



# City of Mt. Angel

P.O. Box 960 / 5 N. Garfield Street, Mt. Angel, OR 97362  
Phone (503) 845-9291 Fax (503) 845-6261

## EMPLOYMENT APPLICATION

*DIRECTIONS: Please print clearly or type. Answer all questions. If the question does not apply to you or the position you are applying for, mark it "N/A". If additional space is needed, please attach a separate sheet.*

**Position applying for:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_  
Last First Middle

**Nickname/Assumed Name** necessary to check on your work or education history:  
\_\_\_\_\_

**Address:** \_\_\_\_\_  
Street / P.O. Box City State Zip Code

**Telephone number:** \_\_\_\_\_ **Alternate telephone number:** \_\_\_\_\_

**Email address:** \_\_\_\_\_  
(Please note that you must provide an email address if you wish to receive status information on the selection process)

Are you eligible to work in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_  
*If you are hired, proof of your eligibility will be required.*

City employees must be at least 18\* years of age or 21 years of age for Police Officer positions. Do you meet this requirement? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you claiming veteran's preference? (If yes, please submit the preference form with this application.)  
Yes \_\_\_\_\_ No \_\_\_\_\_

List any relative currently employed by the City of Mt. Angel \_\_\_\_\_

How did you learn about this position? \_\_\_\_\_

**Do you have your High School Diploma or GED?** Yes \_\_\_\_\_ No \_\_\_\_\_

**EDUCATION HISTORY:** Please list your educational background, including college, technical school, online/correspondence courses, and other relevant experience. If now in school, state anticipated completion date.

NAME OF SCHOOL	CITY AND STATE	PROGRAM/SUBJECT	DEGREE COMPLETED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EMPLOYMENT HISTORY: Beginning with your present or most recent job, describe your work experience related to the position for which you are applying. INCLUDE ALL MILITARY, NON-PAID OR VOLUNTEER WORK RELATED TO THE POSITION. If additional space is needed, attach a separate sheet of paper.

Present or Last Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Your Job Title: \_\_\_\_\_ Hours per Week: \_\_\_\_\_ Ending Wage: \_\_\_\_\_  
Employment Dates: From: \_\_\_\_\_ To: \_\_\_\_\_  
Specific Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
May we contact Your Present Employer? Yes \_\_\_\_\_ No \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Your Job Title: \_\_\_\_\_ Hours per Week: \_\_\_\_\_ Ending Wage: \_\_\_\_\_  
Employment Dates: From: \_\_\_\_\_ To: \_\_\_\_\_  
Specific Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
May we contact this Employer? Yes \_\_\_\_\_ No \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Your Job Title: \_\_\_\_\_ Hours per Week: \_\_\_\_\_ Ending Wage: \_\_\_\_\_  
Employment Dates: From: \_\_\_\_\_ To: \_\_\_\_\_  
Specific Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
May we contact this Employer? Yes \_\_\_\_\_ No \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Your Job Title: \_\_\_\_\_ Hours per Week: \_\_\_\_\_ Ending Wage: \_\_\_\_\_  
Employment Dates: From: \_\_\_\_\_ To: \_\_\_\_\_  
Specific Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
May we contact this Employer? Yes \_\_\_\_\_ No \_\_\_\_\_

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

---

---

---

---

---

---

---

*As an applicant for a position with the City of Mt. Angel, I am required to furnish information for the use in determining my qualifications. I authorize investigation of all statements contained in this application. I authorize release of any and all information that you may have concerning me, including information of a confidential or privileged nature, and I release the City, its officers, directors, employees and agents, from any liability, claim or damage arising from that investigation. I understand that any misrepresentation or omission of fact in this application or during the application process will result in termination of my employment.*

Date of Birth: _____ Social Security Number: _____ - _____ - _____
Driver's License Number: _____ State _____

*If I am hired, I agree to conform to all rules and regulations of the City. I understand that, as part of the City's employment procedures, any offer of employment I might receive from the City may be made contingent upon, among other things, satisfactory completion of a post-offer medical examination and a determination by the City that I am capable of performing the essential functions of the position that has been offered, with or without reasonable accommodation.*

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

**MAIL TO:** PO Box 960, Mt. Angel OR 97362  
**DELIVER TO:** 5 N Garfield St., Mt. Angel OR 97362  
**EMAIL TO:** Call 503-845-9291 for appropriate address

**COMPLETE ATTACHED SUPPLEMENTAL IF POSITION REQUIRES DRIVER LICENSE**

APPLICANT: The following information is requested purely for statistical purposes. Responding to these questions is voluntary. Whether or not you choose to respond to the questions will **not** affect the status of your application. This form will be separated from your application upon receipt.

**Gender:**                     Male             Female

**Race/Ethnic Group:**  White / Caucasian             Black / African American

Hispanic             Asian/Pacific Islander             American Indian/Alaskan Native

*The City of Mt. Angel is an Equal Opportunity Employer and Provider*

**Supplemental Driver License Form**  
**Complete if Applying for Position Requiring a Valid Driver License**

**NAME OF APPLICANT:** \_\_\_\_\_ **Please Print**

Do you have a valid Oregon Driver License?  NO  YES - ODL No: \_\_\_\_\_

Do you have a valid DOT CDL?  NO  YES - ODL No: \_\_\_\_\_

List previous license no., or license no. from another state:

Have you ever had your license suspended or revoked? -  NO  YES If yes, explain fully:

Have you ever been denied issuance of a license?  NO  YES If yes, explain fully:

The job you are applying for involves the use of City vehicles; therefore, we need to know if you are presently Insured under vehicle insurance -  NO  YES - If NO, are you insurable at this time?

Have you ever been refused vehicle insurance, or have you ever had your vehicle insurance revoked or withdrawn?  
 NO  YES if yes, give details, reasons, names of insurance companies, and dates:

Signature: \_\_\_\_\_

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

*The information on this form will be used only for City vehicle usage requirements and will be maintained in a confidential manner.*