



PO Box 145
Dufur, OR 97021

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EMPLOYMENT APPLICATION

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

(PLEASE PRINT)

LAST NAME		FIRST NAME		MIDDLE INTIAL
ADDRESS:			EMAIL	
ADDRESS:				
CITY		STATE		ZIP
DAY PHONE		EVENING PHONE		CELL PHONE

POSITION YOU ARE APPLYING FOR?	AVAILABLE TO WORK: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Shift Work <input type="checkbox"/> Temp		DATE YOU CAN REPORT FOR WORK?
HAVE YOU EVER BEEN EMPLOYEE BY: (IF YES DATE) The City? <input type="checkbox"/> Yes <input type="checkbox"/> No Dufur School? <input type="checkbox"/> Yes <input type="checkbox"/> No		ARE YOU AT LEAST 18 YEARS OLD? <input type="checkbox"/> Yes <input type="checkbox"/> No	ARE YOU LEGALLY ELIGIBLE TO WORK IN THE US? <input type="checkbox"/> Yes <input type="checkbox"/> No
ARE YOU A VETERN? <input type="checkbox"/> Yes <input type="checkbox"/> No	ARE YOU WILLING TO SUBMIT IT A BACKGROUND CHECK? <input type="checkbox"/> Yes <input type="checkbox"/> No	CAN YOU TRAVEL IF JOB REQUIRES? <input type="checkbox"/> Yes <input type="checkbox"/> No	
MAY WE CONTACT YOUR PAST EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No	ARE YOU CURRENTLY EMPLOYED? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been convicted of a felony with in the last 7 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	

SPECIALIZED SKILLS AND KNOWLEDGE (Typing speed, computer software programs, etc.)

Please use additional sheet if more space is needed.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION AND TRAINING HISTORY (Colleges, military, business, schools, other):

Name and Location of High School	Course of Study	Degree / Certificate
Name and Location of School: College or University	Course of Study	Degree / Certificate
Name and Location of School: College or University	Course of Study	Degree / Certificate

PROFESSIONAL LICENSES, REGISTRATIONS OR CERTIFICATES:

DESCRIPTION	STATE	NUMBER	EXPIRES (MM-YY)
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REFERENCES (Name and phone number of three references who are not related to you or are not previous employers)

- 1) _____
- 2) _____
- 3) _____

WORK HISTORY

Employer	Business	Currently Employed
Address		Phone
Position Held		Supervisor Name
From (mm/yyyy) To (mm/yyyy)	Hours/wk	Salary
Duties:		

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Address		Phone	
Position Held		Supervisor Name	
From (mm/yyy)	To (mm/yyyy)	Hours/wk	Salary
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Duties:			

CERTIFICATION AND ACKNOWLEDGEMENT

- ▶ I certify that all statements contained herein are true and complete, whether made by me or others at my request.
- ▶ I understand that any statement that is fraudulent or misleading contained herein will result in the rejection of my application, denial or employment or dismissal from the City of Dufur service if discovered after my employment starts, and in many circumstances may result in prosecution of a crime.
- ▶ If hired, I understand that I must provide proof of authorization to work in the United States.
- ▶ I authorize the City of Dufur to verify previous work history and educational information based on the information in this application and as disclosed in the interview process. I also authorize the full release of the information described above, without reservation; throughout any duration of employment at the City of Dufur should I become employed.
- ▶ I understand that all job offers are contingent upon meeting position requirements and may include; Drug Screening, Driver License and Records check, Credit History, Criminal Background check, finger prints and others deemed appropriate to this position.
- ▶ I release the City of Dufur and all providers of information from any liability as a result of furnishing and receiving and information related to the City of Dufur's hiring process.
- ▶ By submitting my application materials, I understand and agree to the conditions stated in the certification and Acknowledgement section above, which is enforceable as if I had signed.

SIGNATURE:

DATE: