Employment Application

City of Falls City
299 Mill Street, Falls City, Oregon 97344
Phone: 503.787.3631 Fax: 503.787.3023
www.fallscityoregon.gov

"An Equal Opportunity Employer"

Position

Position Applied For (listed on the job announcement):	Today's Date:

General Information

Name (Last, First, M.I.):	Home Telephone:
Mailing Address:	Work Telephone:
City, State and Zip Code:	Message (if different):
	E-Mail Address:
Available For (check all that apply): ☐ Part-Time ☐ Full-Time ☐ Temporary	Date You Can Report For Work:

Education and Training

Name and Location of High School Attended:	Diplomas or Certificates. Received (check): ☐ High School ☐ GED

Colleges, Military, Trade, Business or Other Schools Attended

	Name and Location of School	Course of Study (List Major)	Credits Earned			Graduate Yes/No	Type of Deg./Cert. Received
				Qtr. Hrs.	Sem. Hrs.		
A							
B							
C							

Specialized Skills and Knowledge

List any skills or knowledge that show your ability to perform the job for which you are applying (such computer languages or software programs, foreign languages, etc.):

Typing Speed (net wpm):

Licenses and Other Information

	Check One Yes	No
Do you have (or can you obtain) a Driver's License? Driver's License Number: State:	☐	☐
Are you able to perform the essential job functions and/or job duties as outlined in the job description for the position you are applying for?	☐	☐
Have you ever been convicted of a crime, other than misdemeanors and summary offenses? (If yes, please explain)	☐	☐
Have you ever been employed by the City of Falls City?	☐	☐
Are you eligible for employment in the USA?	☐	☐
Are you over the age of 18?	☐	☐

Employment History

What you write in this section will be used to decide if you meet the qualifications outlined in the job announcement. List all of your job(s) and/or volunteer positions that you have held. Clearly describe all of your duties with as much detail as possible, starting with your most recent job.

Job Number 1

Employing Firm:	Employer's Address:	Employer's Phone Number:
Your Job Title:	Supervisor's Name and Title:	Full Time (check one): ☐ Yes ☐ No
Specific Duties:		Starting Salary: $
		Last Salary: $
		Employed From (mo/yr): To (mo/yr):
		Reason for Leaving:

Job Number 2

Employing Firm:	Employer's Address:	Employer's Phone Number:
Your Job Title:	Supervisor's Name and Title:	Full Time (check one): ☐ Yes ☐ No
Specific Duties:		Starting Salary: $
		Last Salary: $
		Employed From (mo/yr): To (mo/yr):
		Reason for Leaving:

Job Number 3

Employing Firm:	Employer's Address:	Employer's Phone Number:
Your Job Title:	Supervisor's Name and Title:	Full Time (check one): ☐ Yes ☐ No
Specific Duties:		Starting Salary: $
		Last Salary: $
		Employed From(mo/yr): To (mo/yr):
		Reason for Leaving:

Employment History

What you write in this section will be used to decide if you meet the qualifications outlined in the job announcement. List all of your job(s) and/or volunteer positions that you have held. Clearly describe all of your duties with as much detail as possible, starting with your most recent job.

Job Number 4

Employing Firm:	Employer's Address:	Employer's Phone Number:
Your Job Title:	Supervisor's Name and Title:	Full Time (check one): ☐ Yes ☐ No
Specific Duties:		Starting Salary: $
		Last Salary: $
		Employed From (mo/yr): To (mo/yr):
		Reason for Leaving:

Job Number 5

Employing Firm:	Employer's Address:	Employer's Phone Number:
Your Job Title:	Supervisor's Name and Title:	Full Time (check one): ☐ Yes ☐ No
Specific Duties:		Starting Salary: $
		Last Salary: $
		Employed From (mo/yr): To (mo/yr):
		Reason for Leaving:

Job Number 6

Employing Firm:	Employer's Address:	Employer's Phone Number:
Your Job Title:	Supervisor's Name and Title:	Full Time (check one): ☐ Yes ☐ No
Specific Duties:		Starting Salary: $
		Last Salary: $
		Employed From(mo/yr): To (mo/yr):
		Reason for Leaving:

Employment History (Continued)

Job Number 7

Employing Firm:	Employer's Address:	Employer's Phone Number:
Your Job Title:	Supervisor's Name and Title:	Full Time (check one): ☐ Yes ☐ No
Specific Duties:		Starting Salary: $
		Last Salary: $
		Employed From (mo/yr): To (mo/yr):
		Reason for Leaving:

References

	Reference Name	Phone Number	Relationship	Years Known
1				
2				
3				
4				

Certification and Signature

– *READ CAREFULLY BEFORE SIGNING BELOW* –

I understand that nothing contained in this employment application or in the granting of an interview is intended to create a contract between the City and myself, either employment or the providing of any benefit. I understand and agree that if I am offered and accept a position, my employment is at the mutual consent of the City and myself, and can be terminated at will, at any time, with or without notice, and with or without cause, at the discretion of either the City or myself. I also agree to conform to all existing and future City rules and regulations and I understand that the City reserves the right to change wages, hours, and working conditions as deemed necessary.

I further acknowledge and understand that no representative of the City has any authority to enter into any employment agreement for any specified period of time, or to assure me of any future position, benefits or terms and conditions of employment, except as may be specifically set out in a current written agreement.

I hereby certify that this application contains no misrepresentations or falsifications and that the information given is true and complete to the best of my knowledge and belief. I understand that misrepresentations or omission of facts called for in this application is cause for cancellation of the application and/or dismissal from employment. I authorize this employer, City of Falls City, to make any necessary and appropriate investigations to verify the information contained herein.

Applicant's Signature:	Today's Date:

Under provision of the Immigration Reform and Control Act of 1986, the City of Falls City requires any person hired or rehired to provide appropriate documentation of identity and eligibility for employment.

As an Equal Opportunity Employer, all qualified persons will be considered for employment without regard to race, color, religion, sex, national origin, marital status, age, disability, or any other protected class under State and Federal laws.

Additional sheets of paper may be attached to this form to provide further detail or clarification of any portion of the application.

VOLUNTARY INFORMATION -
Affirmative Action Data

The information you provide on this supplement will be utilized by the City of Falls City Personnel Department for Affirmative Action purposes only. Completion of this form is voluntary and information provided will be kept in a confidential file separate from the application form.

Ethnic Category	
Caucasian (not of Hispanic origin) - Those having origins is any of the original peoples of Europe, North Africa or the Middle East.	☐
African American (not of Hispanic origin) – Those having origins in any of the Black ethnic groups.	☐
Hispanic - Those of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish cultures or origin, regardless of ethnicity.	☐
Asian or Pacific Islanders - Those having origins in any of the original peoples of the Far East, Southeast Asia, Indian Subcontinent or the Pacific Islands.	☐
Native American or Alaskan Native - Those having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.	☐

Sex: ☐ Male ☐ Female

Are you disabled? ☐ Yes ☐ No
(Checking the "yes" box has no effect on an employer's obligation to provide reasonable accommodation under state and federal disability laws.)

ATTENTION
ATTACH THIS PAGE TO YOUR APPLICATION MATERIALS
EVEN IF YOU DO NOT PROVIDE THE VOLUNTARY INFORMATION