

## VERNONIA OREGON EMPLOYMENT APPLICATION

## **CITY OF VERNONIA**

1001 Bridge St. Vernonia, OR 97064 Phone (503) 429-5291 Fax# (503) 429-4232

The City of Vernonia 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, or any other legally protected status. All selection decisions are based on job related factors.

Position Applied For:	Date	Date of Application:					
PLEASE PRINT OR TYPE							
	PERSONAL IN	FORMAT	ION				
Last Name First Name			Home Phone		Message Phone		
Address	Apt. #			PO Box Business Phone			
City State	Zip		Date of Birth				
	Profession of the USA? Do you have a high school diploma or Yes ☐ No ☐			or GED certificate?			
Have you ever been convicted of a felony?	Please explain the convid	ction:*	I				
Criminal convictions are not an absolute bar to employment but will only be considered in relation to specific job requirements.*							
	EDUCATION A	ND TRAIL	JING				
	e any training relative to			g for:			
Colleges, Vocational or Technical Schools, Training Centers				er of Years Completed Type of Degree or Certificate Receive		ertificate Received	
LICENSES AND CERTIFICATES REQUIRED FOR THIS POSITION							
Description		Issue	ed by		ID#	Expiration Date	
PERTINENT SPECIAL SKILLS							
Please list experience with machines, office equipment, languages, or other special skills pertinent to the position for which you are applying.							

WORK EXPERIENCE						
Beginning with your present or last job (and working backward) list all Work Experience including Military, Volunteer and Intern Experience.						
(If more space is needed use Additional Work Experience Sheet)						
name or Prese	Name of Present or Last Employer Address					
Starting Date Month/Year	Leaving Date Month/Year	Salary \$ per   Full Time   Part   Volunteer   Inter		Reason for Leaving		
Job Title (Prese	ent or Last)	<u> </u>	Name of Supervisor	r/Title	Phone #	
Job Duties:						
May we contact	t this employer?	□Yes □No				
Name of Emplo	oyer			Address		
Starting Date Month/Year	Leaving Date Month/Year	Salary \$ per   Full Time   Part   Volunteer   Inter		Reason for Leaving		
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Job Duties:			<u>I</u>			
May we contact this employer? ☐Yes ☐No						
may we comac						
Name of Emplo				Address		
		Salary \$ per		Address  Reason for Leaving		
Name of Emplo	Leaving Date  Month/Year	Salary \$ per □ Full Time □ Part		Reason for Leaving	Phone #	
Name of Emplo Starting Date Month/Year	Leaving Date  Month/Year	Salary \$ per □ Full Time □ Part	rn hrs/wk	Reason for Leaving	Phone #	
Name of Emploi Starting Date Month/Year  Job Title (Prese Job Duties: Name of Emploi	Leaving Date  Month/Year  ent or Last)	Salary \$ per □ Full Time □ Part	rn hrs/wk	Reason for Leaving	Phone #	
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Starting Date  Month/Year  Job Title (Prese  Job Duties:  Name of Emplo May we contact  Starting Date	Leaving Date  Month/Year  ent or Last)  oyer t this employer?  Leaving Date  Month/Year	Salary \$ per	n hrs/wk  Name of Supervisor  Time hrs/wk	Reason for Leaving  /Title  Address  Reason for Leaving	Phone #	
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Starting Date   Lenving Date   Month/Year	WORK EXPERIENCE							
Month/Year								
Job Duties:   May we contact this employer?   Yes   No			☐ Full Time ☐ Part		Reason for Leaving			
May we contact this employer   Pes	Job Title (Prese	ent or Last)		Name of Supervisor	 r/Title	Phone #		
Name of Employer	Job Duties:							
Starting Date	May we contac	t this employer?	□Yes □No					
Month/Year	Name of Emplo	oyer			Address			
Address   Starting Date   Leaving Date   Month/Year   M			☐ Full Time ☐ Part		Reason for Leaving			
May we contact this employer?   Yes   No	Job Title (Prese	ent or Last)		Name of Supervisor	r/Title	Phone #		
Starting Date   Leaving Date   Month/Year		t this employer?	□Yes □No			,		
Month/Year   Month/Year   Salary \$ per   Full Time   Part Time   hrs/wk   Trs/wk   Phone #   Full Time   Part Time	Name of Emplo	oyer			Address			
APPLICANT ACKNOWLEDGMENT  I understand this application does not represent a contract for employment. I understand that an acceptance of an offer for employment does not create a contractual obligation upon the City of Vernonia to continue to employ me for any period of time in the future. I understand that no representative from the City has any authority to enter into any special greement with me to promise and/or guarantee my employment for any special greement with me to promise and/or guarantee my employment for any specific time period or to promise me a promotion or transfer, etc., either prior to commencement of employment or after I have become employed, or to assure me of any benefits or terms and conditions of employment, or to make any agreement contrary to the aforementioned.  I hereby represent that each answer to questions incorporated into this application and all other information furnished by me shall be true, complete, and correct. I understand that incorrect, incomplete, false, or misleading statements/answers/information furnished by me, either verbally or in writing, will subject my application to disqualification from further consideration and/or if already employed by the City, when the aforementioned is detected, I will be subject to discipline up to and including discharge, for falsifying a City coord/document, regardless of how much time has elapsed since the date I was employed. In the event that I am employed by the City, I agree to comply with all its orders, rules, regulations, safety policies and performance standards. Within not more than three (3) days of employment, I will provide proof as required on the US Government, I-9 Form, that I am legally eligible for employment in the United States. If I cannot provide such proof in accordance with Federal Law, I understand that I will be terminated.  I have read and understand all of the provisions of this acknowledgment. By signing this application, I hold the City of Vernonia harmless for any result of the reference check. I hereb			☐ Full Time ☐ Part		Reason for Leaving			
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license violations and motor vehicle records, that may be in their possession to the City of Vernonia and/or its agents. An offer of employment in conditioned upon several criteria, including my satisfactorily passing certain laboratory test(s) (including tests for substance abuse) which may be required by the City of Vernonia.	I understand to create a control representative specific time pot assure me complete, and in writing, will adtected, I will since the date performance so legally eligible terminated.  I have read an of the reference	nis application do actual obligation from the City has eriod or to promisif any benefits or the sent that each anscorrect. I understable subject my applicate be subject to discill was employed. I tandards. Within infor employment discipled understand all of the check. I hereby	es not represent a cont upon the City of Vernos any authority to enter e me a promotion or trar erms and conditions of e swer to questions incorp and that incorrect, income ation to disqualification froi cipline up to and includin in the event that I am em tot more than three (3) do in the United States. If of the provisions of this are authorize and release for	onia to continue to edinto any special agransfer, etc., either prioremployment, or to male protection of the property of the protection of the provide of	employ me for any period of time in reement with me to promise and/or grate to commencement of employment or ke any agreement contrary to the aforecation and all other information otherwading statements/answers/information ition and/or if already employed by the fying a City record/document, regardle agree to comply with all its orders, rule will provide proof as required on the Unich proof in accordance with Federal igning this application, I hold the City of er employers, educational institutions,	the future. I understand that no puarantee my employment for any after I have become employed, or ementioned.  Wise furnished by me shall be true, furnished by me, either verbally or existence of City, when the aforementioned is ess of how much time has elapsed es, regulations, safety policies and S Government, I-9 Form, that I am I Law, I understand that I will be of Vernonia harmless for any result law enforcement agencies, and/or		
Applicant's Signature: Date Signed:	license violatic conditioned up required by the	ons and motor veloon several criteries City of Vernonia.	hicle records, that may a, including my satisfac	be in their possession	on to the City of Vernonia and/or its a	agents. An offer of employment in		

## City of Vernonia

## **EQUAL OPPORTUNITY EMPLOYMENT INFORMATION**

The City of Vernonia is subject to various state and federal rules and regulations requiring non-discrimination in employment. Pursuant to these rules and regulations, the City of Vernonia hereby invites you to voluntarily provide information regarding your race/ethnic composition, gender and age.

The City of Vernonia is an equal opportunity employer. All employment decisions are based on qualifications and are made without regard to race, color, religion, national origin, age, sex, disability status, veteran status, marital status and any other legally protected status. As required by law, any information that you provide on this form will be treated as confidential and will be stored separate from all personnel information. This information will be used only to demonstrate compliance with applicable state and federal rules and regulations.

Position Applied For:	Sex:
Age:	
RACIAL CATEGORY	
☐ WHITE/CAUCASIAN (not of Hispanic origin)	All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
☐ BLACK (not of Hispanic origin)	All persons having origins in any of the racial groups of Africa
HISPANIC	All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
☐ AMERICAN INDIAN-ALASKAN NATIVE	All persons having origins in any of the original peoples of North America who maintain cultural identification through tribal affiliation or community recognition as an American Indian or Alaskan Native.
HANDICAPPED  Do you consider yourself mentally or physically disa	abled?
If yes explain:	
VOLUNTARY COMPLETION BY APP	PLICANT NOT FOR INTERVIEW PURPOSES.
RECRUIT	MENT SOURCE
How did you become aware of this employment op	
Newspaper Which newspaper? City Employment Announcement City Employee State Employment Office City Website Other Explain:	