



# CITY OF EAGLE POINT EMPLOYMENT APPLICATION

**IMPORTANT DIRECTIONS:** Supply an answer to every question. If a question is not applicable to you, type NA in that space. **SIGN YOUR NAME WHEN COMPLETED.** Failure to observe these directions will result in your application not receiving adequate consideration. A resume will not be accepted in lieu of application.

<p><b>NAME AND ADDRESS:</b></p> <hr/> <p>Last                                      First                                      Middle Initial</p> <hr/> <p>Mailing Address</p> <hr/> <p>Physical Address:</p> <hr/> <p>City                                      State                                      Zip Code</p>	<p><b>POSITION APPLIED FOR:</b></p> <p>Job Title:</p> <hr/> <p>Use one application for EACH position applied for.</p>
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Telephone Number: Home: \_\_\_\_\_ Message: \_\_\_\_\_

Email Address: \_\_\_\_\_ You may be contacted by email during this recruiting process.

Are you legally able to work in the United States?  Yes  No Proof will be required upon hire.

On what date are you available for work? \_\_\_\_\_

Are you available to work  Part Time  Shift Work  Temporary  Full Time (Mark all that apply)

Are you on a layoff and subject to recall?  Yes  No

Can you travel if this job requires it?  Yes  No

Do you have a valid Oregon Driver's license?  Yes  No Number \_\_\_\_\_

Do you have Commercial Driver's License endorsements?  Yes  No Endorsements \_\_\_\_\_

Referral Source:  Advertisement  Friend  Relative  Walk-in  
Where did you see it advertised? \_\_\_\_\_

All persons shall have equal employment opportunities with the City of Eagle Point regardless of race, color, religion, sex, sexual orientation, national origin, veteran or military status, disabilities, or any other classifications protected by law.

## EDUCATION AND TRAINING HISTORY

Do you have a high school diploma or GED certificate?  Yes  No

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

<i>Name and location of School</i>	<i>Course of Study</i>	<i>Credits Earned in Quarter or Semester Hours</i>	<i>Graduated (Yes/No)</i>	<i>Degree or Certificate Received</i>

## LICENSES, REGISTRATIONS, CERTIFICATES

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

<i>Description</i>	<i>Issuing State/Agency</i>	<i>ID Number</i>	<i>Exp. Date</i>

## SPECIALIZED SKILLS AND KNOWLEDGE

List any specialized skills or knowledge that demonstrates your ability to perform the job for which you are applying (software programs, fluency in a foreign language, keyboarding speed). Use an additional sheet if necessary.

## REASON FOR APPLYING FOR THIS POSITION

## WORK HISTORY

Resumes will not be accepted in lieu of completed job application. Clearly describe all of your duties, starting with your most recent job. Include any military service. If you need additional space, attach a separate sheet and duplicate the same format used on this application. Please include all jobs.

<b>JOB NUMBER 1</b>	Job Title		
Name of Employer		Supervisor's Name	Supervisor's Title
Employer's Address		City	ST Phone
Employment Dates: From:                      To:		Avg Hrs Worked/Wk	
DUTIES:			
REASON FOR LEAVING:			
<b>SUPERVISION/LEAD WORK (CHECK THE AREAS YOU WERE RESPONSIBLE FOR)</b>			
<input type="checkbox"/> Assigning and Reviewing Work	<input type="checkbox"/> Handling Disciplinary Problems	<input type="checkbox"/> Hiring or Recommending Hiring	
<input type="checkbox"/> Rating Work Performance	<input type="checkbox"/> Responding to Grievances	<input type="checkbox"/> Not Responsible for Any of These	
List the number of employees you supervised and their job titles:			#Employees
<b>JOB NUMBER 2</b>	Job Title		
Name of Employer		Supervisor's Name	Supervisor's Title
Employer's Address		City	ST Phone
Employment Dates: From:                      To:		Avg Hrs Worked/Wk	
DUTIES:			
REASON FOR LEAVING:			
<b>SUPERVISION/LEAD WORK (CHECK THE AREAS YOU WERE RESPONSIBLE FOR)</b>			
<input type="checkbox"/> Assigning and Reviewing Work	<input type="checkbox"/> Handling Disciplinary Problems	<input type="checkbox"/> Hiring or Recommending Hiring	
<input type="checkbox"/> Rating Work Performance	<input type="checkbox"/> Responding to Grievances	<input type="checkbox"/> Not Responsible for Any of These	
List the number of employees you supervised and their job titles:			#Employees

<b>JOB NUMBER 3</b>		Job Title		
Name of Employer		Supervisor's Name		Supervisor's Title
Employer's Address		City	ST	Phone
Employment Dates: From:                      To:		Avg Hrs Worked/Wk		
DUTIES:				
REASON FOR LEAVING:				
SUPERVISION/LEAD WORK (CHECK THE AREAS YOU WERE RESPONSIBLE FOR)				
<input type="checkbox"/> Assigning and Reviewing Work		<input type="checkbox"/> Handling Disciplinary Problems		<input type="checkbox"/> Hiring or Recommending Hiring
<input type="checkbox"/> Rating Work Performance		<input type="checkbox"/> Responding to Grievances		<input type="checkbox"/> Not Responsible for Any of These
List the number of employees you supervised and their job titles:				#Employees
<b>JOB NUMBER 4</b>		Job Title		
Name of Employer		Supervisor's Name		Supervisor's Title
Employer's Address		City	ST	Phone
Employment Dates: From:                      To:		Avg Hrs Worked/Wk		
DUTIES:				
REASON FOR LEAVING:				
SUPERVISION/LEAD WORK (CHECK THE AREAS YOU WERE RESPONSIBLE FOR)				
<input type="checkbox"/> Assigning and Reviewing Work		<input type="checkbox"/> Handling Disciplinary Problems		<input type="checkbox"/> Hiring or Recommending Hiring
<input type="checkbox"/> Rating Work Performance		<input type="checkbox"/> Responding to Grievances		<input type="checkbox"/> Not Responsible for Any of These
List the number of employees you supervised and their job titles:				#Employees

In the space below, please list references that have knowledge of you and your qualifications. Exclude relatives and past employers. Contact information for references must be complete.

Name	Address where person can be contacted (include city, state and zip)	Telephone number at which person can be contacted. Email address if available.
		Home: Work:
		Home: Work:
		Home: Work:
		Home: Work:
		Home: Work:
		Home: Work:

**CERTIFICATE OF APPLICANT (Read carefully before signing)**

1. I hereby certify that all statements made in this application are true, and I agree and understand that any misstatement of material facts herein will cause forfeiture on my part of all rights to any employment in the service of the City of Eagle Point.
2. I authorize any of the former employers named in my application to release any information in their possession regarding my work performance and salary history.
3. I authorize the City of Eagle Point to make any necessary and appropriate investigation to verify the information contained herein.
4. **MILITARY SERVICE:** Have you ever served in the armed forces, National Guard and/or military reserves?  Yes  No  
If yes, list branch of service, position held, dates of service, the location(s) in which you served, your identification number and type of discharge. Please attach copies of separation documents (i.e. DD-214 and DD-215).

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5. The City of Eagle Point is an equal opportunity employer and does not discriminate on the basis of race, religion, color, sex, sexual orientation, age, national origin, disability, veteran or military status, or any other classification protected by law.

**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 authorize the City of Eagle Point to verify the employment and education information provided on this 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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ PHONE NO. \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Message phone if you cannot be reached at the above number \_\_\_\_\_

*Reasonable accommodations may be made upon request prior to the application deadline to enable individuals with disabilities to participate in the job application process.*