

**APPLICATION FOR EMPLOYMENT
CITY OF COLUMBIA CITY**

1840 Second Street, PO Box 189

Columbia City, OR 97018

Phone: (503) 397-4010 Fax: (503) 366-2870 E-mail: colcity@columbia-city.org

Website: www.columbia-city.org

POSITION DESIRED _____ DATE _____

NAME _____
Last First Middle

ADDRESS _____
Street City State Zip

MAILING ADDRESS _____
Street City State Zip

HOME PHONE _____ MESSAGE PHONE _____

E-MAIL ADDRESS _____ SOCIAL SECURITY NUMBER _____

Are you a member of the Public Employees' Retirement System (PERS) or the Oregon Public Service Retirement Plan (OPSRP)? If so, PERS or OPSRP Number _____

Date available for employment: _____

Are you employed now? _____ If yes, may we contact your present employer? _____ If yes, give name and phone number: _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? _____

Do you have a valid driver's license? _____ License No./State: _____

Can you perform the essential functions of the job(s) for which you are applying? _____

Have you pled guilty or been convicted of a felony? _____ (Please note that a "yes" answer will not automatically bar you from consideration for employment.) If yes, please explain: _____

The City of Columbia City is an equal employment opportunity employer. All applicants will be considered without regard to age, color, national origin, religion, sex or other protected status in accordance with applicable federal and state equal employment opportunity laws.

EDUCATION TRAINING RECORD

	ELEMENTARY	HIGH	COLLEGE	GRADUATE
SCHOOL NAME AND LOCATION				
YEARS COMPLETED	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
COURSE OF STUDY				

SPECIAL SKILLS, QUALIFICATIONS AND CONSIDERATIONS

Summarize special skills and qualifications, volunteer activities, military experience, employment or other activities related to the job you are seeking:

LIST LICENSES OR CERTIFICATES REQUIRED BY THE ANNOUNCEMENT

Title of License or Certificate	Number	Issuing Agency	Date issued/date expired

REFERENCES (Work Related)

1. _____
Name Address Phone Occupation

2. _____
Name Address Phone Occupation

3. _____
Name Address Phone Occupation

REFERENCES (Personal)

1. _____
Name Address Phone Occupation

2. _____
Name Address Phone Occupation

3. _____
Name Address Phone Occupation

EMPLOYMENT EXPERIENCE

Start with your present or last job. List your last five jobs in order. Do not omit any job.
(Attach additional pages if necessary)

Name of present or last employer _____

Type of business _____

Address _____ Phone _____

Employed from _____ to _____ (month/year) Salary _____

Reason for leaving _____

Job title _____ Name of supervisor _____

Job duties _____

What did you like most about your job? _____

What did you like least about your job? _____

Name of next previous employer _____

Type of business _____

Address _____ Phone _____

Employed from _____ to _____ (month/year) Salary _____

Reason for leaving _____

Job title _____ Name of supervisor _____

Job duties _____

What did you like most about your job? _____

What did you like least about your job? _____

=====

Name of next previous employer _____

Type of business _____

Address _____ Phone _____

Employed from _____ to _____ (month/year) Salary _____

Reason for leaving _____

Job title _____ Name of supervisor _____

Job duties _____

What did you like most about your job? _____

What did you like least about your job? _____

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Type of business _____

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Job duties _____

What did you like most about your job? _____

What did you like least about your job? _____

=====

Name of next previous employer _____

Type of business _____

Address _____ Phone _____

Employed from _____ to _____ (month/year) Salary _____

Reason for leaving _____

Job title _____ Name of supervisor _____

Job duties _____

What did you like most about your job? _____

What did you like least about your job? _____

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY THOSE APPLICATIONS THAT ARE SIGNED AND DATED ARE CONSIDERED VALID. IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK THEM BEFORE SIGNING.

I certify that all answers and statements I have made on this application (and resume or other supplementary materials) are true and complete without omissions. I understand that any false information will be grounds for refusal to hire or for immediate discharge if I am employed. I authorize any of the persons or organizations named in this application to give you complete information and records regarding my employment, education, character and qualifications.

YES NO

I will be responsible for familiarizing myself with all rules and regulations of the City of Columbia City as they presently exist or are later modified. I recognize that my employment can be terminated, at the discretion of the City of Columbia City or at my option, without notice, at any time, except as specifically set forth in writing in the City of Columbia City Personnel Policies and Procedures Manual.

YES NO

I also understand that no representative of the City of Columbia City has any authority to enter into any employment agreement for any specified period of time, or to assure me of any future position, benefits, or terms and conditions of employment, except as specifically stated in the City of Columbia City Personnel Policies and Procedures Manual.

YES NO

I have read, understand and agree with the above.

By: _____
Signature of Applicant

Date: _____

