



Application for Employment City of Sutherlin

126 E. Central Avenue ~ Sutherlin, OR. 97479

Phone (541) 459-2856

Equal access to program, services and employment is available to all persons. Those applicants requiring reasonable accommodations to the application and/or interview process should notify the Human Resources Department.

Position applied for: _____ Date of Application: _____

Referral Source: Newspaper Employee Website Facebook Twitter Walk-in Other

Name of source (if applicable) _____

Name _____
Last First Middle

Mailing Address _____

Physical Address _____
Street City State Zip

Telephone # () _____ Cell/Other Phone # () _____

Email Address _____ SS# _____

If necessary, best time to call you at home is _____ AM PM May we contact you at work? Yes No

If yes, work number and best time to call () _____ AM PM

Submitted an application here before? Yes No If yes, give date(s) and position(s) ____ / ____ / ____

Have you ever been employed here before? Yes No If yes, give dates From ____ / ____ / ____ to ____ / ____ / ____

Are you legally eligible for employment in USA? Yes No Date available for work? ____ / ____ / ____

Type of employment desired: Full-Time Part-Time Will you travel if job requires it? Yes No

Are you able to meet attendance requirements? Yes No Will you work overtime if required? Yes No If no, please explain _____

Have you ever been bonded? Yes No **Police Applicants only:** Are you at least 21 years of age? Yes No

Driver's license number _____ State _____

Veteran Yes No Branch of Service _____

EMPLOYMENT HISTORY

Provide the following information of your past and current employers starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in comments section.

EMPLOYER	TELEPHONE #	DATES EMPLOYED		TYPE OF WORK
		FROM	TO	
				PERFORMED/JOB RESPONSIBILITIES
ADDRESS				() Phone
STARTING JOB TITLE / FINAL JOB TITLE				STARTING SALARY
IMMEDIATE SUPERVISOR AND TITLE				\$ PER
REASON FOR LEAVING				FINAL SALARY
MAY WE CONTACT FOR REFERENCE <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later				\$ PER

EMPLOYER	TELEPHONE #	DATES EMPLOYED		TYPE OF WORK
		FROM	TO	
				PERFORMED/JOB RESPONSIBILITIES
ADDRESS				() Phone
STARTING JOB TITLE / FINAL JOB TITLE				STARTING SALARY
IMMEDIATE SUPERVISOR AND TITLE				\$ PER
REASON FOR LEAVING				FINAL SALARY
MAY WE CONTACT FOR REFERENCE <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later				\$ PER

EMPLOYER	TELEPHONE #	DATES EMPLOYED		TYPE OF WORK
		FROM	TO	
				PERFORMED / JOB RESPONSIBILITIES
ADDRESS				() Phone
STARTING JOB TITLE / FINAL JOB TITLE				STARTING SALARY
IMMEDIATE SUPERVISOR AND TITLE				\$ PER
REASON FOR LEAVING				FINAL SALARY
MAY WE CONTACT FOR REFERENCE <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later				\$ PER

EMPLOYER	TELEPHONE #	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK
		FROM	TO	PERFORMED /JOB RESPONSIBILITIES
ADDRESS ()				
STARTING JOB TITLE / FINAL JOB TITLE				STARTING SALARY
IMMEDIATE SUPERVISOR AND TITLE				\$ PER
REASON FOR LEAVING				FINAL SALARY
MAY WE CONTACT FOR REFERENCE <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later				\$ PER

Comments - (Including explanation of any gaps in employment) _____

Skills and Qualifications - Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

Education Background - High School graduate or GED Yes No (Please no dates)
 A. List college/tech schools attended, starting with the most recent. B. List number of years completed.
 C. Indicate degree or diploma earned, if any. E. Major Field of study F. Minor field of study (if applicable)

A. COLLEGE/TECH SCHOOL	B. NUMBER OF YEARS COMPLETED	C. DEGREE/ DIPLOMA/CERT	E. MAJOR	F. MINOR
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

References - List name, address and phone number of three business / work references who are not related to you or were previous supervisors. If not applicable, list three school or personal references not related to you.

NAME	ADDRESS	PHONE
NAME	ADDRESS	PHONE
NAME	ADDRESS	PHONE

Additional Information - List professional, trade, business or civic associations and any offices held.
(EXCLUDE MEMBERSHIPS THAT WOULD REVEAL RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, CITIZENSHIP, AGE, MENTAL OR PHYSICAL DISABILITIES, VETERAN/RESERVE NATIONAL GUARD OR ANY OTHER SIMILARLY PROTECTED STATUS.)

Organization

Office Held

List special accomplishments, publications, awards, etc. -

(EXCLUDE MEMBERSHIPS THAT WOULD REVEAL RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, CITIZENSHIP, AGE, MENTAL OR PHYSICAL DISABILITIES, VETERAN/RESERVE NATIONAL GUARD OR ANY OTHER SIMILARLY PROTECTED STATUS.)

List any additional information you would like us to consider.

The City of Sutherlin assures fair treatment of applicants and employees in all aspects of personnel administration without regard to political affiliation, race, color, national origin, age, sex, religious affiliation, creed, marital status, disability, veteran status, sexual orientation, or any other protected class under State and/or Federal law and with proper regard for their privacy and constitutional rights as citizens.

Applicant Statement:

I certify that all information I have provided in order to apply for and secure work with the City of Sutherlin is true, complete and correct. I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to cancel further consideration of this application or immediately discharge me from the City of Sutherlin's service, whenever it is discovered.

I expressly authorize, without reservation, the City of Sutherlin, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume' or job interview. I hereby waive any and all rights and claims I may have regarding the City of Sutherlin, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the City of Sutherlin does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice except as may be required by law. This application does not constitute an agreement or contract for employment for any

specified period of definite duration. I understand that no supervisor or representative of the City of Sutherlin is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the City Manager. I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand, and accept all terms of the foregoing Applicant Statement. I further acknowledge that no offer or promise of employment has been made to me at this time.

Signature of Applicant

Date

(Please Note: If not signed by applicant application will be disqualified)

“The City of Sutherlin is a DRUG FREE/TOBACCO FREE workplace”

Administrative Use Only

Reference Check Employer	Person Contacted	Results

Test Results:

Tests Administered	Score	Raw Rating	Analysis and Comments

Interview Results:

Interviewer Name:

Comments:

(Revised June 2015)