

## APPLICATION FOR EMPLOYMENT

In compliance with Federal and State Equal Employment Opportunity Laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, legally protected disability, or any other protected class.

(PLEASE PRINT CLEARLY OR TYPE)

Name:	_____	_____	_____	
	Last	First	Middle	
Address:	_____	_____	_____	_____
	Street	City	State	Zip Code
Mailing Address if Different:	_____			
Phone Number (s):	_____			
Position Applied for:	_____	Date:	_____	
Referral Source:	_____			

Are you legally able to work in the United States?  Yes  No

On what date would you be available for work? \_\_\_\_\_

Are you available to work: (mark all that apply)  Full time  Part Time  Shift Work  
 Temporary  Nights  Weekends

If you are under 18 years of age, can you provide required proof of your date of birth?  Yes  No

List professional and leisure organizations and/or clubs you are affiliated with:  
(Include civic, volunteer work, and extra-curricular activities. You may exclude membership which would reveal gender, race, national origin, age, ancestry, disability, or other protected status.)

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# Employment Experience

Provide the following information, starting with your present or last employer. (You may exclude any employment that could indicate race, color, religion, gender, national origin, disabilities, or other protected status.)

(1) Employer Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
Position(s) Held: \_\_\_\_\_  
Date Hired: \_\_\_\_\_ Date Left: \_\_\_\_\_  
Last Wage: \$ \_\_\_\_\_  Hourly or  Monthly  
Primary Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Were you terminated for misconduct or poor work performance:  Yes  No  
May We Contact this Employer:  Yes  No

(2) Employer Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
Position(s) Held: \_\_\_\_\_  
Date Hired: \_\_\_\_\_ Date Left: \_\_\_\_\_  
Last Wage: \$ \_\_\_\_\_  Hourly or  Monthly  
Primary Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Were you terminated for misconduct or poor work performance:  Yes  No  
May We Contact this Employer:  Yes  No

(3) Employer Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
Position(s) Held: \_\_\_\_\_  
Date Hired: \_\_\_\_\_ Date Left: \_\_\_\_\_  
Last Wage: \$ \_\_\_\_\_  Hourly or  Monthly  
Primary Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Were you terminated for misconduct or poor work performance:  Yes  No  
May We Contact this Employer:  Yes  No



# References

1.	Name:	Phone #:
	Address:	Relationship:
2.	Name:	Phone #:
	Address:	Relationship:
3.	Name:	Phone #:
	Address:	Relationship:
4.	Name:	Phone #:
	Address:	Relationship:

By my signature below, I promise that the information provided in this application (and accompanying resume, if any) is true and complete, and I understand that any false information or significant omissions may disqualify me from further consideration for employment, and may be justification for my dismissal from the City, if discovered at a later date. I agree to immediately notify the City if I should be convicted of a felony, or any crime involving dishonesty or a breach of trust.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**NOTE: NO CONSIDERATION OF EMPLOYMENT WILL BE GIVEN TO ANY APPLICANT WHO DOES NOT SIGN THE ABOVE STATEMENT.**

THANK YOU FOR YOUR INTEREST IN EMPLOYMENT WITH THE CITY OF VENETA.

FOR OFFICE USE ONLY	
Interview? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
Department:	Job Title:
Hourly Rate/Salary: \$	Approved By: