



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 _____

Street

City

State

Zip

Physical Address _____

Street

City

State

Zip

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

Email Address _____

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 ____ / ____ / ____

After hire can you provide proof of your ability to work lawfully in the United States? 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	DATES EMPLOYED: START DATE TO END (OR CURRENT) DATE		
ADDRESS	CITY	STATE	() PHONE
STARTING JOB TITLE / FINAL JOB TITLE		TYPE OF WORK: JOB RESPONSIBILITIES	
IMMEDIATE SUPERVISOR AND TITLE			
REASON FOR LEAVING			
MAY WE CONTACT FOR REFERENCE <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			

EMPLOYER	DATES EMPLOYED: START DATE TO END (OR CURRENT) DATE		
ADDRESS	CITY	STATE	() PHONE
STARTING JOB TITLE / FINAL JOB TITLE		TYPE OF WORK: JOB RESPONSIBILITIES	
IMMEDIATE SUPERVISOR AND TITLE			
REASON FOR LEAVING			
MAY WE CONTACT FOR REFERENCE <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			

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IMMEDIATE SUPERVISOR AND TITLE			
REASON FOR LEAVING			
MAY WE CONTACT FOR REFERENCE <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			

EMPLOYER _____ DATES EMPLOYED: START DATE TO END (OR CURRENT) DATE _____

ADDRESS _____ CITY _____ STATE _____ PHONE _____ (____) _____

STARTING JOB TITLE / FINAL JOB TITLE _____ TYPE OF WORK: JOB RESPONSIBILITIES _____

IMMEDIATE SUPERVISOR AND TITLE _____

REASON FOR LEAVING _____

MAY WE CONTACT FOR REFERENCE Yes No Later

Comments - (Including explanation of any gaps in employment lasting longer than one month) _____

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, 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 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, for any lawful reason and without prior notice except as may be required by law. This application does not constitute an agreement or contract for employment for any

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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;
- I authorize the City of Sutherlin to verify the employment and education information provided in this employment application.
- I authorize my driving record to be checked if the position for which I am applying requires driving.
- I understand and agree to be subjected to a pre-employment drug screening and criminal history background check, if applicable.

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:
