

# APPLICATION FOR EMPLOYMENT

## CITY OF STANFIELD, OREGON

The City of Stanfield is an Equal Employment Opportunity Employer. We are dedicated to a policy of selecting the best available candidates based on job-related criteria, education, knowledge, skills and abilities. We will not discriminate on the basis of race, color, religion, sex, national origin, age, marital status, and mental or physical handicap. Please note: The City is a public agency and any information may be released if required by law.

Residency Requirement: Emergency personnel must live within the corporate limits or within a reasonable distance of the city. Subject to council review, "Reasonable Distance" shall be determined by department policy.

1. POSITION APPLIED FOR: \_\_\_\_\_
2. NAME (print or type): \_\_\_\_\_
3. Is there any additional information concerning change of name, nickname, or use of an assumed name, necessary to enable a check of your education and work record?  
Yes ( ) No ( )  
If yes, please provide other names:  
\_\_\_\_\_  
\_\_\_\_\_
4. PRESENT ADDRESS:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. TELEPHONE NUMBER: Preferred \_\_\_\_\_ Alternate \_\_\_\_\_
6. DESIRED SALARY: \$ \_\_\_\_\_
7. Will your visa or immigration status prevent lawful employment?  
Yes ( ) No ( )
8. Can you produce proof of legal employment status within three (3) working days of Employment? Yes ( ) No ( )
9. If hired can you produce proof of age or a work permit to meet minimum age requirements set forth by law? Yes ( ) No ( )
10. Do you read, write, or speak fluently, more than one language? Yes ( ) No ( )  
If yes please list all languages in which you are Fluent:  
\_\_\_\_\_  
\_\_\_\_\_

11. Do you have any physical conditions which may limit your ability to complete the work for which you have applied? Yes ( ) No ( ) If Yes, please explain:

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12. Please provide information on your availability for employment:

Date Available: \_\_\_\_\_

Is overtime acceptable? Yes ( ) No ( )

Is weekend work acceptable? Yes ( ) No ( )

Is shift work acceptable? Yes ( ) No ( )

13. Please list any of your relatives currently working for the City of Stanfield:

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#### 14. EDUCATION AND TRAINING

Name and location of high school: \_\_\_\_\_

Highest grade completed: \_\_\_\_\_ Did you graduate? Yes ( ) No ( )

If no, do you have a certificate of equivalency (GED)? Yes ( ) No ( )

Schools attended after high school, or special training received:

Name and Location	Diploma or Degree
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Please list other specialized training, seminars, correspondence courses, or similar education, which is pertinent to the position for which you are applying. (Please note state certification where required, must be separately entered in Section 19.)

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15. Please list the specific equipment or machinery you can operate and which is related to the job you desire:

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16. List those special skills or abilities, which you believe make you qualified for the position for which you are applying:

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17. WORK EXPERIENCE: Please provide the requested employer information for the most recent ten years of your employment history. Any periods of unemployment must be noted in your work history. Please provide the address of your employer; please provide a current address (if known). Please describe each major part of your job duties in as much detail as possible. Start with your current employer, and proceed backward in time through your employers.

List your position title: \_\_\_\_\_  
Describe your duties (in detail): Full time (  ); Half time (  ); Less than ½ time (  ); Other (  )

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Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Employer: \_\_\_\_\_ Location: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_

Address of Supervisor: \_\_\_\_\_

Salary History: Starting \$ \_\_\_\_\_; Ending \$ \_\_\_\_\_

Are you currently employed? Yes (  ) No (  ) If yes, may we contact your employer?

Yes (  ) No (  )

Reason for leaving? \_\_\_\_\_

List your position title: \_\_\_\_\_

Describe your duties (in detail): Full time (  ); Half time (  ); Less than ½ time (  ); Other (  )

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Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Employer: \_\_\_\_\_ Location: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_

Address of Supervisor: \_\_\_\_\_

Salary History: Starting \$ \_\_\_\_\_; Ending \$ \_\_\_\_\_

Are you currently employed? Yes (  ) No (  ) If yes, may we contact your employer?

Yes (  ) No (  )

Reason for leaving? \_\_\_\_\_

Please attach additional sheets, organized in the above format, to complete your job history for the last ten (10) years.

18. Please provide the name, address, occupation, and telephone number of three individuals OTHER THAN RELATIVES OR FORMER SUPERVISORS, who know you well enough to provide information about you.

NAME                      ADDRESS                      OCCUPATION                      TELEPHONE

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19. PLEASE PROVIDE THE INFORMATION CONTAINED IN THE FOLLOWING QUESTIONS.

Driver's license number \_\_\_\_\_ State \_\_\_\_\_

The City requires a full check of your driving record. Offenses will be considered in employment decisions.

If you have been licensed in another state in the last three years, please provide state of licensing:

\_\_\_\_\_

Provide full listing of the state certification and operator licenses, including license number, expiration date, and state of issuance:

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PLEASE READ THE FOLLOWING STATEMENT CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY THOSE APPLICATIONS THAT ARE SIGNED AND DATED ARE CONSIDERED VALID. IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT PLEASE ASK THEM BEFORE SIGNING.

I hereby certify that the information contained in the application form is true and correct without omission, and agree to have any of the statements checked by the City unless I have indicated to the contrary. I authorize the references listed above to provide the City any information that they may have. Further, I release all parties and persons from furnishing such information to the City as well as from the use or disclosure of such information by the City, any of its agents, employees, or representatives. I understand that any misrepresentation, falsification, or material omission of information on the application, may result in my failure to receive an offer. Or, if I am hired in my dismissal from employment.

In consideration of my employment, I agree to conform to the rules and standards of the City, and agree that employment and compensation can be terminated. I understand that all offers of employment are conditional, depending on proper identity and legal authority to work in the United States and the result of any pre-employment examinations required, such as drug tests and driving records.

I have read and understand the above.

\_\_\_\_\_

Signature of Applicant

\_\_\_\_\_

Date