



City of Rogue River EMPLOYMENT APPLICATION

133 Broadway Street
P.O. Box 1137
Rogue River, OR 97537
(541) 582-4401
FAX (541) 582-0937
www.cityofrogueriver.org

DIRECTIONS: Supply an answer to every question. If a question is not applicable, write "N/A" in that space. SIGN YOUR NAME WHEN COMPLETED. A résumé may be submitted; however, a résumé will not substitute for a fully completed application. Failure to follow directions may delay or prevent your application from being considered.

POSITION APPLIED FOR _____

Last Name

First Name

Middle Initial

Mailing Address _____

City

State

Zip Code

Telephone _____

Email Address _____

Where did you hear about this opening? _____

Are you employed now? Yes No

May we contact your present employer? Yes No

If YES, give name, contact person and title, and contact number: _____

Date you are available for work? _____

Indicate work schedule(s) you will accept **and circle** your first choice:

Full Time Part Time Shift Work Temporary

Do you have a valid Driver's license? Yes No State: _____

Can you satisfactorily perform the essential functions of the job for which you are applying as outlined in the job description, with or without reasonable accommodations? Yes No

Are you able to be lawfully employed in the United States? Yes No (Proof will be required upon hire.)

The City of Rogue River is an equal employment opportunity employer. All applicants will be considered on the basis of their qualifications without regard to age, race, color, national origin, gender, religion, disability, or other protected status in accordance with applicable federal, state, and local equal employment opportunity laws.

Do any of your friends or relatives work here? Yes No

Date available for work _____

Are you currently on "lay off" status and subject to recall? Yes No

What is your desired salary range? _____

REFERENCES

1. _____ (_____) _____
(Name) Phone#

2. _____ (_____) _____
(Name) Phone#

3. _____ (_____) _____
(Name) Phone#

EDUCATION AND FORMAL TRAINING

Do you have a high school diploma or GED certificate? Yes No If no, highest grade completed _____

Schools attended after high school or special training received

BUSINESS/VOCATIONAL SCHOOL OR COLLEGE NAME AND LOCATION	NUMBER OF YEARS COMPLETED	COURSE OF STUDY (MAJOR AND MINOR)	DEGREE or CERTIFICATE EARNED	CREDIT HOURS
	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 Other:			
	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 Other:			
	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 Other:			
	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 Other:			

Other certificates or degrees earned or applicable registration or license numbers:

SPECIAL SKILLS, QUALIFICATIONS, AND CONSIDERATIONS

Briefly summarize any special skills, qualifications, volunteer activities, training, or other activities related to the job you are seeking. They need not be a result of past employment.

Are you a veteran of the US Armed Forces? Yes No

If yes and you want to use Veterans' Preference, you must provide a copy of your DD214/DD215 form or a letter from the U.S. Department of Veterans Affairs indicating receipt of a non-service connected pension.

EMPLOYMENT HISTORY

- List your last 5 jobs in order. Start with your present or most recent job. Do not omit any job.
 - Be sure to describe in this section the duties you have performed which demonstrate that you have the knowledge, skills, and abilities to perform the duties of the job for which you are applying.
 - Attaching a résumé in lieu of a fully completed application is not acceptable.
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Job Title _____ Start Date (mo/yr) _____ End Date (mo/yr) _____

Company Name _____ Phone _____

Address, City, State & Zip _____

May we contact this employer? Yes No Supervisor _____ Full or Part-Time _____

Number of people you supervise(d) _____

Reason for Leaving or Desiring to Leave _____

Duties and Responsibilities:

What did you like most about this job?

What did you like least about this job?

Job Title _____ Start Date (mo/yr) _____ End Date (mo/yr) _____

Company Name _____ Phone _____

Address, City, State & Zip _____

May we contact this employer? Yes No Supervisor _____ Full or Part Time _____

Number of people you supervised _____

Reason for Leaving _____

Duties and Responsibilities:

What did you like most about this job?

What did you like least about this job?

Job Title _____ Start Date (mo/yr) _____ End Date (mo/yr) _____

Company Name _____ Phone _____

Address, City, State & Zip _____

May we contact this employer? Yes No Supervisor _____ Full or Part Time _____

Number of people you supervised _____

Reason for Leaving _____

Duties and Responsibilities:

What did you like most about this job?

What did you like least about this job?

Job Title _____ Start Date (mo/yr) _____ End Date (mo/yr) _____

Company Name _____ Phone _____

Address, City, State & Zip _____

May we contact this employer? Yes No Supervisor _____ Full or Part Time _____

Number of people you supervised _____

Reason for Leaving _____

Duties and Responsibilities:

What did you like most about this job?

What did you like least about this job?

Job Title _____ Start Date (mo/yr) _____ End Date (mo/yr) _____

Company Name _____ Phone _____

Address, City, State & Zip _____

May we contact this employer? Yes No Supervisor _____ Full or Part Time _____

Number of people you supervised _____

Reason for Leaving _____

Duties and Responsibilities:

What did you like most about this job?

What did you like least about this job?

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

I understand and agree that:

1. The answers and information that I have provided on this application, and any résumé or other supplementary materials, are true and complete without omissions. I understand that any false information will be grounds for refusal to hire or for immediate discharge if I am employed. I authorize any of the persons or organizations named in this application to give the City of Rogue River complete information and records regarding my employment, education, character, and qualifications.
2. I understand that information regarding my prior compensation is not being requested with this application, nor will prior compensation be considered in determining an original offer of employment in the event an offer is presented.
3. I will be responsible for familiarizing myself with all rules and regulations of the City of Rogue River as they presently exist or are later modified.
4. I also understand that no representative of the City of Rogue River 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 in a current individual employment offer signed by the City Administrator.

Applicant's Signature _____ Date _____