

CITY OF AUMSVILLE APPLICATION FOR EMPLOYMENT

DATE _____

PERSONAL INFORMATION

Name

LAST

FIRST

MIDDLE

PRESENT ADDRESS

STREET

CITY

STATE

ZIP

MAILING ADDRESS

STREET

CITY

STATE

ZIP

ARE YOU 18 YEARS OR OLDER? Yes No

PHONE NO.

EMAIL:

IN CASE OF EMERGENCY NOTIFY:

NAME

ADDRESS

PHONE NO.

DO YOU HOLD A VALID DRIVERS LICENSE? Yes No NUMBER: _____ STATE OF ISSUE: _____

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? YES NO

EMPLOYMENT DESIRED

POSITION

DATE YOU
CAN START

WHO REFERRED YOU
TO THIS COMPANY

NO REFERRAL

ADVERTISEMENT

AGENCY REFERRAL

OTHER
SOURCE

EMPLOYEE REFERRAL

WALKED IN

FRIEND

EDUCATION

SCHOOL LEVEL

NAME AND LOCATION OF SCHOOL

NO. OF YEARS
ATTENDED?

DID YOU
GRADUATE?

SUBJECTS STUDIED

HIGH SCHOOL

COLLEGE

TRADE BUSINESS OR

CORRESPONDENCE SCHOOL

GENERAL

APPLICANTS ARE ENCOURAGED TO SUBMIT A RESUME

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

SPECIAL TRAINING

SPECIAL SKILLS

EMPLOYERS [LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST]

NAME OF PRESENT OR LAST EMPLOYER:

ADDRESS

STARTING DATE

MONTH

YEAR

LEAVING DATE

MONTH

YEAR

JOB TITLE

MAY WE CONTACT YOUR SUPERVISOR?

NAME AND TITLE OF SUPERVISOR

PHONE NO.

DESCRIPTION OF WORK

REASON FOR LEAVING

NAME FORMER EMPLOYER:

ADDRESS

STARTING DATE

MONTH

YEAR

LEAVING DATE

MONTH

YEAR

JOB TITLE

MAY WE CONTACT YOUR SUPERVISOR?

NAME AND TITLE OF SUPERVISOR

PHONE NO.

DESCRIPTION OF WORK

REASON FOR LEAVING

NAME FORMER EMPLOYER:

ADDRESS

STARTING DATE

MONTH

YEAR

LEAVING DATE

MONTH

YEAR

JOB TITLE

MAY WE CONTACT YOUR SUPERVISOR?

NAME AND TITLE OF SUPERVISOR

PHONE NO.

DESCRIPTION OF WORK

REASON FOR LEAVING

VETERANS PREFERENCE IS AWARDED IN ACCORDANCE WITH THE PROVISIONS OF ORS 408.225-235. PLEASE READ THE ELIGIBILITY REQUIREMENTS CAREFULLY. IF YOU QUALIFY, CHECK THE APPROPRIATE BOX BELOW AND ENTER THE REQUESTED INFORMATION IN THE SPACE PROVIDED:

(1) Five (5) Points Veterans Preference can be added to passing scores of persons who served on active duty with the Armed Forces of the United States: (i) For a period of more than 90 consecutive days beginning on or before January 31, 1955, and was discharged or released under honorable conditions; (ii) For a period of more than 178 consecutive days beginning after January 31, 1955, and was discharged or released from active duty under honorable conditions; (iii) For 178 days or less and was discharged or released from active duty under honorable conditions because of a service-connected disability; (iv) For 178 days or less and was discharged or released from active duty under honorable conditions and has a disability rating from the United States Department of Veterans Affairs; or (v) For at least one day in a combat zone and was discharged or released from active duty under honorable conditions; or who received a combat or campaign ribbon or an expeditionary medal for service in the Armed Forces of the United States and was discharged or released from active duty under honorable conditions; or who receives a nonservice-connected pension from the United States Department of Veterans Affairs.

5 Points Veterans Preference. I certify that I meet the eligibility requirements specified above.

(2) Ten (10) Point Veterans Disability Preference can be added to passing scores of persons who have a disability rating from the United States Department of Veterans Affairs or whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty or who were awarded the Purple Heart for wounds received in combat.

10 Points Veterans Preference. I certify that I meet the eligibility requirements specified above.

NOTE

If you claim either 5 or 10 points preference, you must complete the following information and include appropriate documents (e.g. DD214) evidencing eligibility for veterans preference.

REFERENCES:

GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR OTHER THAN THOSE SUPERVISORS LISTED ABOVE, WHO ARE BEST ABLE TO COMMENT ON YOUR WORK EXPERIENCE.

NAME	DAY-TIME PHONE NUMBERS (including area code)	RELATIONSHIP	YEARS ACQUAINTED
1			
2			
3			

PLEASE NOTE: An evaluation of all application materials will be conducted to determine those candidates who will receive further consideration, which may include any or all of the following: written exam, emotional intelligence test and credit and criminal background check. If you wish modification of this selection process in order to accommodate a disability, please make your request in writing and submit it with the required application materials. *Employment offer is contingent upon reference checks.*

APPLICANT'S STATEMENT:

I CERTIFY THAT ANSWERS GIVEN AND ON ANY ATTACHMENTS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION FOR EMPLOYMENT AS MAY BE NECESSARY IN ARRIVING AT AN EMPLOYMENT DECISION.

IN THE EVENT OF EMPLOYMENT, I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION GIVEN IN MY APPLICATION OR INTERVIEW(S) MAY RESULT IN DISCHARGE. I UNDERSTAND, ALSO, THAT I AM REQUIRED TO ABIDE BY ALL RULES AND REGULATION OF THE EMPLOYER.

DATE: _____ SIGNATURE _____