



APPLICATION FOR EMPLOYMENT

Position Applied For:	Date of Application:
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Please take your time in filling out this employment application. The quality and completeness of the information provided will be factored into the city's hiring decision.

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status or the presence of a non-job-related medical condition or disability. You may exclude from the application any responses which indicate race, color religion, sex, national origin, disability, age, or ancestry.

First Name:	Last Name:	M.I.
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Street Address:	Apt #:	City/State	Zip Code
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Telephone: <input type="radio"/> Cell <input type="radio"/> Home	Email:	Soc. Sec. No.:
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List all previous addresses in the past twenty years:

Do you know of any reason why you would not be able to perform the substantial and material elements of the job for which you are applying? Yes No If yes, please explain:

Have you ever been employed here before? Yes No If yes, give dates:

Are you employed now? Yes No If yes, may we contact your present employer?
 On what date would you be available for work?

No person shall be eligible for appointment who has been convicted of a felony or any other crime that may, in the view of the Civil Service Commission, comprise an abuse of the public trust. All applicants must pass a background and/or credit check to make this determination.

Professional License or Certificate:	Date:	Title:	#:
	Issued by:		Expiration Date:

NOTE: If you may ever have an occasion to drive city vehicles, an Ohio Department of Highway Safety—Request For Abstract of Driving Record will be requested from the Bureau of Motor Vehicles.

Driver's License: Do you have a valid Driver's License? Yes No License #:

How many points do you have on your Driver's License at the time you filled out this application?

Do you have a valid Commercial Driver's License: Yes No License # Class

Is your CDL restricted to vehicles without air brakes(#L)? Yes No



Employment Experience

WORK HISTORY Start with your present or most recent employment and work back. Use separate sheet if necessary. Include military service assignments and volunteer activities.

Job Title:	Phone Number:
Company Name:	Duties:
Company Address:	
Supervisor's Name:	
<input type="radio"/> Hourly <input type="radio"/> Salary Starting Wage: Ending Wage:	
Start Date: End Date:	Reason For Leaving:

Job Title:	Phone Number:
Company Name:	Duties:
Company Address:	
Supervisor's Name:	
<input type="radio"/> Hourly <input type="radio"/> Salary Starting Wage: Ending Wage:	
Start Date: End Date:	Reason For Leaving:

Job Title:	Phone Number:
Company Name:	Duties:
Company Address:	
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<input type="radio"/> Hourly <input type="radio"/> Salary Starting Wage: Ending Wage:	
Start Date: End Date:	Reason For Leaving:

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Job Title:	Phone Number:
Company Name:	Duties:
Company Address:	
Supervisor's Name:	
<input type="radio"/> Hourly <input type="radio"/> Salary Starting Wage: Ending Wage:	
Start Date: End Date:	Reason For Leaving:



Education

	Elementary	<input type="checkbox"/> GED or <input type="checkbox"/> High School Diploma	College / University	Graduate / Professional
School Name				
Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree (Describe Course of study)				
Describe Special Training, Apprenticeship, Skills & Extra Curricular Activities				
Honors Received:				

Special Skills and Qualifications (Acquired from employment or other experience): Also summarize computer skills and knowledge of various software.

State any additional information you feel may be helpful to us in considering your application (include professional, trade, business or civil activities and offices held). You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, handicap, or other protected status.

The minimum age for employment with the City of Oregon is 18 years of age. Can you meet this requirement? Yes No

If applying for the position of Police Officer the minimum age is 21 years. Can you meet this requirement?
 Yes No

Are you a veteran? Yes No
 (If yes, you must provide a copy of your DD-214 to show proof of service. If you successfully pass the exam and have shown proof of service, prior to taking the exam, you will be given 5 additional points. If you show proof of a service related disability prior to taking the exam and successfully pass the exam, you will receive an additional 5 points. A total of 10 points may be granted for both proof of service and disability.)

Do you need any special accommodations for taking this exam? Yes No
 If yes, please explain.



References

Give name, address, and telephone numbers of three (3) references who have known the applicant for at least one year, and who are at least 21 years of age. Do not use the name of past employers, relatives, or City of Oregon employees.

NAME	ADDRESS	TELEPHONE (Evening and Daytime)
1.		
2.		
3.		

Give name, address, and telephone numbers of three (3) work related references.

NAME	ADDRESS	TELEPHONE (Evening and Daytime)
1.		
2.		
3.		

SPECIAL ACCOMMODATIONS

Anyone who has a disability that needs special accommodations for testing must contact the Civil Service office no later than 72 hours prior to the test to see if arrangements can be made.



Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision which may include conducting a Criminal Record Check. I understand that this application is not, and is not intended to be, a contract of employment. In the event of employment, I understand that false or misleading information or material omission given in this application or an interview to follow, may result in my discharge whenever it is discovered, I understand, also, that I am required to abide by all rules and regulations of the City of Oregon. I have read the qualifications and can meet the age requirements as set forth herein.

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? (Proof of citizenship or immigration status will be required upon employment.)

Yes No

If yes, please explain.

I understand a post-hire, pre-employment physical examination and a drug and alcohol screen will be required after appointment.

I understand a credit check may be required, the results of which may have an impact on my eligibility to be employed by the City of Oregon.

I understand a positive pre-hire drug screen will discharge me from further consideration for employment with the City of Oregon or cause me to be terminated as a city employee.

The City of Oregon established a drug-free workplace policy in accordance with the Drug-Free Workplace Act of 1988. I understand that all employees of the City of Oregon are required to sign this policy as a condition of employment.

I understand that I must sign a full release of information statement as a condition of my employment with the city for the purpose of verifying the information I have provided on this application.

DATE:

Applicant's Signature:

THIS SECTION IS FOR OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE

Grade:	Standing:	Accepted: <input type="checkbox"/>	Rejected: <input type="checkbox"/>
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By: _____ Civil Service Commissioner	Date: _____
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Authorization for Release of Information Agreement

APPLICANT'S NAME:			
ADDRESS:		CITY:	STATE:
PHONE NUMBERS:	HOME:	WORK:	CELL:
SOCIAL SECURITY NO.:		DATE OF BIRTH:	

TO WHOM IT MAY CONCERN: I am an applicant for the position of _____ with the City of Oregon, Ohio. The City of Oregon and its Police Division need to investigate my employment background and personal history to evaluate my qualifications for the position for which I applied. This information will allow the City of Oregon to verify the information appropriately and independently I provided on my job application. It is in the public's interest that all information concerning my personal and employment history be disclosed to the above department.

I hereby authorize any duly assigned representative of the City of Oregon bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon the request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the City of Oregon, whether said records are of a public, private, or confidential nature. The intent of this authorization is to give my consent for a full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of a background investigation that may provide pertinent data for the City of Oregon Police to consider in determining my suitability for employment by the City of Oregon as _____. It is my specific intent to provide access to my personnel information, however, personal or confidential it may appear to be.

I consent to your release of any and all public and private information concerning me, my work record, my background and reputation, my military service awards, educational records, my financial status, my criminal history record including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievance filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil in which I presently have, or have had an interest, attendance records, and any internal investigations and discipline, including any files deemed to be confidential, and/or sealed.

I hereby release you, your organization and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you as the custodian of such records, including its officers, employees, or related personnel, both individually and collectively, for any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request for the release of information, or any attempt to comply with it, I direct you to release such information upon request of a duly accredited representative of the City of Oregon regardless of any agreement I may have made with you previously, to the contrary. The City of Oregon may discontinue processing my application if I refuse to disclose the information requested.

For and in consideration of the City of Oregon acceptance and processing of my application for employment, I agree to hold The City of Oregon, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the City of Oregon. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the appropriate authorities.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and disclosure of records, and I waive those rights with the understanding that the information furnished will be used by the City of Oregon in conjunction with employment procedures.

A photocopy or FAX-copy of this release form will be valid as an original thereof, even though the said photocopy or FAX-copy does not contain an original writing of my signature.

This waiver is valid for a period of 12 months from the date of my signature.

Should there be any questions as to the validity of this release, you may contact me at the address listed on this form.

I agree to indemnify and hold harmless the person to whom this request is presented and his/her agents and employees from and against all claims, damages, losses and expenses, including reasonable attorney fees, arising out of or by reason of complying with this request.

DATE: _____

Signature: _____

MUST BE SIGNED IN THE PRESENCE OF A NOTARY SWORN AND SUBSCRIBED BEFORE ME THIS DAY OF _____ 20____ MY COMMISSION EXPIRES: _____

NOTARY: _____