



# EMPLOYMENT APPLICATION

2055 NE 238<sup>th</sup> Drive · Wood Village OR 97060-1095 · Phone (503) 667-6211 · Fax (503) 669-8723

*THE CITY OF WOOD VILLAGE IS AN EQUAL OPPORTUNITY EMPLOYER*

*The City that CARES*

POSITION APPLIED FOR: \_\_\_\_\_

DATE AVAILABLE: \_\_\_\_\_ SALARY DESIRED: \_\_\_\_\_

CAN YOU, IF HIRED, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE USA? YOU WILL BE REQUIRED TO FURNISH SUCH VERIFICATION PRIOR TO EMPLOYMENT. \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
                     Last                                      First                                      Middle

Address: \_\_\_\_\_  
                                     Street    City                                      State                                      Zip

Have you ever been a member of the Public Employees' Retirement System (PERS)? \_\_\_\_\_

EDUCATION	NAME AND LOCATION OF SCHOOL	GRADUATED YES/NO TYPE OF DEGREE EARNED	MAJOR SUBJECTS
HIGH SCHOOL			
COLLEGE			
TRADE/BUSINESS SCHOOL			

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

REFERENCES: List the names of two persons, other than former employers and relatives, having knowledge of your character, experience or ability.

1. \_\_\_\_\_  
 Name Address Phone
2. \_\_\_\_\_  
 Name Address Phone

EMPLOYMENT HISTORY: Beginning with your present or most recent job, describe your work experience.

MONTH AND YEAR	NAME, ADDRESS & PHONE OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM:				
TO:				

SPECIFIC DUTIES: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

MAY WE CONTACT YOUR CURRENT EMPLOYER?  YES  NO

MONTH AND YEAR	NAME, ADDRESS & PHONE OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM:				
TO:				

SPECIFIC DUTIES: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

MONTH AND YEAR	NAME, ADDRESS & PHONE OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM:				
TO:				

SPECIFIC DUTIES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

MONTH AND YEAR	NAME, ADDRESS & PHONE OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM:				
TO:				

SPECIFIC DUTIES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

All information contained on this application is subject to verification. The City of Wood Village may conduct background checks including, but not limited to, personal/work references and educational attainment, and upon a conditional offer of employment may conduct background checks including but not limited to, driving records, criminal conviction records, credit report records, and a physical examination.

I certify that all the information provided herein is true and complete to the best of my knowledge. I agree and understand that omissions, misstatements, and falsifications will cause forfeiture on my part of all eligibility to any employment with the City of Wood Village and may be cause for rejection of this application, removal of my name from eligibility lists, or termination from city service. In addition, I give the City of Wood Village the right to investigate and verify any information obtained through the application process. My signature below acknowledges my understanding and agreement with the above.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT'S SIGNATURE

**CITY OF WOOD VILLAGE  
SUPPLEMENTAL EMPLOYMENT APPLICATION**

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The City of Wood Village is an Equal Opportunity Employer. Qualified applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, sexual orientation, national origin, age, marital or veteran status, medical condition, handicap, or other protected status.

Please complete this form - for statistical purposes - and submit it with your application.

This sheet will be kept in a CONFIDENTIAL FILE separate from the Application for Employment.

Date: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

Referral Source:  Newspaper Ad; name of paper \_\_\_\_\_  
 Local Govt. Employee or Official \_\_\_\_\_  
 Bulletin Board; specify location \_\_\_\_\_  
 Employment Agency \_\_\_\_\_  
 Other \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
          Last                      First                      Middle

Address: \_\_\_\_\_  
          Street                                      City                      State                      Zip

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**AFFIRMATIVE ACTION SURVEY**

Birth Date: \_\_\_\_\_ Sex:  Male  Female

Race/Ethnic Group:  White  Black  Hispanic  American Indian/Alaskan Native  Asian/Pacific Islander

Vietnam Era Veteran  Disabled Veteran  Handicapped Individual

US Military or Naval Service \_\_\_\_\_ Rank: \_\_\_\_\_

Present Membership in National Guard or Reserves

Do you consider yourself mentally or physically disabled under the Vocational Rehabilitation Act of 1973?

Yes  No

If yes, please explain: \_\_\_\_\_

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