

City of Detroit, Oregon

<http://detroitoregon.us>

345 Santiam Ave. – PO Box 589 – Detroit, OR 97342

Phone: 503-854-3496 ~ email: MConnor@DetroitOR.gov

APPLICATION FOR EMPLOYMENT

GENERAL

NAME: _____

ADDRESS: _____

TELEPHONE: (____) _____

DATE AVAILABLE FOR EMPLOYMENT: _____

Are you employed now? YES NO

May we contact your present employer? YES NO

If YES, give name: _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? YES NO

Type of position you are seeking: _____

Wages desired: _____

Do you have a valid driver's license? YES NO

License No./State: _____

Can you perform the essential functions of the job(s) for which you are applying? YES NO

Have you pled guilty or been convicted of a felony? YES NO

(Please note that a "YES" answer will not automatically bar you from consideration for employment.)

If YES, please explain: _____

This employer 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

| | ELEMENTARY | HIGH | COLLEGE | GRADUATE |
|-----------------|------------|------------|---------|----------|
| SCHOOL NAME | | | | |
| 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: _____

REFERENCES

List here (3) non-relatives who are familiar with your qualifications and actual work history and ability.

| | <u>Name</u> | <u>Occupation/Relationship</u> | <u>Years Known</u> | <u>Telephone</u> |
|----|-------------|--------------------------------|--------------------|------------------|
| 1. | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ |

EMPLOYMENT EXPERIENCE

Start with your present or last job. List your last three (3) jobs in order. Do not omit any job.

Employer: _____ Employed from _____ to _____ (month/year)

Address: _____ Telephone No.: (____) _____

What did you like most about your job? _____

What did you like least about your job? _____

Reason for leaving: _____

Employer: _____ Employed from _____ to _____ (month/year)

Address: _____ Telephone No.: (____) _____

What did you like most about your job? _____

What did you like least about your job? _____

Reason for leaving: _____

Employer: _____ Employed from _____ to _____ (month/year)

Address: _____ Telephone No.: (____) _____

What did you like most about your job? _____

What did you like least about your job? _____

Reason for leaving: _____

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 Employer as they presently exist or are later modified. *I recognize that my employment can be terminated, at the discretion of the City of Detroit, or at my option, without out notice, at any time, except as specifically set forth in writing in a current individual employment agreement.*

YES NO

I also understand that no representative of the City of Detroit 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 a current individual written agreement.

YES NO

I have read, understand and agree with the above.

By: _____
Signature of Applicant

_____ Date

This application is valid for only ninety (90) days from the date I signed. If I want to be considered for job openings more than ninety (90) days from date signed, I will submit a new application.