



# EMPLOYMENT APPLICATION

[www.ci.gladstone.or.us](http://www.ci.gladstone.or.us)

Human Resources Department

525 Portland Ave, Gladstone, OR 97027

(faxed applications will not be accepted)

Position Applied for:	Date:
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### PERSONAL INFORMATION

Last Name	First Name	Middle	Email Address	Contact Phone #1
Address		Apt.	P.O. Box	Contact Phone #2
City	State	ZIP	List other names used	

### EDUCATION AND TRAINING

College/Business School	Trade School
Name of College/School	Name of School
Graduated YES <input type="checkbox"/> NO <input type="checkbox"/>	Graduated YES <input type="checkbox"/> NO <input type="checkbox"/>
Major	Area of Study
*If no, how many credit hours were earned	License or Certification
Name of College/School	Name of School
Graduated YES <input type="checkbox"/> NO <input type="checkbox"/>	Graduated YES <input type="checkbox"/> NO <input type="checkbox"/>
Major	Area of Study
*If no, how many credit hours were earned	License or Certification
Name of College/School	Name of School
Graduated YES <input type="checkbox"/> NO <input type="checkbox"/>	Graduated YES <input type="checkbox"/> NO <input type="checkbox"/>
Major	Area of Study
*If no, how many credit hours were earned	License or Certification

### SKILLS

List experience with machines, equipment, computer software, languages, or any other specialized skills or certifications pertinent to the position for which you are applying

**ADDITIONAL INFORMATION**

Are you over the age of 18?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
If job required, do you possess a valid drivers license?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	State
License Number		Expires		
Class		Endorsements		
If a driver's license is required for this job, have you received any tickets in the last three years for moving Violations?				
	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Date	Violation		State	

Have you been discharged, forced/requested to resign from any position? If yes, please give employer date and reason/ circumstances.	
Employer(s)	Date and reason

Are you able to perform the job requirements described in the recruitment notice? If "NO," would you be able to perform the job requirements described in the recruitment notice with a reasonable accommodation?*		YES <input type="checkbox"/>	NO <input type="checkbox"/>
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\*Applicants with disabilities who will require a reasonable accommodation in order to take any employment test must advise the City in advance and submit documentation of the need for the accommodation with the request. Typically such documentation is in the form of a signed note from a board certified physician.

**POLICE OFFICER APPLICANTS ONLY**

If you are applying for the position of a police officer are you over the age of 21?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever been certified in a law enforcement discipline?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
State of Certification		Date Certified		
Specific Certification Type		Status of Certification		

**WORK HISTORY**

Start with your present or most recent employer and list for the last 10 years. Include military assignments and unpaid volunteer experience. Explain all gaps in employment. If you held more than one position with the same employer, list each separately. Use additional sheets if necessary. (You may include a resume, but the employment application information must be completed.)

May we contact your current employer?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Current or Last Employer		Employment Dates	
Employer		From	
Employer Address		To	
City, State, ZIP		Total Years:	
Exact Job Title		Months:	
Supervisor Name & Title		Employment Status	
Supervisor Telephone		Full-Time	
Reason for Leaving		Part-Time/hours worked a week	
Ending Salary		Temporary	
No. of Employees Supervised		Volunteer	
Job Duties (be specific)			

Previous Employer		Employment Dates	
Employer		From	
Employer Address		To	
City, State, ZIP		Total Years:	
Exact Job Title		Months:	
Supervisor Name & Title		Employment Status	
Supervisor Telephone		Full-Time	
Reason for Leaving		Part-Time/hours worked a week	
Ending Salary		Temporary	
No. of Employees Supervised		Volunteer	
Job Duties (be specific)			

Previous Employer		Employment Dates	
Employer		From	
Employer Address		To	
City, State, ZIP		Total Years:	
Exact Job Title		Months:	
Supervisor Name & Title		Employment Status	
Supervisor Telephone		Full-Time	
Reason for Leaving		Part-Time/hours worked a week	
Ending Salary		Temporary	
No. of Employees Supervised		Volunteer	
Job Duties (be specific)			

Current or Last Employer		Employment Dates	
Employer		From	
Employer Address		To	
City, State, ZIP		Total Years:	
Exact Job Title		Months:	
Supervisor Name & Title		Employment Status	
Supervisor Telephone		Full-Time	
Reason for Leaving		Part-Time/hours worked a week	
Ending Salary		Temporary	
No. of Employees Supervised		Volunteer	
Job Duties (be specific)			

**APPLICANT ACKNOWLEDGEMENT**

Please read carefully before initialing each section and signing below.

I understand this application does not represent a contract for employment. I understand that an acceptance of an offer for employment does not create a contractual obligation upon the City of Gladstone to continue to employ me for any period of time in the future. I understand that no representative for the City has any authority to enter into any special agreement with me to promise and/or guarantee my employment for any specific time period or to promise me a promotion or transfer, etc, either prior to commencement of employment or after I have been employed, or to assure me of any benefits or terms and conditions of employment, or to make any agreement contrary to the aforementioned.

My initials indicate that I have read and understand the above.

\_\_\_\_\_  
Initials

I hereby represent that each answer to questions incorporated into this application and all other information furnished by me shall be true, complete and correct. I understand that incorrect, incomplete, false, or misleading statements/answers/information furnished by me either verbally, or in writing will subject my application to disqualification from further consideration and/or if already employed by the City, when the aforementioned is detected, I will be subject to discipline, up to and including discharge, for falsifying a City record/document, regardless of how much time has elapsed since the date I was employed. In the event that I am employed by the City, I agree to comply with all orders, rules, regulations, personnel policies, safety policies, and performance standards. I understand that I will be responsible for familiarizing myself with these as they presently exist or are later modified. Within not more than three (3) days of employment, I will provide proof as required on the US Government I-9 form that I am legally eligible for employment in the United States. If I cannot provide such proof in accordance with Federal Law, I understand that I will be terminated.

My initials indicate that I have read and understand the above.

\_\_\_\_\_  
Initials

I understand the City of Gladstone will complete a background check of any finalist. The type and degree of the background check depends on the position, however, it may include a driving history, criminal records check, a credit history and/or any other records checks pertinent to the position. Depending on the type of background check, I understand the City of Gladstone may be required to provide me with additional information. My signature on this application serves as my authorization for the City of conduct any background check for the position which I am applying that does not require additional authorization. My signature further serves as my understanding that the City of Gladstone will provide me with the required notice, disclosure, and request for authorization whenever the background check requires additional authorization.

My initials indicate that I have read and understand the above.

\_\_\_\_\_  
Initials

I understand that newly hired and newly promoted employees serve a probationary period of fixed duration as the final step in the selection process to show their ability to perform the work. I understand that employees hired into represented positions must either become and remain a member of the union, or (2) pay a fair share of the union costs of negotiation and administration of the contract as provided by City labor agreements.

My initials indicate that I have read and understand the above.

\_\_\_\_\_  
Initials

I have read and understand all of the provisions of this acknowledgment. By signing this application, I hold the City of Gladstone harmless for any result of the reference check. I hereby authorize and release from liability all former employers, educational institutions, law enforcement agencies, and/or other government agencies to provide/release to the City of Gladstone and/or its agents information, to the fullest extent permitted by law, regarding my employment, education, criminal conviction record, credit history, driver's license violations and motor vehicle records, that may be in their possession. An offer of employment is conditioned upon satisfactorily passing all criteria required by the position. Depending on the position, these criteria may be laboratory test(s) (including drug testing) and/or a background check.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Unsigned or incomplete applications will not be processed!

I wish to have all information submitted with my application packet kept confidential.

# City of Gladstone

## Equal Opportunity Employment Information

The City of Gladstone is subject to various state and federal rules and regulations requiring non-discrimination in employment. Pursuant to these rules and regulations, the City of Gladstone hereby invites you to voluntarily provide information regarding your race/ethnic composition, gender and age.

The City of Gladstone is an equal opportunity employer. All employment decisions are based on qualifications and are made without regard to race, color, religion, national origin, age, sex, disability status, marital status and any other legal protected status. As required by law, any information that you provide on this form will be treated as confidential and will be stored separate from all personnel information. This information will be used only to demonstrate compliance with applicable state and federal rules and regulations.

Position Applied for: \_\_\_\_\_ Male  Female  Age: \_\_\_\_\_

### **RACIAL CATEGORY – VOLUNTARY COMPLETION BY APPLICANT. CHOOSE ALL CATAGORIES APPLICABLE.**

- WHITE/CAUCASIAN**  
All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
  
- BLACK**  
All persons having origins in any of the racial groups of Africa.
  
- HISPANIC**  
All persons having origins of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
  
- ASIAN-PACIFIC ISLANDER**  
All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, The Phillipine Islands, Samoa, and India.
  
- AMERICAN INDIAN – ALASKAN NATIVE**  
All persons having origins in any of the original peoples of North America who maintain cultural Identification through tribal affiliation or community recognition as an American Indian or Alaskan Native

### **RECRUITMENT SOURCE**

How did you first become aware of this employment opportunity?

- Newspaper. Specifically which: \_\_\_\_\_
- Internet. Specifically which site: \_\_\_\_\_
- City employee.
- City's website.
- State employment office.
- Other. Explain: \_\_\_\_\_