

CITY OF AMITY

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CITY OF AMITY APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

PERSONAL INFORMATION:

Name (Last, First, MI):
Mailing Address:
City, State, Zip:
Contact Phone/Email:

EMPLOYMENT DESIRED:

Position:	Date you can start:	Salary Desired:
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Currently employed? ☐ Yes ☐ No If so, may we contact your employer? ☐ Yes ☐ No

EDUCATION:

Do you have a high school diploma or GED certificate? _____

List high schools, colleges, military, trade, business, or other schools attended:

Name & Location of School:	Course of Study:	Years Attended:	Graduated?	Degree or Cert Received:

LICENSES, REGISTRATIONS, CERTIFICATES:

List an required professional license, registration, certificate, Oregon Commercial Driver's License (CDL), Oregon Driver's License, etc. and provide description, issuing state or agency, number, and expiration date.

Description:	Issuing State/Agency:	ID Number:	Expiration Date:

SPECIALIZED SKILLS AND KNOWLEDGE:

<p>List any specialized skills or knowledge that demonstrate your ability to perform the job for which you are applying (software programs, fluency in a foreign language, keyboarding speed, etc.):</p>

WORK HISTORY:

<p>The information provided in this section will be used to determine if you meet the minimum qualifications as outlined in the job announcement. Clearly describe all of your duties, starting with your most recent job. If you need additional space, attach a separate sheet.</p>			
JOB NUMBER 1	Job Title:		
Name/Address of Employer:			
Employment Dates:	From:	To:	Reason for Leaving:
Duties:			

SUPERVISION/LEAD WORK (CHECK THE AREAS YOU WERE RESPONSIBLE FOR):

☐ Assigning and Reviewing Work
 ☐ Handling Disciplinary Problems
 ☐ Hiring/Recommending Hiring
☐ Rating Work Performance
 ☐ Responding to Grievances
 ☐ None of These

WHAT DID YOU LIKE MOST ABOUT THIS JOB? _____

JOB NUMBER 2	Job Title:		
Name/Address of Employer:			
Employment Dates:	From:	To:	Reason for Leaving:
Duties:			

SUPERVISION/LEAD WORK (CHECK THE AREAS YOU WERE RESPONSIBLE FOR):

☐ Assigning and Reviewing Work
 ☐ Handling Disciplinary Problems
 ☐ Hiring/Recommending Hiring
☐ Rating Work Performance
 ☐ Responding to Grievances
 ☐ None of These

WHAT DID YOU LIKE MOST ABOUT THIS JOB? _____

JOB NUMBER 3	Job Title:		
Name/Address of Employer:			
Employment Dates:	From:	To:	Reason for Leaving:
Duties:			

SUPERVISION/LEAD WORK (CHECK THE AREAS YOU WERE RESPONSIBLE FOR):

☐ Assigning and Reviewing Work
 ☐ Handling Disciplinary Problems
 ☐ Hiring/Recommending Hiring
☐ Rating Work Performance
 ☐ Responding to Grievances
 ☐ None of These

WHAT DID YOU LIKE MOST ABOUT THIS JOB? _____

REFERENCES: Give the names of three persons not related to you, whom you've known at least one year

Name	Phone	Relationship	Years Acquainted
1. _____			
2. _____			
3. _____			

CERTIFICATION AND SIGNATURE:

I hereby certify that all statements made in this application are true, and I agree and understand that any written statement that is false, fraudulent, or misleading in this application or attached materials, or made in the course of any related employment process may cause forfeiture of employment.

- I certify that all statements contained herein are true and complete.
- I understand that I must prove that I am authorized to work in the United States if I am hired.
- I authorize the employing agency to verify the employment and education information provided on this employment application.
- I authorize my driving record to be checked if the position for which I am applying requires driving.
- I understand and agree to be subjected to a pre-employment drug screening and a criminal history background check, if applicable.

Signature

Date

DO NOT WRITE BELOW THIS LINE

Interviewed By: _____ Date: _____

Remarks: _____

