

APPLICATION FOR EMPLOYMENT

City of Boardman

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

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 or any other classification protected by law. The City is a public agency and any information may be released if required by law.

Date of Application _____

Position applied for _____

Name _____
Last First Middle

Address _____
Street address, include apartment number

City State Zip

Telephone _____ Email _____

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 dates of employment and positions held: _____

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

Note: In compliance with federal law, the City requires all persons hired to verify their identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

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

If yes, are you seeking Veteran's preference in employment? ☐ Yes ☐ No

Note: In compliance with state law, the City requires any person claiming veteran's preference to submit documentation at the time of their application which confirms that they are a qualified "veteran" or "disabled veteran" within the meaning of the law. (ORS 408.225-408.237)

Do you read, write, or speak fluently in more than one language?

☐ Yes

☐ No

Please list all languages you are fluent in:

If the job you are applying for requires driving as an essential job function, are you able to provide a valid drivers license?

☐ Yes

☐ No

If yes, type or class

EDUCATION AND FORMAL TRAINING

Do you have a high school diploma or certificate of equivalency? (GED)

☐ Yes

☐ No

Name and location of High School or accrediting school:

Please list all schools attended after high school

	Name and Location	Major Course of Study	Degree Earned
1			
2			
3			
4			

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

WORK EXPERIENCE

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

CURRENT OR LAST EMPLOYER	TYPE OF BUSINESS	TOTAL TIME	
		Years	Months
LOCATION (CITY, STATE)	POSITION HELD	FROM	
		Years	Months
IMMEDIATE SUPERVISOR	TELEPHONE NUMBER	TO	
		Years	Months
Average hours worked per week	May we contact this employer?	Yes	No
DUTIES (Be specific)			
REASON FOR LEAVING			

PREVIOUS EMPLOYER	TYPE OF BUSINESS	TOTAL TIME	_____	_____
		Years	Months	
LOCATION (CITY, STATE)	POSITION HELD	FROM	_____	_____
		Years	Months	
IMMEDIATE SUPERVISOR	TELEPHONE NUMBER	TO	_____	_____
		Years	Months	
Average hours worked per week	May we contact this employer?		Yes	No
DUTIES (Be specific) _____				
REASON FOR LEAVING				

PREVIOUS EMPLOYER	TYPE OF BUSINESS	TOTAL TIME	_____	_____
		Years	Months	
LOCATION (CITY, STATE)	POSITION HELD	FROM	_____	_____
		Years	Months	
IMMEDIATE SUPERVISOR	TELEPHONE NUMBER	TO	_____	_____
		Years	Months	
Average hours worked per week	May we contact this employer?		Yes	No
DUTIES (Be specific) _____				
REASON FOR LEAVING				

PREVIOUS EMPLOYER	TYPE OF BUSINESS	TOTAL TIME	_____	_____
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LOCATION (CITY, STATE)	POSITION HELD	FROM	_____	_____
		Years	Months	
IMMEDIATE SUPERVISOR	TELEPHONE NUMBER	TO	_____	_____
		Years	Months	
Average hours worked per week	May we contact this employer?		Yes	No
DUTIES (Be specific) _____				
REASON FOR LEAVING				

PREVIOUS EMPLOYER	TYPE OF BUSINESS	TOTAL TIME	_____	_____
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		Years	Months	
IMMEDIATE SUPERVISOR	TELEPHONE NUMBER	TO	_____	_____
		Years	Months	
Average hours worked per week	May we contact this employer?		Yes	No
DUTIES (Be specific) _____				
REASON FOR LEAVING				

As part of its standard hiring practices, the City routinely conducts reference checks of job applicants. 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 as it relates to your suitability for employment with the City:

Name	Address	Telephone	Occupation
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 verified 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 as it relates to my application for employment with the City. 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 _____

Printed Name _____