

# City of Mt. Angel

5 N. Garfield Street / P.O. Box 960, Mt. Angel, OR 97362; TELEPHONE: (503) 845-9291 FAX: (503) 845-6261

## EMPLOYMENT APPLICATION EQUAL OPPORTUNITY EMPLOYER

*DIRECTIONS: Please print or use a typewriter. 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: \_\_\_\_\_

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 \_\_\_\_\_

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 \_\_\_\_\_

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 \_\_\_\_\_

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 \_\_\_\_\_

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:**

**Mt. Angel City Hall  
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

**Check if any of the following are applicable:**  
\_\_\_\_\_ Vietnam Era Veteran \_\_\_\_\_ Disable Veteran \_\_\_\_\_ Handicapped Individual