

**APPLICATION FOR EMPLOYMENT**

**CITY OF STANFIELD, OREGON**

**PUBLIC WORKS DEPARTMENT**

**Public Works Director Scott Morris**

**Stanfield Public Works Department**

[smorris@cityofstanfield.com](mailto:smorris@cityofstanfield.com)

160 S Main St/PO Box 369

Stanfield, OR 97875

Telephone: 541-449-3831

The City of Stanfield is an Equal Employment Opportunity Employer. We are dedicated to a policy of selecting the best available candidate 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 of Stanfield is a public agency, and any information provided may be released if required by law.

Residency Requirement: Personnel must live within a reasonable distance of the city. “Reasonable Distance” shall be determined by department policy, and is subject to city council review.

Position Applied For:       Application Date:

Referral Source:  Advertisement  Friend  Relative  Employment Agency

Walk-in  Facebook  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Name:            

Last First Middle

Is there any additional information concerning a change of name, nickname, or use of another name, necessary to complete a check of your education and work record?  No  Yes. If yes, please provide the additional information:

Address:

Is your Mailing Address the same?  Yes  No

If No, please provide your mailing address:

Telephone Number:       Email Address:

**Availability For Employment:**

Have you ever been employed by the City of Stanfield?  No  Yes

If yes, in what capacity?

Have you ever filed an application with the Stanfield Public Works Department?  No  Yes

If yes, when was it filed and what position did you apply for?

Are you available to work:  Shift Work  Full time  Part time  Weekend shifts  Temporary

Are you legally able to work in the United States?  Yes  No

Can you travel if the job requires it?  Yes  No

Are you employed now?  Yes  No May we contact your current employer?  Yes  No

On what date would you be available to start work?

Do you have a valid Driver’s license OR the ability to obtain a valid Oregon drivers license?  Yes  No

State of Issue:       Type or Class:       License number:

This position requires an Oregon Class B CDL, which must be obtained within 24 months of hiring. Will you be able to complete this requirement within the time frame?  No  Yes

Do you read, write, or speak fluently more than one language?  No  Yes

If yes, list the language(s) in which you are fluent:

**Education and Formal Training:**

Do you have a high school diploma?  Yes  No GED Certificate?  Yes  No

Name/location of high school:

List all schools attended following high school:

|  |  |  |  |
| --- | --- | --- | --- |
| Name and Location | Major Study Course | Dates Attended        to | Full Time  Part Time |
| Credits Earned: | Graduated:  Yes  No | Degree Earned Yes  No  On-Going | |

|  |  |  |  |
| --- | --- | --- | --- |
| Name and Location | Major Study Course | Dates Attended        to | Full Time  Part Time |
| Credits Earned: | Graduated:  Yes  No | Degree Earned Yes  No  On-Going | |

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| --- | --- | --- | --- |
| Name and Location | Major Study Course | Dates Attended        to | Full Time  Part Time |
| Credits Earned: | Graduated:  Yes  No | Degree Earned Yes  No  On-Going | |

**MILITARY:**

Have you served in the United States Armed Forces?  Yes  No

If Yes, In which branch?

Are you currently serving in the military in any capacity (Reserves)?  Yes  No

If you are seeking to receive veterans preference Points, you much include a DD214 with your application.

**OTHER ACTIVITIES:**

Professional, Trade, Business or Civic activities: List any activities you have participated in or are currently involved with (you may exclude those which indicate race, color, religion, sex or natural origin).

**References:**

Provide three references (Other than relatives and employers):

Name:      Address:

Telephone Number:      Occupation:

Name:      Address:

Telephone Number:      Occupation:

Name:      Address:

Telephone Number:      Occupation:

**Special Skills:**

Summarize any special skills or qualifications, acquired from past/current employment or experience, which you currently possess which may apply to this job position.

**Work Experience:**

Is a Resume included with this application?  Yes  No

*Note: Resumes will not substitute for completing the Work Experience section.*

Provide the employer information for the most current (10) ten years of your employment history. Any periods of unemployment must be noted in your work history. Provide the address of your employer or that of the main office for contact, and a telephone number. Describe each part of your job duties in as much detail as possible. Begin with your current employer and proceed backwards in time for all employers during the last (10) years.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| CURRENT OR LAST EMPLOYER | | | TYPE OF BUSINESS | | | TOTAL TIME AT COMPANY  Years:       Months: | |
| EMPLOYER ADDRESS | | | TELEPHONE NUMBER: | | | EMPLOYMENT START DATE  Month/Year: | |
| IMMEDIATE SUPERVISOR | | | POSITION HELD | | | EMPLOYMENT END DATE  Month/Year: | |
| If you supervised employees, indicate your responsibility by checking the appropriate boxes | | | Hired or recommended hiring | | | Assigned and reviewed work | |
| Rated work performance | | | Handled disciplinary problems | |
| If applicable, Describe your supervision experience including number of employees and types supervised: | | | | | | | |
| WAS THE JOB POSITION - | Full Time | Part Time | | Other | Seasonal/Temporary | | Average Work Hours Per Week: |
| DESCRIBE YOUR JOB DUTIES (In Detail): | | | | | | | |

Are you currently employed at this location?  Yes  No

If Yes, may we contact this employer?  Yes  No

If you are no longer employed by this company, what was the reason for leaving?

**Work Experience continued:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| EMPLOYER | | | TYPE OF BUSINESS | | | TOTAL TIME AT COMPANY  Years:       Months: | |
| EMPLOYER ADDRESS | | | TELEPHONE NUMBER: | | | EMPLOYMENT START DATE  Month/Year: | |
| IMMEDIATE SUPERVISOR | | | POSITION HELD | | | EMPLOYMENT END DATE  Month/Year: | |
| If you supervised employees, indicate your responsibility by checking the appropriate boxes | | | Hired or recommended hiring | | | Assigned and reviewed work | |
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If Yes, may we contact this employer?  Yes  No

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**Work Experience continued:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| EMPLOYER | | | TYPE OF BUSINESS | | | TOTAL TIME AT COMPANY  Years:       Months: | |
| EMPLOYER ADDRESS | | | TELEPHONE NUMBER: | | | EMPLOYMENT START DATE  Month/Year: | |
| IMMEDIATE SUPERVISOR | | | POSITION HELD | | | EMPLOYMENT END DATE  Month/Year: | |
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***\*\* If additional space is needed, continue on a separate sheet of paper, using the same format as above \*\****

**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY THOSE APPLICATIONS WHICH ARE SIGNED AND DATED ARE CONSIDERED VALID. IF YOU HAVE ANY QUESTIONS REGARDING THESE STATEMENTS, PLEASE ASK THEM BEFORE SIGNING AND SUBMITTING THE APPLICATION.**

This application shall be considered active for the period of time during which the position applied for is open. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby certify 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 of Stanfield unless I have indicated to the contrary. I authorize the references listed above to provide the City of Stanfield any information they may have.

Further, I release all parties and persons from furnishing such information to the City of Stanfield as well as from the use or disclosure of such information by the City of Stanfield, 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 of Stanfield, and agree that employment and compensation can be terminated. I understand that all offers of employment are conditional, depending on property identity and legal authority to work in the United States, and the result of any pre-employment examinations required for this position.

I have read and understand the above statement.

Signature of Applicant: Date: