



**CITY OF LA PINE
EMPLOYMENT APPLICATION**

City of La Pine ("City"), an Oregon municipal corporation, is an Equal Opportunity Employer and considers applicants for all positions without regard to race, color, religion, national origin, age, sex, marital or veteran status, disability, sexual orientation, and/or any other legally protected status. City is a drug-free workplace. Individuals who require an accommodation relating to the application process should request the accommodation in advance so that necessary arrangements can be made. Please contact City if there is any part of this application that you do not understand before signing.

Print or type the required information. Please answer every applicable question. Write "N/A" if a particular question or matter is not applicable to you. If additional space is needed, please attach a separate sheet. Because this application may be used for investigative purposes, DO NOT misstate or omit any material facts or information. Statements made herein are subject to verification to determine your qualification for employment. If you are employed by City, this application will become part of your personnel file.

Candidates eligible for Veterans Preference must include a required Veterans Preference Form and appropriate certification to receive Veteran's Preference Points. Refer to the Veterans Preference Form as applicable.

GENERAL INFORMATION

Position _____
Date of Application

Last Name First Name Middle

Address/PO Box City State Zip

Telephone No: _____
Home Cellular

Email Address: _____ Are you at least 18 years of age: Yes No

Are you (or will you be) legally eligible for employment in the US as of the date of employment? Yes ___ No ___

Date you can report to work: _____ Hours available for work: _____

Are you available to work full-time, part-time, or on a temporary basis: _____

Are you able to travel if required: Yes No

Do you possess a valid Oregon driver's license: Yes No ODL No.: _____
(A valid Oregon driver's license is required when stated on the job announcement or job description. If not required, write "N/A").

Have you ever had your license suspended or revoked: Yes ___ No ___ If yes, please explain:

Are you a veteran? Yes* No

**Complete and attach form DD 214 or 215 to this application. If applicable, disabled veterans may also submit a copy of a disability preference letter.*

EDUCATION AND TRAINING

Did you graduate from high school or receive an equivalent diploma: Yes No

Name of college or university you attended, if any:

From (mo/yr): _____ To (mo/yr): _____ Year of graduation: _____

Major: _____ Minor: _____

Certificates, degrees, etc. earned: _____

Name of college or university you attended, if any:

From (mo/yr): _____ To (mo/yr): _____ Year of graduation: _____

Major: _____ Minor: _____

Certificates, degrees, etc. earned: _____

Have you received any specialized schooling or training: Yes No

Name of school or training program: _____

From (mo/yr): _____ To (mo/yr): _____ Year of graduation: _____

Major: _____ Minor: _____

Certificates, degrees, etc. earned: _____

Please identify below any special training, licenses, and/or certificates, any experience with machines, office equipment, and/or languages, and any other special skills pertinent to the position for which you are applying:

A job description for the position(s) for which you are applying has been provided. Are you able to perform the essential job functions required of the position with or without reasonable accommodation(s)? Yes ___ No

WORK EXPERIENCE

List below all work experience for the past 10 years, paid or unpaid, beginning with your most recent job, including military, volunteer, and other jobs. Attach additional pages if necessary.

Employer: _____ Job Title: _____

Supervisor's Name and Title: _____

From (mo/yr): _____ To (mo/yr): _____ Full Time: ___ Part Time: _____

Specific Duties: _____

Reason for Leaving: _____

May we contact this employer: Yes No

Employer: _____ Job Title: _____

Supervisor's Name and Title: _____

From (mo/yr): _____ To (mo/yr): _____ Full Time: _____ Part Time: _____

Specific Duties: _____

Reason for Leaving: _____

May we contact this employer: Yes No

Employer: _____ Job Title: _____

Supervisor's Name and Title: _____

From (mo/yr): _____ To (mo/yr): _____ Full Time: _____ Part Time: _____

Specific Duties: _____

Reason for Leaving: _____

May we contact this employer: Yes No

Have you ever been terminated from a job or asked to resign: Yes ___ No ___ If yes, please explain:

REFERENCES

Name: _____ Relationship: _____

Address: _____ Telephone Number: _____

Name: _____ Relationship: _____

Address: _____ Telephone Number: _____

SUPPLEMENTALS TO THIS APPLICATION MAY BE NECESSARY (AND BECOME PART OF THIS APPLICATION). THESE SUPPLEMENTALS CONCERN CRIMINAL BACKGROUND CHECKS AND CREDIT CHECKS. PLEASE INQUIRE WHETHER ANY SUPPLEMENTALS ARE NECESSARY IN CONNECTION WITH YOUR APPLICATION.

APPLICANT CERTIFICATION AND ACKNOWLEDGMENT

Please initial next to each paragraph and sign where indicated below.

_____ I certify that all statements made in connection with this application (whether contained herein (and/or in any supplements) or made by me or others at my request during the course of the employment process) are true and complete in all respects. I acknowledge and agree that any incorrect, incomplete, false, fraudulent, or misleading statements made by me, either verbally or in writing, and/or any omission, concealment, or failure to answer any question fully, completely, and accurately, whether made by me or others at my request, will result in rejection of this application, denial of employment, or termination from employment if discovered after employment. If I am employed by City, I agree to comply with its lawful orders, rules, policies, and regulations.

_____ I authorize the investigation of all matters which City deems relevant to my qualifications for employment, including, without limitation, work records, reference checks, education, and an investigation into my driving record. I authorize and request that all my present and former employers, references, educational institutions, and any others to furnish and release information about me, my employment record, and/or education, including a statement of reasons for the termination of my employment and information regarding my work performance, disciplinary reports or actions, abilities, degrees obtained, transcripts, licenses and certifications, and other qualities and information City deems pertinent to my qualifications for employment. By signing below, I release City (and all providers of information) from all claims and/or liabilities arising out of or in any way connected with City's background investigation. If employed, I release City from any claims and/or liabilities for future references it may provide regarding my work history and performance with City.

_____ I understand that if offered employment, I will be required to submit proof of my identity and legal right to work in the United States as a condition of employment.

_____ I understand that, if employed, my employment relationship with City will be at-will. Therefore, subject to applicable law, my employment may be terminated (and I may voluntarily resign) at any time, for any reason or no reason, with or without cause or prior notice. Nothing contained in this application, or provided in connection herewith, will be construed as an offer or promise of employment, nor does this application create an employment contract or guarantee that employment or any benefit will be provided or continued for any period of time.

By signing below, I hereby affirm the foregoing and all other contents of this application. My signature below certifies that I have read and understand this application and agree to the terms and conditions contained in this application.

Applicant's Signature

Date

FOR MANAGEMENT USE ONLY	
Date Application Received: _____	
Supplementals to Application Required: Yes ___ No ___	
Arrange Interview: Yes ___ No ___	
_____ Interviewer	_____ Date
Employ: Yes ___ No ___	Date of Employment: _____ Job Title: _____
Hourly/ Salary Rate: _____ Department: _____	
By: _____	_____ Date
Name and Title	Date