



# City of The Dalles

## APPLICATION FOR EMPLOYMENT

Human Resources  
313 Court Street  
The Dalles, OR 97058  
541-296-5481  
Fax 541-296-6906

Conditions of employment are stated at the end of this form. Please read carefully before you sign this application.  
(Application must be completed in full even if attaching a résumé.)

Position Applied For \_\_\_\_\_ Date of Application \_\_\_\_\_

PLEASE PRINT USING BALLPOINT PEN					
FULL NAME	FIRST	MIDDLE	LAST	SOCIAL SECURITY NUMBER	
PRESENT ADDRESS	STREET	CITY	STATE	ZIP	HOW LONG
PHONE NUMBER	HOME PHONE	WORK PHONE	MESSAGE		
PREVIOUS ADDRESS	STREET	CITY	STATE	ZIP	HOW LONG

**PERSONAL**

Are you over the age of 18?  YES  NO

Are you legally authorized to work in the United States?  YES  NO

Have you ever worked for City of The Dalles before?  YES  NO

If yes, what department? \_\_\_\_\_ Approximate date: MO/YR \_\_\_\_\_

Date available to work \_\_\_\_\_

Have you ever been convicted of or pled no contest to any criminal offense?  YES  NO

If yes, describe in full, including the date, city, state and disposition of the conviction. (Inclusion of this information will not automatically disqualify an applicant from employment consideration.)

DRIVER'S LICENSE NO.	STATE	TYPE / CLASS	EXPIRATION DATE

**EDUCATION / QUALIFICATIONS**

TYPE	NAME OF SCHOOL	LOCATION (CITY, STATE)	AREA OF CONCENTRATION (MAJOR)	CHECK LAST YEAR COMPLETED				DID YOU GRADUATE?	DIPLOMA, DEGREE OR CERTIFICATE RECEIVED
				1	2	3	4		
HIGH SCHOOL								<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE								<input type="checkbox"/> YES <input type="checkbox"/> NO	
OTHER EDUCATION								<input type="checkbox"/> YES <input type="checkbox"/> NO	
OTHER EDUCATION								<input type="checkbox"/> YES <input type="checkbox"/> NO	
SPECIAL SCHOOLING OR TRAINING / APPRENTICESHIP								TYPING: WPM	
DID YOU SERVE IN THE U.S. ARMED SERVICES? <input type="checkbox"/> YES <input type="checkbox"/> NO BRANCH OF SERVICE _____									
IF YES, BRIEFLY DESCRIBE DUTIES AND SKILLS ACQUIRED IN THE SERVICE: (INCLUDE DATES)									
COMPUTER PROGRAMS USED:					FOREIGN LANGUAGE			HOW USED	
								<input type="checkbox"/> SPEAK <input type="checkbox"/> READ <input type="checkbox"/> WRITE	
COMPUTER PROFICIENCY: <input type="checkbox"/> LOW <input type="checkbox"/> MEDIUM <input type="checkbox"/> HIGH					FOREIGN LANGUAGE			HOW USED	
								<input type="checkbox"/> SPEAK <input type="checkbox"/> READ <input type="checkbox"/> WRITE	
WITHIN YOUR FIELD, ARE YOU CURRENTLY: <input type="checkbox"/> REGISTERED <input type="checkbox"/> LICENSED <input type="checkbox"/> CERTIFIED									
OR ELIGIBLE FOR: <input type="checkbox"/> REGISTRATION <input type="checkbox"/> LICENSURE <input type="checkbox"/> CERTIFICATION									
IF YES, TYPE?		STATE OR NATIONAL		NO.		DATE EXPIRES			

**OVER** ➔

**AVAILABILITY**

**PLEASE CHECK SCHEDULE AVAILABILITY:**

I am available to work FULL-TIME (40 hours)     I am available to work PART-TIME.

Hours Available	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
: - :	: - :	: - :	: - :	: - :	: - :	: - :	: - :

**EMPLOYMENT EXPERIENCE**

PRESENT AND FORMER EMPLOYERS	DATES EMPLOYED	SALARY RANGE	POSITION AND DUTIES
NAME _____	FROM	STARTING	
ADDRESS _____			
CITY _____ STATE _____ ZIP _____	TO	ENDING	
SUPERVISOR'S NAME _____ PHONE _____			
MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO REASON FOR LEAVING: _____			
NAME _____	FROM	STARTING	
ADDRESS _____			
CITY _____ STATE _____ ZIP _____	TO	ENDING	
SUPERVISOR'S NAME _____ PHONE _____			
MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO REASON FOR LEAVING: _____			
NAME _____	FROM	STARTING	
ADDRESS _____			
CITY _____ STATE _____ ZIP _____	TO	ENDING	
SUPERVISOR'S NAME _____ PHONE _____			
MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO REASON FOR LEAVING: _____			
NAME _____	FROM	STARTING	
ADDRESS _____			
CITY _____ STATE _____ ZIP _____	TO	ENDING	
SUPERVISOR'S NAME _____ PHONE _____			
MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO REASON FOR LEAVING: _____			
LIST PERIODS OF UNEMPLOYMENT OF MORE THAN 30 DAYS, AND EXPLAIN.			

**APPLICANT STATEMENT**

I understand and agree, unless otherwise covered by a collective bargaining agreement, that my employment will be at will and may be terminated by me or City of The Dalles at any time for any cause or no cause. I understand and agree that, except as provided above, all benefits, programs, rules and policies of City of The Dalles are subject to exceptions or change at any time as decided by City of The Dalles.

The information in my application was freely given and is, to the best of my knowledge, true and complete. I understand that any false, misleading answer or statement will be sufficient grounds for immediate dismissal at any time. City of The Dalles is hereby authorized to contact my present and past employers and references and to receive from them any information about me contained in their personnel records and any evaluations of my job knowledge, skills and performance. I hereby release the City as well as those contacted by the City from any liability or damage which may result from furnishing the information requested. The City may make copies of this authorization available to those contacted.

This company is an equal opportunity employer and does not unlawfully discriminate on the basis of race, sex, age, color, religion, national origin, marital status, veteran status, disability status or any other basis prohibited by federal, state or local law. Please let us know if you need accommodations. I understand that the City requires the successful completion of a urinalysis for drug testing purposes and/or a blood alcohol test as a condition of employment. By submitting this Application for Employment, I hereby consent to either or both of said tests, at the City's discretion. In accordance with the 1986 Immigration and Reform Act, proof of eligibility to work in the United States is required upon employment.

Applicant's signature is required to process application. Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

NOTE: Applications and/or resumes cannot be returned. City of The Dalles cannot make copies. Please make necessary copies before submitting. An application is required for each position for which you wish to be considered.



**RELEASE AND WAIVER**

**APPLICANTS NAME:** \_\_\_\_\_ **Date:** \_\_\_\_\_.

Important: Please read carefully and initial each paragraph before signing.

By my signature and initials placed below, I promise the information provided in the employment 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 employment, if discovered at a later date. I agree to immediately notify the City of The Dalles (hereinafter referred to as the "City") if I should be convicted of a felony, or any crime involving dishonesty or a breach of trust while my job application is pending, or during my period of employment, if hired.

\_\_\_\_\_Initials

I authorize the investigation of all statements contained in this application and accompanying resume, if any. I also authorize the City to contact my present employer (unless otherwise noted in the application), past employers, listed references and any other person or entity with knowledge of me. I understand that if my position is one which warrants such an inquiry, the City may request an investigative consumer report from a consumer reporting agency that includes information as to my character, general reputation, personal characteristics, and mode of living. I understand that the investigative consumer report may involve personal interviews with my neighbors, friends, relatives, former employers, schools, and others. I also understand that under the Federal Fair Credit Reporting Act I have the right to make a written request to the City, within a reasonable time, for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.

\_\_\_\_\_Initials

I authorize any person, school, current employer (except as previously noted), past employer(s), and organizations named in this application form and accompanying resume, if any, and any other person or entity with knowledge of me to provide the City with any information and opinion which the City regards as useful to it in making a hiring decision, and I release such persons and organizations from any legal liability in making such statements or furnishing any and all information which the City may seek.

\_\_\_\_\_Initials

I understand that part of the hiring process for employment with the City of The Dalles includes testing for controlled substances. I also recognize that the results of an analysis of such specimen will be provided to the City and will be used to determine suitability for employment. In addition, I understand that if I fail to pass the pre-employment drug test or I refuse to take such test I can not be considered for employment.

I agree to consent to take such test at such time as designated by the City, and I agree to release the City, its councilors, officers, agents or employees from any claim arising in connection with the tests and the use of such tests.

\_\_\_\_\_Initials

I understand that this application does not, by itself, create a contract of employment. I understand and agree that, if hired, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD OF TIME, and may, regardless of the date of payment of my wages or salary, BE TERMINATED AT ANY TIME, subject to City ordinances and rights provided by written contract.

\_\_\_\_\_Initials

Signature: \_\_\_\_\_ Date: \_\_\_\_\_.