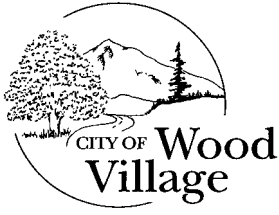


EMPLOYMENT APPLICATION



2055 NE 238th Drive · Wood Village OR 97060-1095 · (503) 667-6211 · (503) 669-8723

POSITION APPLIED FOR: _____

DATE AVAILABLE: _____ SALARY DESIRED: _____

SOCIAL SECURITY NUMBER: _____

Name: _____ Phone: _____
Last First Middle

Address: _____
Street City State Zip

Have you ever been a member of the Public Employees' Retirement System (PERS)? _____

If not a high school graduate, do you have a certificate of equivalency (GED)? _____

EDUCATION	NAME AND LOCATION OF SCHOOL	GRADUATED YES/NO TYPE OF DEGREE EARNED	MAJOR SUBJECTS
HIGH SCHOOL			
COLLEGE			
TRADE/BUSINESS SCHOOL			

List any special training, licenses, certificates, machine skills, office equipment, languages, or other special skills you may have that are pertinent to the position for which you are applying (including driver's license number).

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 for employment. REMARKS: _____

REFERENCES: List the names of two persons, other than former employers and relatives, having knowledge of your character, experience or ability.

1. _____
Name Address Phone
2. _____
Name Address Phone

EMPLOYMENT HISTORY: Beginning with your present or most recent job, describe your work experience.

MONTH AND YEAR	NAME, ADDRESS & PHONE OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM:				
TO:				

SPECIFIC DUTIES: _____

MAY WE CONTACT YOUR CURRENT EMPLOYER? ☐ YES ☐ NO

MONTH AND YEAR	NAME, ADDRESS & PHONE OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM:				
TO:				

SPECIFIC DUTIES: _____

EMPLOYMENT APPLICATION

MONTH AND YEAR	NAME, ADDRESS & PHONE OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM:				
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SPECIFIC DUTIES: _____

MONTH AND YEAR	NAME, ADDRESS & PHONE OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM:				
TO:				

SPECIFIC DUTIES: _____

HEALTH: To insure that you are not placed in a position which might be a hazard to you or to others, a physical examination prior to appointment to a position may be required. All positions require a pre-employment drug screening. Final appointment will be contingent upon the drug screening results and the physical examination.

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 misrepresentations or omission of facts called for in this application is cause for cancellation of the application and/or dismissal from employment. I authorize the City of Wood Village to make any necessary and appropriate investigations to verify the information contained herein.

DATE

APPLICANT'S SIGNATURE

**CITY OF WOOD VILLAGE
SUPPLEMENTAL EMPLOYMENT APPLICATION**

The City of Wood Village is an Equal Opportunity/Affirmative Action Employer. Qualified applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap.

Please complete this form - for statistical purposes - and submit it with your application.

This sheet will be kept in a CONFIDENTIAL FILE separate from the Application for Employment.

Date: _____

Position Applied For: _____

Referral Source: ☐ Newspaper Ad;
name of paper _____

☐ Local Govt.
Employee or
Official

☐ Bulletin Board;
specify location _____

☐ Employment Agency

☐ Other _____

Name: _____ Phone: _____
Last First Middle

Address: _____
Street City State Zip

AFFIRMATIVE ACTION SURVEY

Birth Date: _____

Sex: ☐ Male ☐ Female

Race/Ethnic Group: ☐ White ☐ Black ☐ Hispanic ☐ American Indian/
Alaskan Native ☐ Asian/Pacific
Islander

☐ Vietnam Era Veteran

☐ Disabled Veteran

☐ Handicapped Individual

☐ US Military or Naval Service _____ Rank: _____

☐ Present Membership in National Guard or Reserves

Do you consider yourself mentally or physically disabled under the Vocational Rehabilitation Act of 1973?

☐ Yes ☐ No

If yes, please explain: _____
