

City of Mt. Angel Police Department

5 N. Garfield Street / P.O. Box 960, Mt. Angel, OR 97362; TELEPHONE: (503) 845-9294 FAX: (503) 845-4000

EMPLOYMENT APPLICATION EQUAL OPPORTUNITY EMPLOYER

DIRECTIONS: Please print or use a typewriter. 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

Is any additional information relative to change of name, assumed name or nickname necessary to enable a check on your work or education history? Yes _____ No _____

Explain _____

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.

Employees of the City of Mt. Angel must be at least 18* years of age. Are you able to meet this requirement?

Yes _____ No _____

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

If the job for which you are applying requires a valid Oregon Driver's License, can you meet this requirement?

Yes _____ No _____ License No. _____

EDUCATION RECORD: If now in school, include present term.

1 2 3 4 5 6 7 8 9 10 11 12 (Circle highest grade completed.)

NAME OF SCHOOL

CITY AND STATE

List other schooling including college, technical school, correspondence courses, and other relevant experience.

SCHOOL

MAJOR SUBJECT

UNITS COMPLETED

DEGREE

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 skills, office equipment, or other special skills you may have that are pertinent to the position for which you are applying.

Have you ever been convicted of a crime? Yes_____ No_____. If so, please explain fully (*exclude those cases contained within an expunged juvenile record and minor traffic violations.*) Conviction does not necessarily disqualify you from further consideration or employment.

I authorize investigation of all statements contained in this application, 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.

If I am hired, I agree to conform to all rules and regulations of the City. I understand that any offer of employment will not be enforceable unless it is in writing.

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:** _____

PLEASE MAIL COMPLETED ORIGINAL APPLICATION TO:

**Mt. Angel Police Department
P.O. Box 960
Mt. Angel, OR 97362**

BY THE CLOSURE OF DEADLINE DATE STATED IN POSITION PUBLICATION

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.

Gender: ____ Male ____ Female

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