



**CITY OF CLATSKANIE
EMPLOYMENT APPLICATION**

75 S. Nehalem, PO Box 9, Clatskanie, OR 97016
Phone: 503-728-2622 Fax: 503-728-3297

Position applied for: _____

Date available: _____

Email: _____

1. Name:

(Last) (First) (Middle)

2. Address:

Street P.O. Box City State Zip Code

3. If less than 5 years at this address, previous address:

Street P.O. Box City State Zip Code

4. Telephone No. _____ (Cell phone #) _____

5. Current Driver's License No: _____ State and Class: _____

6. Previous Driver's License No: _____ State and Class: _____

7. Have you ever been convicted of a crime? ___Yes ___No if yes, explain below:

Note: Reporting a crime will not necessarily disqualify you from being selected.

8. Name and location of High School:

Or, name of facility and location where certificate of equivalency was obtained (GED)

9. Schools attended after high school or special training received:

Name and Location: _____
(City and State)
Major: _____

10. Total Number of Hours, Degree, or Certificate Earned: _____

11. List any special training, licenses, certificates, machine skills, office equipment or other special skills you may have that are pertinent to the position for which you are applying.

* If additional space is needed for education, training or skills, attach supplemental sheet.

11. Complete Work History: Begin with present employer or most recent experience.

Name of Employer: _____
From: _____ (Mo/Yr) To: _____ (Mo/Yr)
Address: _____
Salary: _____ Type of firm: _____ Telephone No: _____
Job Title _____ Supervisor's Name _____
Title: _____ Describe Duties: _____

This position was full time part time

Reason for Leaving: _____
If you are still working here, may we contact this employer? ___Yes ___No

From _____ (Mo/Yr) Name of Employer _____
To _____ (Mo/Yr) Address _____
Salary: _____ Type of firm: _____ Phone Number: _____

Name of Employer: _____
From: _____ (Mo/Yr) To: _____ (Mo/Yr)
Address: _____
Salary: _____ Type of firm: _____ Telephone No: _____
Job Title _____ Supervisor's Name _____

Title: _____ Describe Duties: _____

This position was full time part time

Reason for Leaving: _____

If you are still working here, may we contact this employer? ___Yes ___No

From _____ (Mo/Yr) Name of Employer: _____

To _____ (Mo/Yr) Address: _____

Salary: _____ Type of firm: _____ Phone Number: _____

Name of Employer: _____

From: _____ (Mo/Yr) To: _____ (Mo/Yr)

Address: _____

Salary: _____ Type of firm: _____ Telephone No: _____

Job Title _____ Supervisor's Name _____

Title: _____ Describe Duties: _____

This position was full time part time

Reason for Leaving: _____

If you are still working here, may we contact this employer? ___Yes ___No

From _____ (Mo/Yr) Name of Employer: _____

To: _____ (Mo/Yr) Address: _____

Salary: _____ Type of firm: _____ Phone Number: _____

Job Title _____ Supervisor's Name _____

Title: _____ Describe Duties: _____

This position was full time part time

Reason for Leaving: _____

If you are still working here, may we contact this employer? ___Yes ___No

*If additional space is needed for work history, please attach supplemental sheet.

12. How did you hear about this job?

Certification and Signature

I hereby certify that all statements and information provided on this application and throughout the interview process have been or will be true and complete. I hereby authorize the City, its agents and employees to contact my former employers as well as others to verify information I have provided the City and to obtain information about me which the City deems relevant to my employment. I authorize anyone having knowledge about me, including the officers, directors, owners, and employees of my former employers to disclose to the City all information relating to my past employment. I agree that any information released by my former employers to the City is released in good faith and I hereby waive the right to make any claim, suit, complaint, claim for damages, or legal action of any kind against any person, entity or their officers, directors, agents, insurers, or employees which relate in any way to providing information about me to the City, consistent with ORS 30.178. I understand the City of Clatskanie is committed to promoting safety and high standards of employee performance, productivity, and reliability. I agree the City may require me to take and successfully pass a drug and alcohol test as a condition of my employment. I understand that if I have any prohibited substance in my system at the time of the drug test, the City may not hire me. It is understood that by submitting this application for employment, I have agreed to allow the City to perform a review of publicly available criminal records as part of any background investigation.

Signature _____ Date _____

The City of Clatskanie is an equal opportunity employer.