

## City of Tillamook Application for Employment

**PLEASE TYPE OR PRINT.** Complete the entire application, or it will be deemed incomplete and may not be considered.

|   |  |  |   |
|---|--|--|---|
| Position Applying For:  | Name (Last, First, Middle):                              | Other names under which you have attended school or been employed: |   |
| Street Address:   |  | City, State & Zip:   |   |
| Email Address:  | Home Phone:  | Work Phone:  | Other Phone:  |
| Are you eligible to work in the United States?  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Are you a Veteran of the US Armed Forces?                          | <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, attach DD214) |
| Are you 18 years of age or older?   | <input type="checkbox"/> Yes <input type="checkbox"/> No | If NO, what is your current age?                                   |   |
| Are you currently employed by the City of Tillamook?  | <input type="checkbox"/> Yes <input type="checkbox"/> No | If YES, what is your current job title & department?               |   |
| Have you ever been employed by the City of Tillamook?   | <input type="checkbox"/> Yes <input type="checkbox"/> No | If YES, dates of employment & reason for leaving:                  |   |
| Are you related to any current City employees?  | <input type="checkbox"/> Yes <input type="checkbox"/> No | If YES, their name & their relationship to you?                    |   |
| If required for position, do you have a valid driver's license?   | <input type="checkbox"/> Yes <input type="checkbox"/> No | If YES, State of issuance:   |   |
| If required for position, do you have a valid CDL?  | <input type="checkbox"/> Yes <input type="checkbox"/> No | If YES, State of issuance:   |   |
| How did you learn about this employment opportunity at the City of Tillamook? Check all that apply:                                 |  |  |   |
| <input type="checkbox"/> Ad in newspaper/publication _____ (please note which) <input type="checkbox"/> Job Bulletin (Posting)      |  |  |   |
| <input type="checkbox"/> Walk-in <input type="checkbox"/> Dept. of Labor <input type="checkbox"/> Website _____ (please note which) |  |  |   |
| <input type="checkbox"/> Referral by employee <input type="checkbox"/> Other: _____   |  |  |   |

### SKILLS

**Please list technical skills, clerical skills, trade skills, etc., relevant to this position. Include relevant computer systems and software packages of which you have a working knowledge, and note your level of proficiency (basic, intermediate, or expert).**

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# EDUCATION

| Name of School | City/State | Did you graduate?  | If No, # of years left to graduate | Degree received | Major |
|----------------|------------|--|------------------------------------|-----------------|-------|
| High School:   |            | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                    |                 |       |
| GED:           |            | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                    |                 |       |
| Other School:  |            | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                    |                 |       |
| College:       |            | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                    |                 |       |
| College:       |            | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                    |                 |       |
| College:       |            | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                    |                 |       |

# WORK EXPERIENCE

Please detail your entire work history. Begin with your current or most recent employer. If you held multiple positions with the same organization, detail each position separately. Attach additional sheets if necessary. Omission of prior employment may be considered falsification of information. Include full-time military or volunteer commitments. **PLEASE DO NOT** complete this information with the notation "See Resume."

**PLEASE NOTE:** The City of Tillamook reserves the right to contact all current and former employers for reference information.

|  |  |  |
|--|--|--|
| Dates Employed (most recent position)<br>From:            To | <input type="checkbox"/> Full time <input type="checkbox"/> Part-time<br><br>If part-time, # hrs./wk: <input type="checkbox"/> | Title:   |
| Organization Name and Address:                               |  |  |
| Supervisor's Name, Title and Phone #:                        | Other Reference Name, Title and Phone #:   | Contact my current references:<br><input type="checkbox"/> At any time<br><input type="checkbox"/> Only if I am a finalist candidate |
| Primary duties:  |  | Reason for Leaving:  |

|  |  |  |
|--|--|--|
| Dates Employed (most recent position)<br>From:        To | <input type="checkbox"/> Full time <input type="checkbox"/> Part-time<br>If part-time, # hrs./wk: <input type="checkbox"/> | Title:   |
| Organization Name and Address:                           |  |  |
| Supervisor's Name, Title and Phone #:                    | Other Reference Name, Title and Phone #:   | Contact my current references:<br><input type="checkbox"/> At any time<br><input type="checkbox"/> Only if I am a finalist candidate |
| Primary duties:  |  | Reason for Leaving:  |

|  |  |  |
|--|--|--|
| Dates Employed (most recent position)<br>From:        To | <input type="checkbox"/> Full time <input type="checkbox"/> Part-time<br>If part-time, # hrs./wk: <input type="checkbox"/> | Title:   |
| Organization Name and Address:                           |  |  |
| Supervisor's Name, Title and Phone #:                    | Other Reference Name, Title and Phone #:   | Contact my current references:<br><input type="checkbox"/> At any time<br><input type="checkbox"/> Only if I am a finalist candidate |
| Primary duties:  |  | Reason for Leaving:  |

|  |  |  |
|--|--|--|
| Dates Employed (most recent position)<br>From:        To | <input type="checkbox"/> Full time <input type="checkbox"/> Part-time<br>If part-time, # hrs./wk: <input type="checkbox"/> | Title:   |
| Organization Name and Address:                           |  |  |
| Supervisor's Name, Title and Phone #:                    | Other Reference Name, Title and Phone #:   | Contact my current references:<br><input type="checkbox"/> At any time<br><input type="checkbox"/> Only if I am a finalist candidate |
| Primary duties:  |  | Reason for Leaving:  |

Attach additional copies of this sheet if necessary.

## Professional Reference

1. Name: \_\_\_\_\_ Years known: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Phone number: \_\_\_\_\_
2. Name: \_\_\_\_\_ Years known: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Phone number: \_\_\_\_\_
3. Name: \_\_\_\_\_ Years known: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Phone number: \_\_\_\_\_

## Personal References

1. Name: \_\_\_\_\_ Years known: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Phone number: \_\_\_\_\_
2. Name: \_\_\_\_\_ Years known: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Phone number: \_\_\_\_\_
3. Name: \_\_\_\_\_ Years known: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Phone number: \_\_\_\_\_

**PLEASE READ CAREFULLY, INITIAL EACH ITEM AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION:**

- I certify that the information on this application and its supporting documentation is accurate and complete.
- I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date.
- I authorize the City of Tillamook to investigate, without liability, all statements contained in this application and supporting materials.
- I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment.
- If requested, I agree to submit to a physical exam, criminal and credit background investigation, and/or screening for illegal substances upon conditional offer of employment.
- I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment.
- I understand that staff employees of the City of Tillamook serve at-will, and the employment relationship may be terminated at any time by either party, for any or no reason, other than a reason prohibited by law.
- If employed, I will be required to furnish proof of eligibility to work in the United States, and to comply with company and departmental regulations.
- I understand that if employed on a temporary basis, I would be paid for hours worked only, and would be ineligible for benefits including paid time off. If employed on a regular, benefits-eligible basis, I understand that I would be required to make mandatory contributions to PERS (Retirement System) or to an optional retirement program, if applicable.
- I understand that any benefits I receive may be subject to change or discontinuation at any time without prior notice.
- I understand that the first SIX MONTHS of regular employment represent a provisional period, during which I would not be eligible to apply for transfer or promotion and during which I may be terminated without right of appeal.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**REASONABLE ACCOMMODATION:**

I am able to perform the tasks required by the position for which I am applying (*check 1*)  **with** **OR**  **without** reasonable accommodations. If reasonable accommodations will be required, please specify:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**VOLUNTARY SUPPLEMENTAL INFORMATION:**

In accordance with Federal Guidelines for Equal Opportunity Employment, the City of Tillamook is required to keep records on employee's demographic information. Submission of this portion of the application is *completely voluntary* and will not affect your consideration for employment purposes.

SEX:  MALE  FEMALE

Date of Birth \_\_\_\_\_(mm/dd/yyyy)

**RACIAL ORIGIN:**

White (not of Hispanic origin)

Hispanic

Black (not of Hispanic origin)

Asian or Pacific Islanders

American Indian or Alaska Native

