## City of Port Orford

Application for Employment

P.O. Box 310 Port Orford, OR 97465 541-332-3681(v) 877-281-5307

555 West 20th Street

Position Applying I	For	Date		
Name				
Last		First		Initial
Address				
Street		City & State		Zip
Phone		<u> </u>		
Home	Cell	email		
May we contact you	ur work? Yes	No		
Can you demonstrate tha	t you are a U.S. Citizen or that yo	u are legally authorized t	o work in the United S	States?
Driver's License # Proof of driving record requ	State	Exp. Date		
If applying for a Police	age or older? Y ce Officer position, are you	21 years or over?		
Have you previousl	ly been employed by the C	City of Port Orford?	Yes	No
, , ,				
When	Po	sition		
	******	*****	*****	
		DUCATION		
·	h School Diploma or a Ge	•	•	•
SCHOOL ATTEN	DED AFTER HIGH SCH	HOOL OR SPECIA	AL TRAINING I	RECEIVED
Name & Location	Field of Study/Titles/Spe	ecial Courses Hou	urs Completed	Certificate/Degree

## **SKILLS AND ABILITIES**

List any special training, certificates, professional or vocational licenses, registration, machine skills, office equipment skills, languages, or other special job-related skills including computer equipment and programs you can operate and typing/word processing speed you may have that are pertinent to the position for which you are applying:							
	EMPLOYMENT HISTORY						
	most recent job, describe your work experior experience related to the duties of aid or volunteer work.						
Employing Firm	Address	Phone #					
Job Title	Supervisor's Name/Title/Phon	ne					
Specific Duties: Full-time	Part-time						
Employed From	To						
Reason for leaving							
May we contact this employer for r	eference? Yes No						
Employing Firm	Address	Phone #					
Job Title	Supervisor's Name/Title/Phon	ne					
Specific Duties: Full-time	Part-time						

Employed From	То		<u> </u>	
Reason for leaving				
May we contact this employer for t	reference? _	Yes	No	
Employing Firm	Ado	dress		Phone #
Job Title	Sup	pervisor's Nar	ne/Title/Phone	
Specific Duties: Full-time	Part-time			
Employed From	То		<u> </u>	
Reason for leaving				
May we contact this employer for t	reference? _	Yes	No	
If additional space is required, please attach	necessary pages to a	pplication form.		
I certify that all answers and statement true and complete without omissions for immediate discharge if I am empleto give you complete information and understand that if selected I may be investigation.	I understand the I understand the I authorized of the I authorized of the I understand the	hat any false in se any of the po ding my emplo	formation will be g ersons or organizati syment, education,	rounds for refusal to hire and ons named in this application charter, and qualifications. I
I will be responsible for familiarizing a later modified. I recognize that my enat any time, except as specifically se bargaining agreement.	mployment can l	be terminated,	at the discretion of	the Employer without notice,
Applicant Signature				Date