

**APPLICATION FOR EMPLOYMENT  
CITY OF COLUMBIA CITY**

1840 Second Street, PO Box 189

Columbia City, OR 97018

Phone: (503) 397-4010 Fax: (503) 366-2870 E-mail: [colcity@columbia-city.org](mailto:colcity@columbia-city.org)

Website: [www.columbia-city.org](http://www.columbia-city.org)

POSITION DESIRED \_\_\_\_\_ DATE \_\_\_\_\_

NAME \_\_\_\_\_  
Last First Middle

ADDRESS \_\_\_\_\_  
Street City State Zip

MAILING ADDRESS \_\_\_\_\_  
Street City State Zip

HOME PHONE \_\_\_\_\_ MESSAGE PHONE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

Are you a member of the Public Employees' Retirement System (PERS) or the Oregon Public Service Retirement Plan (OPSRP)? If so, PERS or OPSRP Number \_\_\_\_\_

Date available for employment: \_\_\_\_\_

Are you employed now? \_\_\_\_\_ If yes, may we contact your present employer? \_\_\_\_\_ If yes, give name and phone number: \_\_\_\_\_

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? \_\_\_\_\_

Do you have a valid driver's license? \_\_\_\_\_ License No./State: \_\_\_\_\_

Can you perform the essential functions of the job(s) for which you are applying? \_\_\_\_\_

**EDUCATION TRAINING RECORD**

	<b>ELEMENTARY</b>	<b>HIGH</b>	<b>COLLEGE</b>	<b>GRADUATE</b>
<b>SCHOOL NAME AND LOCATION</b>				
<b>YEARS COMPLETED</b>	<b>4 5 6 7 8</b>	<b>9 10 11 12</b>	<b>1 2 3 4</b>	<b>1 2 3 4</b>
<b>COURSE OF STUDY</b>				

*The City of Columbia City is an equal employment opportunity employer. All applicants will be considered without regard to age, color, national origin, religion, sex or other protected status in accordance with applicable federal and state equal employment opportunity laws.*

**SPECIAL SKILLS, QUALIFICATIONS AND CONSIDERATIONS**

Summarize special skills and qualifications, volunteer activities, military experience, employment or other activities related to the job you are seeking:

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**LIST LICENSES OR CERTIFICATES REQUIRED BY THE ANNOUNCEMENT**

Title of License or Certificate	Number	Issuing Agency	Date issued/date expired

**REFERENCES (Work Related)**

1. \_\_\_\_\_  
Name Address Phone Occupation

2. \_\_\_\_\_  
Name Address Phone Occupation

3. \_\_\_\_\_  
Name Address Phone Occupation

**REFERENCES (Personal)**

1. \_\_\_\_\_  
Name Address Phone Occupation

2. \_\_\_\_\_  
Name Address Phone Occupation

3. \_\_\_\_\_  
Name Address Phone Occupation

**EMPLOYMENT EXPERIENCE**

**Start with your present or last job. List your last five jobs in order. Do not omit any job.**  
(Attach additional pages if necessary)

Name of present or last employer \_\_\_\_\_

Type of business \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_ (month/year) Salary \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Job title \_\_\_\_\_ Name of supervisor \_\_\_\_\_

Job duties \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What did you like most about your job? \_\_\_\_\_

\_\_\_\_\_

What did you like least about your job? \_\_\_\_\_

\_\_\_\_\_

Name of next previous employer \_\_\_\_\_

Type of business \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_ (month/year) Salary \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Job title \_\_\_\_\_ Name of supervisor \_\_\_\_\_

Job duties \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What did you like most about your job? \_\_\_\_\_

\_\_\_\_\_

What did you like least about your job? \_\_\_\_\_

\_\_\_\_\_

Name of next previous employer \_\_\_\_\_

Type of business \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_ (month/year) Salary \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Job title \_\_\_\_\_ Name of supervisor \_\_\_\_\_

Job duties \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What did you like most about your job? \_\_\_\_\_

\_\_\_\_\_

What did you like least about your job? \_\_\_\_\_

\_\_\_\_\_

**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY THOSE APPLICATIONS THAT ARE SIGNED AND DATED ARE CONSIDERED VALID. IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK THEM BEFORE SIGNING.**

I certify that all answers and statements I have made on this application (and resume or other supplementary materials) are true and complete without omissions. I understand that any false information will be grounds for refusal to hire or for immediate discharge if I am employed. I authorize any of the persons or organizations named in this application to give you complete information and records regarding my employment, education, character and qualifications.

YES  NO

I will be responsible for familiarizing myself with all rules and regulations of the City of Columbia City as they presently exist or are later modified. I recognize that my employment can be terminated, at the discretion of the City of Columbia City or at my option, without notice, at any time, except as specifically set forth in writing in the City of Columbia City Personnel Policies and Procedures Manual.

YES  NO

I also understand that no representative of the City of Columbia City has any authority to enter into any employment agreement for any specified period of time, or to assure me of any future position, benefits, or terms and conditions of employment, except as specifically stated in the City of Columbia City Personnel Policies and Procedures Manual.

YES  NO

**I have read, understand and agree with the above.**

By: \_\_\_\_\_  
Signature of Applicant

Date: \_\_\_\_\_

