

CITY OF SCAPPOOSE

33568 E Columbia Avenue
SCAPPOOSE, OREGON 97056
(503)543-7146

EMPLOYMENT APPLICATION

(Print or use typewriter) If additional space is needed use bottom half of page 3

1. Position applying for _____ Date _____

2. Name _____ Social Security Number _____
Last First Middle

3. Mailing Address _____ Telephone Number _____

4. Driver's License Number _____

5. Have you ever been convicted of a crime? () Yes () No. If YES, explain below in "remarks". (Exclude those cases processed in juvenile court and minor traffic violations. Conviction does not necessarily disqualify you from employment.

Remarks:

6. Education Record – If now in school, include present term.

Name and location of High School _____ Date Left _____ Graduated: Yes () No ()

If not a High School graduate, do you have a certificate of equivalency (GED)? Yes () No ()
If yes, give data

Schools attended after High School, Or special training received. # of Credits Received _____ Certificates, Degrees, etc
Field of _____ Sem-Qtr. Clock

Name & Location From To Full Part Study or titles of Hrs. Hrs. Hrs. earned
Mo. Yr. Mo. Yr time time

MAJOR
MINOR

MAJOR
MINOR

MAJOR
MINOR

7. List any special training, licenses, certificates, machine skills, office equipment, languages, or other special skills you may have that are pertinent to the position to which you are applying, including computer, typing and shorthand.

8. REFERENCES – List the names of three persons other than a former employers and relatives having knowledge of your character, experience, or ability.

NAME	ADDRESS	BUSINESS	TELEPHONE
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a. _____

b. _____

c. _____

9. EMPLOYMENT HISTORY – Beginning with your present or most recent job, describe your work experience during the past TEN years. In addition, list any other prior experience related to the duties of the position for which you are applying, **Also include all non-paid or volunteer work if relevant.**

FILL IN THE FOLLOWING IN DETAIL

Employing Firm _____	Address _____	From _____	
		Month	Year
Your Job Title _____	Supervisor's name _____	To _____	
	Title _____	Month	Year
Specific duties _____		Total Time: Yrs _____ Mo. _____	
_____		Full Time: _____	
_____		Part Time: _____	
_____			Hrs per week
Reason for leaving _____		Start salary \$ _____	
If you still work here , may we contact this employer: Yes () No ()		Last salary \$ _____	
		No salary ()	

Employing Firm _____	Address _____	From _____	
		Month	Year
Your Job Title _____	Supervisor's name _____	To _____	
	Title _____	Month	Year
Specific duties _____		Total Time: Yrs _____ Mo. _____	
_____		Full Time: _____	
_____		Part Time: _____	
_____			Hrs per week
Reason for leaving _____		Start salary \$ _____	
If you still work here , may we contact this employer: Yes () No ()		Last salary \$ _____	
		No salary ()	

Employing Firm _____	Address _____	From _____	
		Month	Year
Your Job Title _____	Supervisor's name _____	To _____	
	Title _____	Month	Year
Specific duties _____		Total Time: Yrs _____ Mo. _____	
_____		Full Time: _____	
_____		Part Time: _____	
_____			Hrs per week
Reason for leaving _____		Start salary \$ _____	
If you still work here , may we contact this employer: Yes () No ()		Last salary \$ _____	
		No salary ()	

(Feel free to attach a resume or other information to supplement information listed above.)

10. HEALTH – To insure that you are not placed in a position which might be a hazard to you or others, a physical examination prior to appointment to a position may be required. Final appointment for the specific position will be contingent upon the physical examination.

“We are an Equal Opportunity / Affirmative Action Employer. We are dedicated to a policy of non-discrimination in employment on the basis of race, color, religion, sex, national origin, age, mental or physical disability.”

I hereby certify that this application contains no misrepresentations or falsifications and that the information given is true and complete to the best of my knowledge and belief. I understand that misrepresentation or omission of facts called for in this application is cause for cancellation of the application and /or dismissal from employment. I authorize this employer, _____, to make any necessary and appropriate investigations to verify the information contained herein.

Date _____ Signature of Applicant _____

Use this space for additional details or clarifications:

APPLICANT AUTHORIZATION FOR REFERENCE CHECKS

I hereby authorize my past employers to release information to the City of Scappoose regarding my employment. This release 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 to 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 full name

Signature

Date

AUTHORIZATION TO RELEASE INFORMATION
(Personal Inquiry Waiver)
MUST BE NOTARIZED

TO WHOM IT MAY CONCERN

I respectfully request and authorize you to furnish the City of Scappoose with any and all information that you may have concerning me, my employment (work), and educational records, my reputation, any and all criminal records, including juvenile records (that have not been expunged) and photo copies of the same if possible, and my financial and credit status. Your cooperation in this reply will be used to assist the City in determining my qualifications and fitness for the position I am seeking with the City of Scappoose.

I hereby release you, your organization, and others from any liability or damage which may result from furnishing the information requested.

THIS FORM MUST BE NOTARIZED
PLEASE SIGN IN FRONT OF NOTARY

Applicant's Signature

(Please print your full name)

Date

I hereby authorize the release of my Military Service Records to the City of Scappoose, Oregon.

Dated: _____ Signature: _____

Selective Service Number: _____

State of Oregon, County of _____

This instrument was acknowledged before me on the _____ day of _____, 20_____

by _____
(Name of person)

Notary Public

Commission Expires

Note: A photocopy reproduction of this request shall be for all intends and purposes as valid as the original. You may retain this form for your files. Application will not be complete unless notarized.

THIS FORM MUST BE NOTARIZED