

## 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

		Γ	Date of Application			
Position(s) applied	l for					
Referral Source:	Advertisement Employment Age		Relative Other	□ Walk-in		
Name						
Last		First		Middle		
Address						
	Stree	et Address, include	apartment number			
	City		State	Zip Code		
Telephone			ecurity Number Optional)			
Have you filed an	application here before	e? ☐ Yes ☐ ]	No If yes, give	date		
Have you ever bee	en employed here before	re? □Yes □	No If yes, give	date		
Are you legally ab	le to work in the Unite	ed States?	Yes 🗆 No			
Have you ever bee	en convicted of a crime	? Yes	No			
If yes please list						
If yes State of Iss	id Driver's License? sue Type or Cl AND FORMAL TRAIN	ass L				
Do you have a hig	h school diploma?	Yes □No				

	Please list a	ll schools attende	ed after high s	school:	1	1	·,	1	
Box #	Name and Location	Major Course of St	udy Dates Attended	Credits Earned			Full or Part time	Graduated Yes/ No	Degree Earned and Year
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-		+		+					
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3									
4									
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CURRENT OR LAST EMPLOYER	TYPE OF BUSIN	IESS	TOTAL TIME	year	month
ADDRESS (INCLUDE CITY AND STATE)	POSITION HELD	)		your	monar
			FROM	voor	month
IMMEDIATE SUPERVISOR	TELEPHONE NU	JMBER		year	ПОПШ
			ТО		
		Hirad or recommended hiring		year	month
If you supervised employees, indicate your		Hired or recommended hiring		urs worked per	week
responsibility by checking the appropriate		Assigned and reviewed work	Salary		
boxes	_	Rated work performance	Ш	Hourly _	
		Handled disciplinary problems		Monthly_	
Indicate number of employees and job types	supervised		May we	contact this	employer
				Yes	No
DUTIES (Be specific)					
REASON FOR LEAVING					
CURRENT OR LAST EMPLOYER	TYPE OF BUSIN	IESS	TOTAL		
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ADDRESS (INCLUDE CITY AND STATE)	POSITION HELD		THVIL	year	month
ADDRESS (INCLUDE CITT AND STATE)	FOSITIONTILLE	,	FROM		
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DUTIES (Re specific)				Yes	No
DUTIES (Be specific)				Yes	No
DUTIES (Be specific)				Yes	No
DUTIES (Be specific)				Yes	No
				Yes	No
DUTIES (Be specific)  REASON FOR LEAVING				Yes	No
				Yes	No

CURRENT OR LAST EMPLOYER	TYPE OF BUSINESS	TOTAL		
		TIME	year	month
ADDRESS (INCLUDE CITY AND STATE)	POSITION HELD	FROM		
		FROM	year	month
IMMEDIATE SUPERVISOR	TELEPHONE NUMBER		<i>J</i> = 4.1	
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REASON FOR LEAVING				
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RESON 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. Milit	ary? □Yes □ No If yes, branch_		
	more that one language?  Yes		
the position you are applying for	ning, seminars, courses or certificates		
Please provide the name, address,	occupation and telephone number of <b>MER EMPLOYERS</b> , who know you	three individuals, <b>OTHER</b>	
<u>Name</u>	Address	Occupation	Telephone
1)			
2)	-		
3)			
		-	
APPLICATION. ONLY THOSE A	G STATEMENT CAREFULLY BEF PPLICATIONS THAT ARE SIGNEI IAVE ANY QUESTIONS REGARDI GNING.	D AND DATED ARE	
correct and without omission Boardman unless I have indi provide the City any and a pertinent information that the and all liability for any dama as well as from the use or c employees or representatives.	formation contained in this applicating, and agree to have any of the statem cated to the contrary. I authorize the all information concerning my prevey may have. Further, I release all pages that may result from furnishing solisclosure of such information by the I understand that any misrepresental this application or resume may result dismissal from employment.	nents checked by the City of the references listed above to rious employment and any arties and persons from any such information to the City the City or any of its agents, tion, falsification or material	
I have read and understand the above	ve.		
Signature of applicant		Date:	