



City of Sisters

P.O. Box 39
Sisters, Oregon 97759

EMPLOYMENT APPLICATION

Please type or print. Complete each section. "See resume" is not acceptable for Providing information on the application. However, a resume is acceptable as an attachment to the application.

Position applied for:			
Name		SS#	
Address	City	State	Zip
Phone #	Message #	Date available for work	
Driver License # & State	Commercial Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No	Other names used for employment:	
WORK EXPERIENCE			
List below your work experience beginning with the most recent or current employer, regardless of whether or not your submit a resume. You may include applicable volunteer experience.			
Present or last employer	Address	Phone # ()	
Date Hired	Date Left	Position Title	
Supervisor's Name & Title		Starting Salary Ending Salary	
Duties:			
Reason for leaving		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Next Employer	Address	Phone # ()	
Date Hired	Date Left	Position Title	
Supervisor's Name & Title		Starting Salary Ending Salary	
Duties:			
Reason for leaving		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Next employer	Address	Phone # ()	
Date Hired	Date Left	Position Title	
Supervisor's Name & Title		Starting Salary Ending Salary	
Duties:			
Reason for leaving		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

CITY OF SISTERS

SUPPLEMENTAL EMPLOYMENT INFORMATION

This portion of the employment application is used for statistical purposes only. Please submit it with your application. Information on this page will not be used to make any employment decision and will be kept strictly confidential.

I prefer not to provide the information requested on this page.

Position applied for: _____ Date: _____	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Age: _____	
RACE	
<input type="checkbox"/> White	(Not of Hispanic origin.) All persons having origins in any of the original peoples of Europe, North Africa, or Middle East.
<input type="checkbox"/> Black	(Not of Hispanic origin.) All persons having origins in any of black racial groups.
<input type="checkbox"/> Hispanic	All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
<input type="checkbox"/> Native American Indian	All persons having origins in any of the original peoples of North American who maintain cultural identification through tribal affiliation or communication recognition.
<input type="checkbox"/> Asian or Pacific Islander	All persons having origins in any of the original peoples of the Far East, Southeast Asian, the Indian subcontinent or the Pacific Islands.
VETERAN STATUS	
Are you a veteran? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> Recently separated from service	<input type="checkbox"/> Vietnam Era Veteran
<input type="checkbox"/> Disabled Veteran (entitled to disability compensation, but not classified as a special	<input type="checkbox"/> Special Disabled Veteran (30% or more disability, discharged or released from active duty for disability incurred or aggravated
HANDICAPPED	
Do you consider yourself mentally or physically handicapped?	
AN EQUAL OPPORTUNITY EMPLOYER	
The City of Sisters is an Equal Employment Opportunity Employer. We are dedicated to a policy of nondiscrimination in	

EDUCATION AND TRAINING

Name of School	City	State	Type of Training or Major
Degree, Certificate or Number of Credit Hours			
Name of School	City	State	Type of Training or Major
Degree, Certificate or Number of Credit Hours			
Name of High School	City	State	Major Area of Study
Degree, Certificate or Number of Credit Hours			

Office Skills

Please indicate level of knowledge/experience in the following areas:

E = Excellent

G = Good

M = Minimal

N = None

- _____ Computer Software (word processing, spreadsheet, database, etc.)
- _____ Computer Networked Systems
- _____ Office equipment (fax, photocopier, typewriter, etc.)
- _____ 10 Key by touch
- _____ Multi-line telephone, voice mail, communication equipment

If applicable, what is your typing speed? _____

If applicable, what is your shorthand speed? _____

List any additional training, certificates, licenses or other related qualifications you have for this position:

Is there anything in the job description that can keep you from doing all aspects of this jobs?

If yes, please explain:

APPLICANT STATEMENT

I hereby authorize the City of Sisters to contact my resources to verify and obtain information in assessing my qualifications to include, but not limited to, past/present employment, and law enforcement agencies and references, unless otherwise specified.

I understand that the City of Sisters has established a Drug Free Work Place policy and offers of employment are conditional based on successful completion of controlled substance testing.

I certify that the information I have submitted on this application or on my resume or other supplementary materials is true and correct without omissions. I understand that any false statement or misrepresentation on this application or supplementary materials will be cause for refusal to hire or for immediate dismissal from employment at any time during the period of my employment. I authorize any of the persons or organizations references in this application to give you complete information and records concerning any of the subjects covered by this application.

I understand that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my option or the option of the City of Sisters. I further understand that no supervisor or representative of the City of Sisters has authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing.

Applicant
signature _____ Date _____

The City of Sisters does not discriminate on the basic of race, color, national origin, sex, religion, age, or disability in employment or the provision of services.