



APPLICATION FOR SEASONAL 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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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.

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

Give name, address and telephone number of three references who are not related to you and are not previous employers.

	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:				



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:	
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:	
Supervisor's Name:	
<input type="radio"/> Hourly <input type="radio"/> Salary Starting Wage: Ending Wage:	
Start Date: End Date:	Reason For Leaving:



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.

WAIVER

I understand that this is a seasonal position and that I will be employed for 19 weeks or less unless otherwise altered by the City of Oregon.

I understand that this seasonal position is not subject to any collective bargaining agreement between the City of Oregon and its employees; therefore, the provisions of the agreement do not apply to me or my position.

I understand a position 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.

DATE: _____ **Applicant's Signature:** _____

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

Accepted: Rejected:

By: _____ Date: _____