



CITY OF SUTHERLIN  
 EMPLOYMENT APPLICATION  
 126 East Central Avenue  
 Sutherlin OR 97479  
 541/459-2856

*The City of Sutherlin is an equal opportunity employer and does not unlawfully discriminate on the basis of race, sex, age, color, religion, natural origin, marital status, veteran status, disability status, or any other basis prohibited by federal, state, or local law.*

**PERSONAL INFORMATION**

Applicant Name:

\_\_\_\_\_

Last	First	Middle
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Current Address:

\_\_\_\_\_  
 \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Social Security No. \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender:

**TRAINING AND EDUCATION**

High School \_\_\_\_\_

City, State \_\_\_\_\_

Did you graduate?

Yes

No

If No, what is the highest grade completed (or GED)?

\_\_\_\_\_

Colleges Attended	Location (City/State)	Major	Type of Degree Obtained or None
Job Related Licenses or Certificates	Date Issued	Expiration Date	Licensing or Certification Agency

**Special skills, qualifications and considerations:**

**(Summarize special skills and qualifications, volunteer activities, community involvement, employment or other activities related to the job you are seeking.)**

## FIRE/EMS EXPERIENCE

Have you ever belonged to a fire or EMS agency?  No  Yes If yes, please fill out the below information.

Department Name  Phone Number  Recruiter/Contact Person

Rank/Title/Certification Level:

DPSST #  EMT #  State  Level  Issue Date:  Exp Date:

Driver's License #  Class  Issued:  Expires:

## MEDICAL CONDITIONS

Do you have any of the following conditions?

Yes  No Heart Problems  Yes  No High Blood Pressure

Yes  No Do you smoke or use tobacco?  Yes  No Respiratory Problems

Yes  No Any other medical conditions not related to any of the areas listed above? If yes, please explain below.

Explanation:

## PERSONAL REFERENCES

List three reliable persons, **other than relatives**, who you know well enough to furnish personal information regarding your character, morals etc.

Contact Name  Phone Number  Occupation  Years Known

Address  City  State  Zip Code

Contact Name  Phone Number  Occupation  Years Known

Address  City  State  Zip Code

## PERSONAL INFORMATION

The following questions reference all crimes including DUI, DWI, BUI, BWI, etc. Inaccurate information here will result in disqualification. If yes, give brief explanation below.

- |  |   |
|--|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever been convicted of a crime?  | <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever pled guilty to a crime?  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have any criminal charges now pending?   | <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever entered a pre-trial intervention program?  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever had adjudication withheld relating to a crime?  | <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever pled no contest of nolo contendere to a crime?   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever been charged with a crime and placed on court ordered probation?  | <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever been a defendant for unlawful employment practice (e.g. sexual or racial harassment)?            |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever been a defendant in a civil action for intentional tort(s) (e.g. assault, battery, intentional infliction of emotional distress)? | <input type="checkbox"/> Yes <input type="checkbox"/> No Have you been ticketed due to a traffic accident, including adjudication withheld, in the last five (5) years? |

Explanation:

## BACKGROUND CHECK

The Sutherlin Police Department will be requested to complete a background check on your application.

## SIGNATURE

**PLEASE NOTE:** Incomplete applications will not be processed; information on resumes will not be accepted in place of a full and complete application. **Applications are accepted by hand or mail only.**

I HEREBY AUTHORIZE that all of the facts and information listed on this employment application are true and complete. I understand that any false, incomplete or misleading information given on this application is sufficient cause for rejection of this application. I also understand and agree that any such false, incomplete or misleading information discovered on this application at any time, if I am to become employed, may result in my dismissal. I release the City of Sutherlin and any current or past employers and other individuals contacted from any liability for release of information regarding my employment and or education.

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Signature

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Date