

# City of Mt. Angel

5 N. Garfield Street / P.O. Box 960, Mt. Angel, OR 97362; TELEPHONE: (503) 845-9291 FAX: (503) 845-4000

## EMPLOYMENT APPLICATION EQUAL OPPORTUNITY EMPLOYER

*DIRECTIONS: Please print clearly or type. Answer all questions. If the question does not apply to you or the position you are applying for, mark it "N/A". If additional space is needed, please attach a separate sheet.*

Position applying for: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Last

First

Middle

Is any additional information relative to change of name, assumed name or nickname necessary to enable a check on your work or education history? Yes \_\_\_\_\_ No \_\_\_\_\_

Explain \_\_\_\_\_

Address: \_\_\_\_\_

Street / P.O. Box

City

State

Zip Code

Telephone number: \_\_\_\_\_ Alternate telephone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Are you eligible to work in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

*If you are hired, proof of your eligibility will be required.*

Employees of the City of Mt. Angel must be at least 18\* years of age. Are you able to meet this requirement?

Yes \_\_\_\_\_ No \_\_\_\_\_

\*Police Officer positions require a minimum age of 21 years. Can you meet this requirement?

Yes \_\_\_\_\_ No \_\_\_\_\_

List any relative currently employed by the City of Mt. Angel. \_\_\_\_\_

If the job for which you are applying requires a valid Oregon Driver's License, can you meet this requirement?

Yes \_\_\_\_\_ No \_\_\_\_\_ License No. \_\_\_\_\_

**EDUCATION RECORD:** If now in school, include present term.

1 2 3 4 5 6 7 8 9 10 11 12 (Circle highest grade completed.)

NAME OF SCHOOL

CITY AND STATE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List other schooling including college, technical school, correspondence courses, and other relevant experience.

SCHOOL

MAJOR SUBJECT

UNITS COMPLETED

DEGREE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT HISTORY:** Beginning with your present or most recent job, describe your work experience related to the position for which you are applying. INCLUDE ALL MILITARY, NON-PAID OR VOLUNTEER WORK RELATED TO THE POSITION. If additional space is needed, attach a separate sheet of paper.

Present or Last Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Your Job Title: \_\_\_\_\_ Hours per Week: \_\_\_\_\_ Ending Wage \_\_\_\_\_  
Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_  
Specific Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
May we contact Your Present Employer? Yes \_\_\_\_\_ No \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Your Job Title: \_\_\_\_\_ Hours per Week: \_\_\_\_\_ Ending Wage \_\_\_\_\_  
Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_  
Specific Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
May we contact this Employer? Yes \_\_\_\_\_ No \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Your Job Title: \_\_\_\_\_ Hours per Week: \_\_\_\_\_ Ending Wage \_\_\_\_\_  
Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_  
Specific Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
May we contact this Employer? Yes \_\_\_\_\_ No \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Your Job Title: \_\_\_\_\_ Hours per Week: \_\_\_\_\_ Ending Wage \_\_\_\_\_  
Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_  
Specific Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
May we contact this Employer? Yes \_\_\_\_\_ No \_\_\_\_\_

List any special training, licenses, certificates, machine skills, office equipment, or other special skills you may have that are pertinent to the position for which you are applying.

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Have you ever been convicted of a crime? Yes\_\_\_\_\_ No\_\_\_\_\_. If so, please explain fully (*exclude those cases contained within an expunged juvenile record and minor traffic violations.*) Conviction does not necessarily disqualify you from further consideration or employment.

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*I authorize investigation of all statements contained in this application, and I release the City, its officers, directors, employees and agents, from any liability, claim or damage arising from that investigation. I understand that any misrepresentation or omission of fact in this application or during the application process will result in termination of my employment.*

*If I am hired, I agree to conform to all rules and regulations of the City. I understand that any offer of employment will not be enforceable unless it is in writing.*

*I understand that, as part of the City's employment procedures, any offer of employment I might receive from the City may be made contingent upon, among other things, satisfactory completion of a post-offer medical examination and a determination by the City that I am capable of performing the essential functions of the position that has been offered, with or without reasonable accommodation.*

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PLEASE MAIL COMPLETED ORIGINAL APPLICATION TO:**

**City of Mt. Angel  
P.O. Box 960  
Mt. Angel, OR 97362**

**BY THE CLOSURE OF DEADLINE DATE STATED IN POSITION PUBLICATION**

**APPLICANT:** The following information is requested purely for statistical purposes. Responding to these questions is voluntary. Whether or not you choose to respond to the questions **will not** affect the status of your application.

**Gender:** \_\_\_\_\_ Male \_\_\_\_\_ Female

**Race/Ethnic Group:** \_\_\_\_\_ White / Caucasian \_\_\_\_\_ Black / African American \_\_\_\_\_ Hispanic  
\_\_\_\_\_ Asian/Pacific Islander \_\_\_\_\_ American Indian/Alaskan Native