



EMPLOYMENT APPLICATION

QUESTIONS WITH AN * REQUIRE A RESPONSE. YOUR APPLICATION MAY NOT BE CONSIDERED IF INCOMPLETE.

JOB INFORMATION

* POSITION TITLE:

PERSONAL INFORMATION

* FIRST NAME

MIDDLE INITIAL

* LAST NAME

* ADDRESS

* CITY

* STATE

* ZIP

HOME PHONE

ALTERNATE PHONE

* EMAIL ADDRESS

* WHICH METHOD DO YOU PREFER TO BE NOTIFIED ABOUT YOUR APPLICATION STATUS? EMAIL PAPER PHONE

EDUCATION

WHAT IS YOUR HIGHEST LEVEL OF EDUCATION:

Some High School
 High School

Some College
 Technical College

Associate's Degree
 Bachelor's Degree

Master's Degree
 Doctorate

HIGH SCHOOL EDUCATION

DID YOU GRADUATE FROM HIGH SCHOOL OR RECEIVE A G.E.D.? YES NO

IF NO, WHAT WAS THE HIGHEST LEVEL COMPLETED? 7 8 9 10 11 12

SCHOOL NAME

CITY

STATE

COLLEGE/UNIVERSITY EDUCATION

SCHOOL NAME

DEGREE RECEIVED

SCHOOL LOCATION (CITY/STATE)

DID YOU GRADUATE?
YES NO

SEMESTER QUARTER
OF UNITS COMPLETED:

MAJOR

SCHOOL NAME

DEGREE RECEIVED

SCHOOL LOCATION (CITY/STATE)

DID YOU GRADUATE?
YES NO

SEMESTER QUARTER
OF UNITS COMPLETED:

MAJOR

SCHOOL NAME

DEGREE RECEIVED

SCHOOL LOCATION (CITY/STATE)

DID YOU GRADUATE?
YES NO

SEMESTER QUARTER
OF UNITS COMPLETED:

MAJOR

DRIVER'S LICENSE INFORMATION

* IF THE POSITION INVOLVES DRIVING, DO YOU HAVE A VALID LICENSE? YES NO

STATE WHERE ISSUED

CLASS

CERTIFICATES & LICENSES (RELATED TO POSITION)

TYPE

DATE ISSUED (MONTH/YEAR)

EXPIRATION DATE (MONTH/YEAR)

LICENSE NUMBER

ISSUING AGENCY

TYPE

DATE ISSUED (MONTH/YEAR)

EXPIRATION DATE (MONTH/YEAR)

LICENSE NUMBER

ISSUING AGENCY

WORK HISTORY

DATES		
From	To	EMPLOYER
ADDRESS		CITY
		STATE
MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>		PHONE NUMBER
SUPERVISOR (NAME & TITLE)		
DUTIES		
REASON FOR LEAVING		

DATES		
From	To	EMPLOYER
ADDRESS		CITY
		STATE
MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>		PHONE NUMBER
SUPERVISOR (NAME & TITLE)		
DUTIES		
REASON FOR LEAVING		

WORK HISTORY

DATES From	To	EMPLOYER	POSITION TITLE
ADDRESS	CITY		STATE
MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>	PHONE NUMBER	SUPERVISOR (NAME & TITLE)	
DUTIES			

REASON FOR LEAVING

DATES From	To	EMPLOYER	POSITION TITLE
ADDRESS	CITY		STATE
MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>	PHONE NUMBER	SUPERVISOR (NAME & TITLE)	

DUTIES			
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REASON FOR LEAVING

SKILLS

OFFICE SKILLS	TYPING (NET WORDS PER MINUTE)	DATA ENTRY (NET WORDS PER MINUTE)
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OTHER SKILLS

SKILL	SKILL LEVEL <input type="checkbox"/> BEGINNER <input type="checkbox"/> SKILLED <input type="checkbox"/> EXPERT	EXPERIENCE (YEARS OR MONTHS)
SKILL	SKILL LEVEL <input type="checkbox"/> BEGINNER <input type="checkbox"/> SKILLED <input type="checkbox"/> EXPERT	EXPERIENCE (YEARS OR MONTHS)
SKILL	SKILL LEVEL <input type="checkbox"/> BEGINNER <input type="checkbox"/> SKILLED <input type="checkbox"/> EXPERT	EXPERIENCE (YEARS OR MONTHS)

EMPLOYMENT OBJECTIVE**ADDITIONAL INFORMATION**

Clinical Experience, Honors & Awards, Military Service, Professional Associations, Professional Memberships, Publications, Technical, Volunteer Experience, Other/Miscellaneous

ATTACHMENTS

Please list any attachments you are including with your application.

PROFESSIONAL REFERENCES

Please list two to four persons who know of your qualifications and work abilities (do not include relatives).

<i>Name</i>	<i>Address</i>	<i>Phone Number</i>	<i>Occupation</i>

SIGNATURE VERBIAGE

I hereby certify that I understand that I will have to produce documentation verifying identity and employment eligibility in the U.S. I understand that I may be required to verify any and all information given on this application.

I certify that all the information provided in this application is true and accurate and I have not withheld any information relative to my application. I understand that any misrepresentation or omission, as well as any misleading statements or omissions of application information, attachments or supporting documents may result in denial of employment or immediate termination.

I understand that an in-depth background check may be conducted prior to employment with the City of Stayton. This may include, but is not limited to, a Criminal History check, a DMV check, education and certification verification, and contact with previous employers and references in order to determine suitability for employment and ability to qualify for employment with the City of Stayton.

I authorize representatives of the City of Stayton to contact the employers and references listed in this application (or otherwise provided by me), except as otherwise indicated, and any other person as developed through these contacts in order to determine my suitability for employment. I understand that as the process progresses I may be required to provide additional information in order that a thorough background check can be completed. I understand and agree that, if hired, my employment relationship with the City of Stayton will be "at-will," meaning for no definite period and the relationship may be terminated at any time and without prior notice by either party. I understand that this completed application is the property of the City of Stayton and will not be returned. I understand that I must notify the Human Resources department of the City of Stayton of any changes in my name, address, or phone number.

I have read and understand the above information.

x _____
SIGNATURE OF APPLICANT

DATE