

City of Port Orford

555 West 20th Street

Application for Employment

P.O. Box 310

Port Orford, OR 97465

541-332-3681(v) 877-281-5307

Position Applying For _____		Date _____
Name _____		
Last	First	Initial
Address _____		
Street	City & State	Zip
Phone _____		
Home	Cell	email

May we contact your work? _____ Yes _____ No

Can you demonstrate that you are a U.S. Citizen or that you are legally authorized to work in the United States? _____

Driver's License # _____ State _____ Exp. Date _____

Proof of driving record required for some positions

Are you 18 years of age or older? _____ Yes _____ No

If applying for a Police Officer position, are you 21 years or over? _____ Yes _____ No

Have you previously been employed by the *City of Port Orford*? _____ Yes _____ No

If yes, please explain: _____

When _____ Position _____



EDUCATION

Do you have a High School Diploma or a General Equivalency Certificate (GED)? ___ Yes ___ No

SCHOOL ATTENDED AFTER HIGH SCHOOL OR SPECIAL TRAINING RECEIVED

<u>Name & Location</u>	<u>Field of Study/Titles/Special Courses</u>	<u>Hours Completed</u>	<u>Certificate/Degree</u>

SKILLS AND ABILITIES

List any special training, certificates, professional or vocational licenses, registration, machine skills, office equipment skills, languages, or other special job-related skills including computer equipment and programs you can operate and typing/word processing speed you may have that are pertinent to the position for which you are applying:

EMPLOYMENT HISTORY

Beginning with your present or most recent job, describe your work experience during the past ten years. In addition, list any other prior experience related to the duties of the position for which you are applying, including all non-paid or volunteer work.

Employing Firm	Address	Phone #
<hr/>		
Job Title	Supervisor's Name/Title/Phone	
Specific Duties: _____ Full-time _____ Part-time		
<hr/>		
<hr/>		
Employed From _____ To _____		
Reason for leaving _____		
May we contact this employer for reference? _____ Yes _____ No		

Employing Firm	Address	Phone #
<hr/>		
Job Title	Supervisor's Name/Title/Phone	
Specific Duties: _____ Full-time _____ Part-time		
<hr/>		
<hr/>		

Employed From _____ To _____

Reason for leaving _____

May we contact this employer for reference? _____ Yes _____ No

Employing Firm

Address

Phone #

Job Title

Supervisor's Name/Title/Phone

Specific Duties: _____ Full-time _____ Part-time

Employed From _____ To _____

Reason for leaving _____

May we contact this employer for reference? _____ Yes _____ No

If additional space is required, please attach necessary pages to application form.

I certify that all answers and statements I have made on this application (resume or other supplementary material) are true and complete without omissions. I understand that any false information will be grounds for refusal to hire and 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, charter, and qualifications. I understand that if selected I may be required to undergo a physical examination, drug screening, for background investigation.

I will be responsible for familiarizing myself with all rules and regulation 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 without notice, at any time, except as specifically set forth in writing in a current individual employment agreement or collective bargaining agreement.

Applicant Signature

Date