APPLICATION FOR EMPLOYMENT

CITY OF PILOT ROCK
P.O. Box 130
144 N. Alder Pl.
Pilot Rock, OR 97868
(541) 443-2811 Fax (541) 443-2253

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

	(PLE	ASE PRINT)		
Position(s) Applied For			Date of Application	
		4.4		
How Did You Learn About Us? Advertisement	☐ Relative	☐ Inquiry		
	☐ Friend			
☐ Employment Agency		C) CINCI		
Last Name	First Name		Middle Name	
			The state of the s	
Address Number St	reet	City	State Zip	Code
			Social Security Number (volunts	עיע)
Telephone Number(s)				
				AM
Best time to contact you at ho	me is:		4 4 4 8 8 9 9 8 9 9 9 9 9 9 9 9 9 9 9 9	PM
If you are under 18 years of ag proof of your eligibility to wor	ge, can you provide	required	🗆 Yes	□ No
Have you ever filed an applica				□ No
If Yes, give date			□ Vec	□ No
Have you ever been employed			gerreserve es se bull de bull	
If Yes, give date			/ ^m 1/.	C 14.
Do any of your friends or rela				□ No
Are you currently employed?				□ No
May we contact your present	employer?	, , , , , , , , , , , , , , , , , , , ,	🗆 Yes	□ No
Are you prevented from lawfu	illy becoming empl	oyed in this		
country because of Visa or In	imigration Status		m employment 🗆 Yes	□ No
Date available for work/.	/ What is	your desired salar	ry range?	
Are you available to work:	☐ Full-Time	(please indicat	te 1 2 3 shift)	
	☐ Part-Time	(please indica	te Mornings Afternoon Even	ings)
	□ Temporary	(please indica	te dates available//	_/_/_)
Are you currently on "lay-off	" status and subjec	t to recall?	Ves	□ No
			🗅 Yes	□ No

EDUCATION

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional			ę	
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.	
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Describe any job-related	l training received in the	e United States military	
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APPLICANT'S STATEMENT

I certify that answers given herein are true and complete. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer. Signature of Applicant FOR PERSONNEL DEPARTMENT USE ONLY Arrange Interview Yes No Remarks INTERVIEWER DATE Date of Employment_ Employed □ Yes □ No Hourly Rate/ Salary Department By ____ NAME AND TITLE

This Application for Employment is sold for general use throughout the United States. Amsterdam Printing and Litho assumes no responsibility for the use of said form or any questions which, when asked by the employer of the job applicant, may violate State and/or Lederal Law

ADDITIONAL INFORMATION

Summarize special job-rel	ated skills and qualification	ons acquired from emp	loyme	nt or other experience.
PECIALIZED SKILLS	(CHECK SKILLS/E	QUIPMENT OPERATE	D)	
Terminal	Spreadsheet	Production/Mobile Machinery (list)	(Other (list)
PC/MAC	Word Processing			
Typewriter	Shorthand	*propriories		
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EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

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