



# APPLICATION FOR EMPLOYMENT

## CITY OF ESTACADA

PO Box 958 – 475 SE Main Street  
Estacada, OR 97023  
503.630.8270



We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

POSITION APPLIED FOR:

DEPARTMENT:

DATE OF APPLICATION:

PLEASE PRINT

Name: Last Name	First Name	Middle Name	Home Phone:
Address:			Work/Message Phone: Best time to Call:
City, State, Zip:			E-Mail Address:

Have you ever been employed with us before?  Yes  No

If YES, give date and department: \_\_\_\_\_

Do you have any relatives employed with the City of Estacada?  Yes  No

If YES, indicate (name, relationship, department): \_\_\_\_\_

Do you have responsibilities that would prevent you from traveling, working unusual hours or overtime if required by the job?  Yes  No

Days or hours unwilling/unable to work \_\_\_\_\_

Are you currently on "lay-off" status and subject to recall?  Yes  No

After hire can you provide Proof of Citizenship or Immigration Status?  Yes  No

Are you currently working?  Yes  No

May we contact your current employer?  Yes  No

Are you or have you ever been a member of PERS (Public Employees Retirement System)?  Yes  No

If YES, please give dates: \_\_\_\_\_

Are you available to work:  Full Time  Part Time  Temporary

Date Available to start work: \_\_\_\_/\_\_\_\_/\_\_\_\_ What is your desired salary range? \_\_\_\_\_

Have you served on active duty in the military services of the U.S. within the last 8 years?  Yes  No

If yes, Branch: \_\_\_\_\_ Active Duty Dates: \_\_\_\_\_

Certain veterans are eligible for Veteran's preference. Do you qualify for this preference?  Yes  No

Have you ever obtained employment in this state through the use of veteran's preference?  Yes  No

Do you claim Veteran's preference for this examination?  Yes  No

Have you been convicted of a misdemeanor or felony within the past seven years?  Yes  No

If yes, Date: \_\_\_\_\_ Details: \_\_\_\_\_

(Conviction will not necessarily disqualify an applicant from employment.)

Do you possess bi-lingual skills? Language \_\_\_\_\_  Read  Write  Speak

Language \_\_\_\_\_  Read  Write  Speak

Language \_\_\_\_\_  Read  Write  Speak

Do you have a valid Driver's License:  Yes  No

Drivers License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expires: \_\_\_\_\_

CDL Number: \_\_\_\_\_ Class: \_\_\_\_\_ State: \_\_\_\_\_ Expires: \_\_\_\_\_

**EDUCATION AND TRAINING**

Are you currently enrolled in school?  Yes  No  
 Indicate current grade level:  9  10  11  12  COLLEGE  
 If YES, where? \_\_\_\_\_

High School Graduate or GED test passed?  Yes  No  
 If NO, indicate highest grade completed:  6  7  8  9  10  11  12

College or Vocational School and Location	Dates From/To	Major Studied	Degree Earned

Professional Licenses, Certifications	State Issued	License Number	Date Issued/Exp.

**SKILLS**

- Typing (Speed \_\_\_\_\_)
- Dictation (Speed \_\_\_\_\_)
- Dictaphone
- Computer Skills
- Calculator by touch
- Data Entry
- Multi-Line phone
- First Aid/CPR
- Cashiering
- Bookkeeping/Math
- Other \_\_\_\_\_

**Special Consideration:** If you are selected to participate in an examination or interview and need any special accommodation in order to complete or participate in the process because of an impairment or disability, please notify a member of the Personnel Department staff.

Will you need accommodation due to disability in the application, testing or interview process?  Yes  No  
 Please provide a brief description of the accommodation requested:

Please complete the following if you requested an accommodation for the application, testing or interview process:

Title of position for which you are applying \_\_\_\_\_ Name: \_\_\_\_\_

**EMPLOYMENT HISTORY**

Start with your present or last job. Include any job related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disability or other protected status.

**Note: Please provide explanation for unemployment gaps of more than six months**

Employer		Dates Employed	
Address		Starting Wage:	
City		Ending Wage:	Hours per wk.
Position Title	Supervisor	Phone number	
Reason for leaving			
Summarize major work duties: (DO NOT write "see resume")			

Employer		Dates Employed	
Address		Starting Wage:	
City		Ending Wage:	Hours per wk.
Position Title	Supervisor	Phone number	
Reason for leaving			
Summarize major work duties: (DO NOT write "see resume")			

Employer		Dates Employed	
Address		Starting Wage:	
City		Ending Wage:	Hours per wk.
Position Title	Supervisor	Phone number	
Reason for leaving			
Summarize major work duties: (DO NOT write "see resume")			

**EMPLOYMENT HISTORY – (continued)**

Employer		Dates Employed	
Address		Starting Wage:	
City		Ending Wage:	Hours per wk.
Position Title	Supervisor	Phone number	
Reason for leaving			
Summarize major work duties: (DO NOT write "see resume")			

Employer		Dates Employed	
Address		Starting Wage:	
City		Ending Wage:	Hours per wk.
Position Title	Supervisor	Phone number	
Reason for leaving			
Summarize major work duties: (DO NOT write "see resume")			

**PERSONAL REFERENCES**

Give the names of at least 3 of the following: past employers, teachers or any individual who may supply a reference. No relatives please.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

I certify that the answers given herein are true and complete.

This application for employment shall only be considered for the department and position named on page 1 of this document. I understand that an additional application packet must be completed for each position applied for.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge an Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or conduct unless such change is specifically acknowledged in writing by an authorized party of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## APPLICANT AUTHORIZATION FOR RELEASE OF INFORMATION

As an applicant for a position with City of Estacada, I hereby authorize any employers or supervisors, educational institutions, personal references and/or other persons to release information about my work and education history for use in determining my qualifications for this position. I understand, agree, and authorize that a copy or facsimile of this form to be as valid as the original.

**You may release or verify the following items:**

1. Dates of employment;
2. Positions held when started and left;
3. Performance level, duties, responsibilities, strong and weak points;
4. My attendance habits (excluding workers' compensation, pregnancy and other protected absences);
5. My relationship with co-workers and supervisors;
6. My attitude toward work (cooperative? positive? etc.);
7. Reason for leaving;
8. Eligibility for rehire;
9. Whether I have had outbursts of temper, threatened, provoked fights with or assaulted others, engaged in hostile or violent behavior, have a criminal record or any traits that would present security or safety issues for others.
10. Any other relevant information regarding my performance, skills, ability, suitability for employment sought, etc.

**Educational Institutions:**

1. Years of Attendance;
2. Degree(s) Attained;
3. Grade Point Average; and
4. Transcript.

I understand my right to request access to any public records relating to me pursuant to Title 5 of the United States Code, Section 552 et seq., the Privacy Act of 1974, the Freedom of Information Act, and Revised Code of Washington (RCW) 42.17 et seq., and specifically waive those rights understanding that the information furnished will be used by City of Estacada and/or its agencies or departments in conjunction with employment procedures. I will make no attempt to gain access to the information provided by you to City of Estacada and/or its agencies or departments in conjunction with this employment process and hereby expressly waive any rights I may have to request the disclosure or information provided by you to City of Estacada and/or its agencies or departments in conjunction with employment procedures.

All former employers who provide such information are indemnified and released from liability arising from such disclosures.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
Position Applied for

\_\_\_\_\_  
Date