

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.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
How Did You Learn About Us?	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend
<input type="checkbox"/> Inquiry	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name
Address	Number	Street
		City
		State
		Zip Code
Telephone Number(s)	Social Security Number (voluntary)	

Best time to contact you at home is: : AM
PM

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No

If Yes, give date _____

Have you ever been employed with us before? Yes No

If Yes, give date _____

Do any of your friends or relatives, other than spouse, work here? Yes No

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status
Proof of citizenship or immigration status will be required upon employment. Yes No

Date available for work ___/___/___ What is your desired salary range? _____

Are you available to work: Full-Time (please indicate 1 2 3 shift)

Part-Time (please indicate Mornings Afternoon Evenings)

Temporary (please indicate dates available ___/___/___ - ___/___/___)

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

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

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

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.

1.	Employer	Dates Employed		Work Performed
	Address	From	To	
	Telephone Number(s)	Hourly Rate/Salary		
	Job Title	Starting	Final	
	Supervisor			
Reason for Leaving				
2.	Employer	Dates Employed		Work Performed
	Address	From	To	
	Telephone Number(s)	Hourly Rate/Salary		
	Job Title	Starting	Final	
	Supervisor			
Reason for Leaving				
3.	Employer	Dates Employed		Work Performed
	Address	From	To	
	Telephone Number(s)	Hourly Rate/Salary		
	Job Title	Starting	Final	
	Supervisor			
Reason for Leaving				
4.	Employer	Dates Employed		Work Performed
	Address	From	To	
	Telephone Number(s)	Hourly Rate/Salary		
	Job Title	Starting	Final	
	Supervisor			
Reason for Leaving				

If you need additional space, use another page on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

ADDITIONAL INFORMATION

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

SPECIALIZED SKILLS (CHECK SKILLS/EQUIPMENT OPERATED)

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	Production/Mobile Machinery (list)	Other (list)
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand	_____	_____
WPM _____	WPM _____	_____	_____
		_____	_____

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. YES NO

REFERENCES

1.	()	Phone #
(Name)		
(Address)		
2.	()	Phone #
(Name)		
(Address)		
3.	()	Phone #
(Name)		
(Address)		

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

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks _____

INTERVIEWER

DATE

Employed Yes No Date of Employment _____

Job Title _____ Hourly Rate/
Salary _____ Department _____

By _____
NAME AND TITLE DATE

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 Federal Law

PRE-EMPLOYMENT
BACKGROUND QUESTIONNAIRE

The Information you provide on this pre-employment background questionnaire will be used to assist in determining your eligibility for employment. Please fill out the questionnaire completely and accurately. Keep In mind that all statements are subject to verification and deliberate inaccuracies or incomplete statements may bar or remove you from further consideration.

It is to your advantage to respond openly. Any negative factor in your background will be evaluated in terms of the circumstances and facts surrounding its occurrence, and its degree of relevance to the job. An evaluation will be made of the relevance of these facts to the requirements of the job.

You need not list an arrest and/or conviction when the record of such an incident has been sealed or expunged in accordance with ORS 137.225 and/or ORS 419.800-840.

Please print in ink or type your responses to this questionnaire. If a question does not apply to you, write N/A (not applicable) in the space provided for your answer.

NAME _____
 Last First Middle (full)

DATE OF BIRTH _____ SOCIAL SECURITY NUMBER _____

DRIVER'S LICENSE NUMBER _____

1. List all the states you have resided in as an adult.

2. Have you ever been convicted of a crime or are you presently under indictment or awaiting trial on a crime? _____ (yes/no) If yes, when, where and a brief explanation.

3. Were you ever terminated from a job? _____ (yes/no) If yes, when, where and a brief explanation.

4. If you were in the military, what type of discharge did you receive? _____ Did you receive any disciplinary actions in the military? _____ (yes/no) Please explain.

PRE-EMPLOYMENT QUESTIONNAIRE
PAGE 2

5. Have you ever resigned from a job to avoid being terminated? _____ (yes/no) Have you ever resigned under pressure or unfavorable circumstances? _____ (yes/no) If yes to either question, when, where and a brief explanation.

6. Have you ever been suspended or disciplined (other than an oral or written reprimand) as a result of employment matters? _____ (yes/no) If yes, when, where and a brief explanation.

7. Has your driver's license ever been suspended or revoked? _____ (yes/no) If yes, when, where and a brief explanation.

8. Are you awaiting trial/disposition on any traffic enforcement matter? _____ (yes/no) If yes, when, where and a brief explanation.

9. Describe your driving record for the past five (5) years (e.g. accidents, citations). Please give details including date(s) and type(s) of infraction(s) or circumstances of the accident(s).

10. Have you ever tried, used or experimented with any illegal or controlled drugs? _____ (yes/no) If yes, specify drug(s) used, the number of times you tried or used the drug(s), the dates you used the drug(s) (including the last time) and whether you have been disciplined or discharged by an employer or the military for use of alcohol or drugs.

The information on this form is true and accurate to the best of my knowledge. I acknowledge that any falsehoods or misrepresentation of facts will be grounds for disqualification from consideration and/or employment.

Signature

Date

APPLICANT AUTHORIZATION FOR REFERENCE CHECKS

I hereby authorize my past employers to release information to _____ *[Insert Employer's Name]* regarding my employment. This release of information covers my employment record in general, including information on the following questions:

1. Dates of employment;
2. Position(s) held;
3. The quality and quantity of my work;
4. My attendance habits (excluding workers' compensation, pregnancy, disability FMLA and other protected absences);
5. My relationship with co-workers, supervisors and managers;
6. My attitude toward work (cooperative? positive? etc.);
7. Reason for leaving and eligibility for rehire (would the employer rehire if they had to do it all over again?);
8. Strong and weak points;
9. Willingness to comply with policies and standards;
10. Whether I have had outbursts of temper, threatened, provoked fights with or assaulted others, engaging in hostile or violent behavior;
11. Other relevant information regarding my performance, skills, ability, suitability for employment sought, etc.

I agree that all former employers who provide such information are indemnified and released from liability arising from such disclosures. I also understand that if I do not sign this Authorization, my application will be rejected.

Print Name

Signature

Date