

106 West B St.  
P.O. Box 100  
Rainier, Oregon 97048



Ph. (503) 556-7301  
Fax (503) 556-3200  
www.cityofrainier.com

## APPLICATION FOR EMPLOYMENT

Date \_\_\_\_\_

POSITION APPLIED FOR \_\_\_\_\_

### PLEASE COMPLETE ALL INFORMATION (Print or use typewriter).

1. Name \_\_\_\_\_  
Last First Middle

2. Mailing Address \_\_\_\_\_  
City State Zip Telephone No \_\_\_\_\_

3. Email Address: \_\_\_\_\_

4. EDUCATIONAL BACKGROUND  
Name and Location Diploma/Degree Course of Study

High School

College

Other

5. Driver's license number: \_\_\_\_\_ State \_\_\_\_\_

Do you currently have a general commercial driver's license? [ ] Yes [ ] No

What endorsements do you hold? \_\_\_\_\_

6. EMPLOYMENT HISTORY: List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in comments section below.

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From	To	Employer	Telephone
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Job Title	Address
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Immediate Supervisor/Title	Summarize nature of work performed/responsibilities
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Reason for Leaving

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From	To	Employer	Telephone
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Job Title	Address
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Immediate Supervisor/Title	Summarize nature of work performed/responsibilities
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Reason for Leaving

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From	To	Employer	Telephone
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Job Title	Address
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Immediate Supervisor/Title	Summarize nature of work performed/responsibilities
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Reason for Leaving

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From	To	Employer	Telephone
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Job Title	Address
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Immediate Supervisor/Title	Summarize nature of work performed/responsibilities
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Reason for Leaving

Comments (attach additional sheet if necessary):

7. List any education special training, licenses, certificates, machine skills, office equipment, languages, or other special skills you may have that are pertinent to the position for which you are applying (attach additional sheet if necessary).

8. REFERENCES: List the names of three persons other than former employers and relatives having knowledge of your character, experience and ability.

Name and Address	Telephone	Years Known
a.		
b.		
c.		

9. HEALTH: To ensure that you are not placed in a position which might be a hazard to you or to others, the City may require a physical examination and drug testing prior to appointment to a position. Final appointment for those specific positions will be contingent upon the physical examination and drug test.

NOTICE: The CITY OF RAINIER does not discriminate on the basis of mental or physical disability, race, color, religion, sex, national origin, or age in the admission or access to, or treatment of employment in, its programs or activities, and is an Equal Opportunity/Affirmative Action Employer.

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I hereby certify that this application contains no misrepresentations or falsifications and that the information given is true and complete to the best of my knowledge and belief. I understand that misrepresentation or omission of facts called for in this application is cause for cancellation of the application and/or dismissal from employment. I authorize this employer, CITY OF RAINIER, to make any necessary and appropriate investigations to verify the information contained herein.

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

## **VOLUNTARY AFFIRMATIVE ACTION INFORMATION**

Name: \_\_\_\_\_ Social Security No. \_\_\_\_\_

Date: \_\_\_\_\_ Position applied for: \_\_\_\_\_

We are an Equal Opportunity/Affirmative Action Employer. Please help us by completing the following. This information will have no bearing on your application.

SEX:     \_\_\_\_\_ Male  
          \_\_\_\_\_ Female

RACE:     \_\_\_\_\_ American Indian  
          \_\_\_\_\_ Asian  
          \_\_\_\_\_ Black  
          \_\_\_\_\_ Hispanic  
          \_\_\_\_\_ White  
          \_\_\_\_\_ Other

BIRTHDATE: \_\_\_\_\_

VETERAN STATUS: Are you a veteran of any military service? \_\_\_\_\_ Yes \_\_\_\_\_ No  
                          If yes, of the Vietnam era? \_\_\_\_\_ Yes \_\_\_\_\_ No

Can you perform the duties of the position as described in the job description with or without reasonable accommodation?

\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Do not wish to complete

***THANK YOU!***