

# Employment Application

520 E. Cascade Avenue | PO Box 39 - Sisters, Or 97759 | ph. (541) 549-6022 | [www.ci.sisters.or.us](http://www.ci.sisters.or.us)



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		Email Address	
Address	City	State	Zip
Phone #	Cell Phone #	Date available for work	
Driver License # & State	Commercial Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No	Other names used for employment:	
<b>WORKS EXPERIENCE</b>			
List below your work experience beginning with the most recent or current employer, regardless of whether or not you 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			
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			
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			
Duties:			
Reason for leaving		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

## 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 Network 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? \_\_\_\_\_

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

## VETERAN'S PREFERENCE

Under Oregon law, veterans who meet minimum qualifications for a position may be eligible for employment preference. To claim veteran's preference you must provide proof of eligibility by submitting a copy of your DD-214 or 215, Certificate of Release or Discharge (Copy 4).

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I hereby claim veteran's preference and have attached proof of eligibility.

## AUTHORIZATION AND ACKNOWLEDGEMENTS

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 referenced in this application to give the City of Sisters complete information and records concerning any of the subjects covered by this application.

I authorize representatives of the City of Sisters to contact the employers and references listed in this application (or otherwise provided by me), except as otherwise indicated, and any other person as developed through these contacts in order to determine my suitability for employment. I understand that as the process progresses I may be required to provide additional information in order that a thorough background check be completed.

I understand that an in-depth background check may be conducted prior to employment with the City of Sisters. This may include, but is not limited to, a Criminal History check, a DMV check, and education and certification verification.

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

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 is an Affirmative Action/Equal Opportunity Employer**

In accordance with state and federal laws, the City is committed to providing equal opportunity and treatment to all individuals in the matters of, but not limited to: job advertisement, recruitment, employment, compensation, benefits, promotion, training, discipline, layoff, recall, transfer, or termination, without regard to a person's age, disability, race, color, national origin, religion, sex, sexual orientation, veteran status, military status, association with members of a protected class, marital status, injured worker status, non-supervisory family relationships, or any other protected class or work relationship. All employment requirements mandated by State and Federal laws and regulations are observed.