

EMPLOYMENT APPLICATION

City of Mill City

444 S. 1st Ave. Mill City, OR. 97360
Phone: 503.897.2302 Fax: 503.897.3499

Position Applied For:

Closing Date:

PLEASE PRINT OR TYPE

PERSONAL INFORMATION

Last Name	First Name	Home Phone	Message Phone
Middle In.			
Address			Business Phone
Apt. #	PO Box		
City		State	Zip

Are you eligible for employment in the USA? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you over the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No	Drivers license number State
---	---	---------------------------------

Any additional information relative to change of name, use of an assumed name or nickname necessary to enable a check on your work and education record? Yes No If yes please explain.

ADDITIONAL INFORMATION

Please indicate which of the following types of work you are willing to accept.

<input type="checkbox"/>	Permanent full time (with benefits)
<input type="checkbox"/>	Permanent part time (less than 40 hours per week with limited benefits)
<input type="checkbox"/>	Temporary full time (work for a limited time, no benefits)
<input type="checkbox"/>	Temporary part time (less than 40 hours per week for a limited time, no benefits)
<input type="checkbox"/>	Evening work
<input type="checkbox"/>	Weekend work
<input type="checkbox"/>	Job sharing (jobs shared by 2 or more employees under work schedules approved by the employer)
<input type="checkbox"/>	Have you been a participant in PERS Yes_____ No_____ What Tier? _____

WORK EXPERIENCE

Completion of this section is required even if you attach a resume. List your work experience, most recent first, and working backwards, include the last 10 years. Attach additional copies of this sheet if necessary.

Employer	Immediate Supervisor and Title	May we contact for reference? <input type="checkbox"/> yes <input type="checkbox"/> no
Address		Phone ()
Job Title People Supervised	No. From: Mo. ____ Yr. ____ Full Time / Part Time To: Mo. ____ Yr. ____ If part time, number hours/wk ____	Starting Pay Ending Pay
Description of job duties:		
Reason for leaving:		
Employer	Immediate Supervisor and Title	May we contact for reference? <input type="checkbox"/> yes <input type="checkbox"/> no
Address		Phone ()
Job Title People Supervised	No. From: Mo. ____ Yr. ____ Full Time / Part Time To: Mo. ____ Yr. ____ If part time, number hours/wk ____	Starting Pay Ending Pay
Description of job duties:		
Reason for leaving:		
Employer	Immediate Supervisor and Title	May we contact for reference? <input type="checkbox"/> yes <input type="checkbox"/> no
Address		Phone ()
Job Title People Supervised	No. From: Mo. ____ Yr. ____ Full Time / Part Time	Starting Pay

		To: Mo. _____ Yr. _____ If part time, number hours/wk _____	Ending Pay
Description of job duties:			
Reason for leaving:			
Employer	Immediate Supervisor and Title		May we contact for reference? <input type="checkbox"/> yes <input type="checkbox"/> no
Address		Phone ()	
Job Title	No.	From: Mo. _____ Yr. _____ Full Time / Part Time	Starting Pay
People Supervised		To: Mo. _____ Yr. _____ If part time, number hours/wk _____	Ending Pay
Description of job duties:			
Reason for leaving:			
Have you ever been discharged or requested to resign from any position for misconduct or unsatisfactory service? If yes, explain here.			

REFERENCES

Please list 3 people who will have knowledge of your experience relating to this position or of your work ethic.

Name	Address	Phone No. ()
Known How Long Years Months	Personal or Business (circle one)	
Name	Address	Phone No. ()
Known How Long Years Months	Personal or Business (circle one)	
Name	Address	Phone No. ()

Known How Long Years Months	Personal or Business (circle one)
---	---

EDUCATION

Please include any training relative to the position you are applying for:

Highest year completed: 1 2 3 4 5 6 7 8 9 10 11 12 Did you graduate? Yes No If no, received GED? Yes No
 High School attended (include location): _____ Location of GED: _____
 List any other education or training related to the position below.

Colleges, Vocational or Technical Schools, Training Centers	Course of Study	Number of years completed	Type of degree or certificate received

PERTINENT SPECIAL SKILLS

Please list experience with machines, office equipment, languages, or other special skills pertinent to the position for which you are applying.

RECRUITMENT SOURCE

How did you become aware of this employment opportunity?

Newspaper. Which newspaper? _____

City Employment Announcement

City Employee

City Website

Other Explain: _____

CERTIFICATE OF APPLICANT ACKNOWLEDGMENT

Read Carefully Before Signing

I understand this application does not represent a contract for employment. I understand that an acceptance of an offer of employment does not create a contractual obligation upon the City of Mill City to continue to employ me for any period of time in the future. I understand that no representative from the City has any authority to enter into any special agreement with me to promise and/or guarantee my employment for any specific time period or to promise me a

promotion, transfer, etc., either prior to commencement of employment or after I have become employed, or to assure me of any benefits or terms and conditions of employment, or to make any agreement contrary to the aforementioned.

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, City of Mill City, to make any necessary and appropriate investigations to verify the information contained herein, and I authorize and release from liability all previous and present employers, government agencies, educational institutions, and references to provide/release information as necessary to verify any qualifications for employment.

I have read and understand all of the provisions of this acknowledgment. By signing this application I hold the City of Mill City harmless for any result of the reference check.

Date: _____ Print Name: _____

Signature*** _____

***Applications without signatures will not be considered.

EQUAL OPPORTUNITY EMPLOYER

The City of Mill City is an Equal Employment Opportunity Employer. All qualified persons will be considered for employment without regard to race, color, religion, sex, sexual orientation, national origin, age, marital status, mental, or physical disability. Applicants who feel their civil rights have been violated at any time during the course of their consideration for employment with the City of Mill City should contact the City Recorder immediately. Applicants who consider themselves disabled under the federal or state law and desire assistance should contact the City Recorder.

We hope that the information provided has been helpful in understanding our application process. We are available to answer any questions you may have. Please stop by or call our office at 503.897.2302, Monday through Friday, 9:00 a.m. to 4:00 p.m. We welcome your interest in employment opportunities with the City of Mill City.

EQUAL OPPORTUNITY EMPLOYMENT INFORMATION

The City of Mill City maintains statistical information on job applicants, in accordance with Federal guidelines for Equal Employment Opportunity. To assist us, you are asked to voluntarily provide the information requested below. This section will be detached from the employment application and will not be used in any way in the employment process.

Ethnic back ground:

- | | |
|---|---|
| <input type="checkbox"/> White (not of Hispanic origin) | All persons having origins in any of the peoples of Europe, North Africa or Middle East. |
| <input type="checkbox"/> Black (not of Hispanic origin) | All persons having origins in any of the racial groups of Africa. |
| <input type="checkbox"/> Hispanic | All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish Culture or origin regardless of race. |
| <input type="checkbox"/> Asian/ Pacific Islander | All persons having origins in any of the original people of the Far East, |

Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, The Philippine Islands, Samoa and India.

American Indian/Alaskan Native All persons having origins in any of the original people of North America who maintain cultural identification through tribal affiliation or community recognition as American Indian or Alaskan Native.

SEX:

Male Female

AGE:

DATE OF BIRTH:

____/____/____

HANDICAPPED: Yes No (if yes please explain)