

CITYOF DONALD

10710 Main Street N.E. • P.O. Box 388 • Donald, OR 97020-0388

Phone 503-678-5543 • Fax 503-678-2750 www.donaldoregon.gov

Application for Employment

The City of Donald provides equal employment opportunity to all qualified employees and applicants, without regard to race, color, religion, gender, sexual orientation, national origin, age, disability, genetic information, veteran's status, or any other status protected by applicable federal, Oregon, or local law. Our Equal Employment Opportunity policy applies to all aspects of the employment relationship including, but not limited to, recruitment, hiring, compensation, promotion, demotion, transfer, disciplinary action, layoff, recall, and termination of employment. To claim veterans' preference in hiring, complete the Veteran's Preference Form and submit it with the required documentation at the time you submit this application.

THIS APPLICATION WILL BE CONSIDERED FOR THIS SPECIFIC JOB. IT WILL NOT BE RETAINED FOR FUTURE POSITIONS. IF YOU DESIRE TO BE CONSIDERED FOR A POSITION AT A FUTURE TIME, YOU MUST FILE A NEW APPLICATION. IF HIRED, THIS APPLICATION WILL BE COME PART OF YOUR PERMANENT PERSONNEL FILE. PLEASE PRINT OR TYPE. YOUR APPLICATION MAY NOT BE CONSIDERED IF INCOMPLETE OR SUBMITTED PAST AN ESTABLISHED DEADLINE.

Position										
Position Applying For				Available Start Date				Desired Pay		
Personal Information										
Name										
Address			City					te	Zip)
Phone Number	Mobile Number			Email Address						
Are you able, at the time of employment, to submit verification of your legal right to work in the United States? Yes No (Proof of identity will be required upon employment)										
Education	List any colleges, military, trade, business, or other schools attended.									
Do you have a high school diploma or GED Certificate? Yes □ No □										
School Name		Location				Diploma/Degree	Ma	ajor/Minor	,	Did you Graduate?

Certificates & L	icenses		List any profession preferred for the		license, registration tion.	, or cert	tificate requi	ired or
Туре	Issuing Agency			у		Dat	e Issued	Date Expires
References	T							
Name		Title		Company		Phone		
Employment Hi	story							
This information in this section will be used to determine if you meet the minimum qualifications as outlined in the job announcement. List ONLY the job(s) (paid, military or volunteer) where you obtained the experience that qualifies you for the job. Clearly describe all of your duties, starting with your most recent job. Resumes will be accepted only if required on the job announcement and will not be accepted in place of a completed application. If you need additional space, attach a separate sheet.								
Employer (1)				Job	Title		Dates Emp	oloyed
Address				Cit	у	State		Zip
Supervisor Name				Ph	one Number	May we contact?		Э.П
Reason for leaving					100 🗖 110			
Duties								

Employer (2)	Job Title	Dates Employed		
Address	City	State		Zip
Supervisor Name	Phone Number	May we contact? Yes □ No □		
Reason for leaving				
Duties				
Employer (3)	Job Title	Dates Emplo		oloyed
Address	City	State		Zip
Supervisor Name	Phone Number	May w	· n П	
Reason for leaving			Yes □ No	
Duties				

Employer (4)	Job Title	Dates Em	Dates Employed				
Address	City	State	Zip				
Supervisor Name	Phone Number	May we contact? Yes □ No □					
Reason for leaving							
Duties							
Certification & Signature							
I hereby certify that all statements made in this applicat statement that is false, fraudulent, or misleading in this app screening process, or discovered in the course of any empl revoking of a job offer or termination of employment.	lication or attached m	aterial, during tl	ne interview or				
I certify that all statements contained herein are tru	-	. 10	1 (1				
 I understand that I must provide proof I am authori federal law, if I am hired. 	ized to work in the Un	ited States, in ac	cordance with				
 I authorize the employing agency to verify the employment application. 	loyment and education	n information pr	ovided in this				
 I authorize my driving record to be checked if the p I understand and agree to be subjected to a pre-emplex background check, if applicable. 			•				
Signature:	Date:						