

Employment Application



400 E. Main Street, Cottage Grove, Oregon 97424
(541)942-5501 www.cottagegrove.org

Last Name	First Name	Initial	Date of Application	
Street Address		City	State	Zip
Mailing Address	City	State	Zip	Date Available
Primary Telephone	Alternative Telephone		Email	

EQUAL EMPLOYMENT OPPORTUNITY: The City provides equal employment opportunity to all qualified employees and applicants without unlawful regard to race, color, religion, gender, sexual orientation, national origin, age, disability, genetic information, veteran's status, marital status, or any other status protected by applicable federal, Oregon, or local law. This EEO policy applies to all aspects of the employment relationship – including but not limited to, recruitment, hiring, compensation, promotion, demotion, transfer, disciplinary action, layoff, recall, and termination of employment.

Do you have a valid driver's license? ___ Yes ___ No
Do you have a CDL? ___ Yes ___ No

Have you ever worked for the City before? ___ Yes ___ No
Are you 18 years of age or older? ___ Yes ___ No

Position(s) Applied for: _____

How did you learn about this position? _____

Are you authorized to accept employment in the United States?
(Successful applicants will be required to prove identity and eligibility for employment.)
 ___ Yes ___ No

(For office use only – date application received)

Are you willing to accept work that is: *(check all that apply)*
 ___ Full-time ___ Part-time ___ Temporary ___ Job Share ___ Shift work ___ Weekend ___ Internship ___ Volunteer/Reserve

RELATIVES/FRIENDS: Qualified relatives/friends are eligible for employment except in unusual situations where we need to avoid possible conflicts of interest. **Do you have any relatives/friends who currently work for the City?** ___ Yes ___ No

If yes, state name(s): _____

QUALIFICATIONS: Please list any education, training and specialized experience.

EDUCATION	Name and Location	Years Completed	Graduated		Type of Degree, Diploma or Certificate	Course of Study/Major
			Yes	No		
High school or GED						
College or University						
Technical School						
Other						

Licenses, Certificates or Other Training	Date Received	Where <i>(name/address of school, program, military branch, etc.)</i>

Are you a Veteran? ___ Yes ___ No *(if yes, please attach a completed Veteran's Preference Form)*

EMPLOYMENT EXPERIENCE: Please list your previous employment beginning with your most recent experience, including any self-employment. You may include all applicable military, non-paid or volunteer work. If you held more than one position with the same employer, list each position separately. **Use additional sheets if necessary.**

Date Hired:	Date Left:	Employer:	
Job Title:		Address:	
Job Duties:		City, State:	
		Phone:	
		Supervisor: <i>(name / title)</i>	
		Hours Worked Per Week:	
		Starting Monthly Salary or Hourly Wage:	Ending Monthly Salary or Hourly Wage:
		May We Contact this Employer: ___ Yes ___ No	

Reason for Leaving:

Date Hired:	Date Left:	Employer:	
Job Title:		Address:	
Job Duties:		City, State:	
		Phone:	
		Supervisor: <i>(name / title)</i>	
		Hours Worked Per Week:	
		Starting Monthly Salary or Hourly Wage:	Ending Monthly Salary or Hourly Wage:
		May We Contact this Employer: ___ Yes ___ No	

Reason for Leaving:

Date Hired:	Date Left:	Employer:	
Job Title:		Address:	
Job Duties:		City, State:	
		Phone:	
		Supervisor: <i>(name / title)</i>	
		Hours Worked Per Week:	
		Starting Monthly Salary or Hourly Wage:	Ending Monthly Salary or Hourly Wage:
		May We Contact this Employer: ___ Yes ___ No	

Reason for Leaving:

Date Hired:	Date Left:	Employer:	
Job Title:		Address:	
Job Duties:		City, State:	
		Phone:	
		Supervisor: <i>(name / title)</i>	
		Hours Worked Per Week:	
		Starting Monthly Salary or Hourly Wage:	Ending Monthly Salary or Hourly Wage:
May We Contact this Employer: ___ Yes ___ No			
Reason for Leaving:			

**VERIFICATION OF INFORMATION, AUTHORIZATION FOR INVESTIGATION, AND LIABILITY RELEASE
PLEASE READ CAREFULLY**

1. I authorize the City or its designee to investigate all matters which it deems relevant to my qualification for employment, including all statements made or information provided by me in this application, in any attachments or supporting documents, and in any interviews. I further authorize the City receive the requested information and I hereby release any responding persons (such as current or former supervisors and coworkers), employers, or entities from any and all liability arising out of the disclosure of the requested information. I fully release the City from any and all liability, claims, actions or costs related to or resulting from this authorized investigation.
2. I certify that the facts and information I've provided or will provide in this application or in any attachments, supporting documents, or interviews are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation or omission, as well as any misleading statements or omissions, may result in denial of my employment application or immediate termination, regardless of when and how discovered.
3. I understand that I may be required to submit to a pre- or post-employment physical or other professional examinations, medical inquiries and/or urinalysis tests for the presence of drugs and/or alcohol. I agree to such examinations, inquiries and/or testing, which will be done at the City's expense. I authorize release of the results to the City and authorize their use to evaluate my suitability for employment. I also release the City from any and all liability related to or resulting from any examinations, inquiries and/or testing.
4. I understand that, if selected, I will be an "at-will" employee and may resign or be terminated without cause at any time, unless I am subject to collective bargaining agreement or a written employment contract which provides otherwise. I also understand that the City Manager is the only person who will ever have the authority to enter into such collective bargaining agreements or employment contracts and that all such agreements or contracts must be in writing and signed by both parties. I also understand that, unless otherwise stated in a collective bargaining agreement or employment contract, the City may change, alter or withdraw other City policies (including policies concerning wages, hours and working conditions) as it deems appropriate.
5. I understand that this application will only be considered active for six months.
6. I understand and agree that if I am hired, the statements in these paragraphs will become a binding part of my employment relationship. I have read and understand each of these statements. I have also reviewed all of the information provided in this application and in any attachments or supporting documents.

___ **Yes** ___ **No**

Signature: _____
(Unsigned applications will not be processed)

Date: _____