



APPLICATION FOR EMPLOYMENT

The City of Boardman is an Equal Employment Opportunity employer. We are dedicated to a policy of selection of the best available candidate based on job-related criteria, education, knowledge, skills, and abilities. We will not discriminate on the basis of race, color, religion, sex, national origin, age, marital status, or mental or physical disability. The City is a public agency and any information may be released if required by law.

200 City Center Circle
PO Box 229
Boardman OR 97818
Phone (541)481-9252

Date of Application _____

Position(s) applied for _____

Referral Source: ☐ Advertisement ☐ Friend ☐ Relative ☐ Walk-in
☐ Employment Agency ☐ Other

Name _____
Last First Middle

Address _____
Street Address, include apartment number

City State Zip Code

Telephone _____ Social Security Number _____
(Optional)

Have you filed an application here before? ☐ Yes ☐ No If yes, give date _____

Have you ever been employed here before? ☐ Yes ☐ No If yes, give date _____

Are you legally able to work in the United States? ☐ Yes ☐ No

Have you ever been convicted of a crime? ☐ Yes ☐ No

If yes please list _____

Do you have a valid Driver's License? ☐ Yes ☐ No
If yes State of Issue _____ Type or Class _____ License No. _____

EDUCATION AND FORMAL TRAINING

Do you have a high school diploma? ☐ Yes ☐ No

Name and Location of High School _____

If no, do you have a certificate or equivalency (GED)? ☐ Yes ☐ No

Please list all schools attended after high school:

Box #	Name and Location	Major Course of Study	Dates Attended	Credits Earned			Full or Part time	Graduated Yes/ No	Degree Earned and Year
				Qtr hrs	Sem/hrs	Other			
1									
2									
3									
4									

Please explain your computer experience

WORK EXPERIENCE: Please provide the requested employer information for the most current 10 years of your employment history. Any periods of unemployment must be noted in your work history. Please provide the address of your employer as that of the main office. Please describe each major part of your job duties in as much detail as possible. Start with your current employer and proceed backward in time through all of your employers during the last 10 years.

CURRENT OR LAST EMPLOYER	TYPE OF BUSINESS	TOTAL TIME _____ year month
ADDRESS (INCLUDE CITY AND STATE)	POSITION HELD	FROM _____ year month
IMMEDIATE SUPERVISOR	TELEPHONE NUMBER	TO _____ year month
If you supervised employees, indicate your responsibility by checking the appropriate boxes	<input type="checkbox"/> Hired or recommended hiring	Average hours worked per week _____
	<input type="checkbox"/> Assigned and reviewed work	Salary
	<input type="checkbox"/> Rated work performance	<input type="checkbox"/> Hourly _____
	<input type="checkbox"/> Handled disciplinary problems	<input type="checkbox"/> Monthly _____
Indicate number of employees and job types supervised		May we contact this employer Yes No
DUTIES (Be specific)		
REASON FOR LEAVING		

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REASON FOR LEAVING		

If you need additional space, please continue on a separate sheet of paper. Please provide the information in the same format as above.

Are you a Veteran of the U.S. Military? ☐ Yes ☐ No If yes, branch _____

Do you read, write or speak fluently more than one language? ☐ Yes ☐ No If yes please list all languages you are fluent in: _____

Please list any other specialized training, seminars, courses or certificates which may be pertinent to the position you are applying for. _____

Please provide the name, address, occupation and telephone number of three individuals, **OTHER THAN RELATIVES OR FORMER EMPLOYERS**, who know you well enough to provide information about you:

<u>Name</u>	<u>Address</u>	<u>Occupation</u>	<u>Telephone</u>
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____

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

I hereby certify that the information contained in this application and resume is true and correct and without omission, and agree to have any of the statements checked by the City of Boardman unless I have indicated to the contrary. I authorize the references listed above to provide the City any and all information concerning my previous employment and any pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to the City as well as from the use or disclosure of such information by the City or any of its agents, employees or representatives. I understand that any misrepresentation, falsification or material omission of information on this application or resume may result in my failure to receive an offer or, if I am hired, in my dismissal from employment.

I have read and understand the above.

Signature of applicant _____ Date: _____