is an equal employment opportunity employer. All applicants will be considered without regard to age, color, national origin, religion, sex or other protected status in accordance with applicable federal and state equal employment opportunity laws.

EDUCATION

	ELEMENTARY	HIGH	COLLEGE	GRADUATE
SCHOOL NAME				
YEARS COMPLETED	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
COURSE OF STUDY				

SPECIAL SKILLS, QUALIFICATIONS AND CONSIDERATIONS:

Summarize special skills and qualifications, volunteer activities, military experience, employment or other activities related to the job you are seeking:

REFERENCES:

List 3 non-relatives who are familiar with your qualifications and actual work history and ability.

	<u>Name</u>	<u>Occupation/Relationship</u>	<u>Years Known</u>	<u>Telephone</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

EMPLOYMENT EXPERIENCE:

Start with your present or last job. List your last 4 jobs in order. Do not omit any job.

Employer	Employed from _____ mo/yr to _____ mo/yr	Supervisor's Name
Address	Your job position	
Telephone No.		
Your salary (hourly): Starting / Ending	Duties	
What did you like most about your job?		
What did you like least about your job?		

Reason for leaving: _____

Employer _____ Employed _____ Supervisor's Name _____
from _____ mo/yr

Address _____ to _____ mo/yr Your job position _____

Telephone No. _____

Your salary (hourly): Starting / Ending _____ Duties _____

What did you like most about your job? _____

What did you like least about your job? _____

Reason for leaving: _____

Employer _____ Employed _____ Supervisor's Name _____
from _____ mo/yr

Address _____ to _____ mo/yr Your job position _____

Telephone No. _____

Your salary (hourly): Starting / Ending _____ Duties _____

What did you like most about your job? _____

What did you like least about your job? _____

Reason for leaving: _____

Employer _____ Employed _____ Supervisor's Name _____
from _____ mo/yr

Address _____ to _____ mo/yr Your job position _____

Telephone No. _____

Your salary (hourly): Starting / Ending

Duties

What did you like most about your job?

What did you like least about your job?

Reason for leaving:

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 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 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 recognize that my employment can be terminated, at the discretion of the Employer or at my option, without notice, at any time, except as specifically set forth in writing in a current individual employment agreement signed by the _____

YES

NO

I also understand that no 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 stated in a Collective Bargaining Agreement or a current individual written agreement signed by the _____

YES

NO

I have read, understand and agree with the above.

By: _____

Signature of Applicant

_____ Date

This application is valid for only ninety (90) days from the date I signed. If I want to be considered for job openings more than ninety (90) days from date signed, I will submit a new application.