

CITYOF DONALD

10710 Main Street N.E. • P.O. Box 388 • Donald, OR 97020-0388Phone 503-678-5543 • Fax 503-678-2750
www.donaldoregon.gov

Application for Employment

The City of Donald provides equal employment opportunity to all qualified employees and applicants, without regard to race, color, religion, gender, sexual orientation, national origin, age, disability, genetic information, veteran's status, or any other status protected by applicable federal, Oregon, or local law. Our Equal Employment Opportunity 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. To claim veterans' preference in hiring, complete the Veteran's Preference Form and submit it with the required documentation at the time you submit this application.

THIS APPLICATION WILL BE CONSIDERED FOR THIS SPECIFIC JOB. IT WILL NOT BE RETAINED FOR FUTURE POSITIONS. IF YOU DESIRE TO BE CONSIDERED FOR A POSITION AT A FUTURE TIME, YOU MUST FILE A NEW APPLICATION. IF HIRED, THIS APPLICATION WILL BE COME PART OF YOUR PERMANENT PERSONNEL FILE. PLEASE PRINT OR TYPE. YOUR APPLICATION MAY NOT BE CONSIDERED IF INCOMPLETE OR SUBMITTED PAST AN ESTABLISHED DEADLINE.

Position									
Position Applying For				Available Start Date			Desired Pay		
Personal Info	ormatic								
Name									
Address		City		Sta	State Zip				
Phone Number			Email Address						
Are you able, at the time of employment, to submit verification of your legal right to work in the United States? Yes No (Proof of identity will be required upon employment)							States?		
Education	List any colle	eges, military, trade, business or other schools attended.							
Do you have a high school diploma or GED Certificate? Yes □ No □									
School Name Loc		cation		Diploma/Degre	ee	Major/M	inor	Did you Graduate?	

Certificates & Licenses List any professional license, registration, or certificate required or preferred for the position.								
Туре		Issu	uing Agency		Date Issued		Date Expires	
References								
Name		Title		Company	/		Phone	
Employment Hi	story							
This information in this section will be used to determine if you meet the minimum qualifications as outlined in the job announcement. List ONLY the job(s) (paid, military or volunteer) where you obtained the experience that qualifies you for the job. Clearly describe all of your duties, starting with your most recent job. Resumes will be accepted only if required on the job announcement and will not be accepted in place of a completed application. If you need additional space, attach a separate sheet.								
Employer (1)			Job Title		Dates Employed			
Address		City		State		Zip		
Supervisor Name			Phone Number		May we contact? Yes □ No □			
Reason for leaving								
Duties								

Employer (2)	Job Title	Dates Employed		
Address	City	State	Zip	
Supervisor Name	Phone Number	May we contact? Yes □ No □		
Reason for leaving				
Duties				
Employer (3)	Job Title	Dates Employed	I	
Address	City	State	Zip	
Supervisor Name	Phone Number	May we contact? Yes □ No □		
Reason for leaving				
Duties				

Employer (4)	Job Title	Dates Empl	Dates Employed		
Address	City	State	Zip		
Supervisor Name	Phone Number	, ,	May we contact? Yes □ No □		
Reason for leaving					
Duties					
Certification & Signature					
I hereby certify that all statements made	in this application are true, an	d I agree and ur	nderstand that any		
statement that is false, fraudulent, or n interview or screening process, or discov			_		
may result in the revoking of a job offer of	·	•	(
I certify that all statements contain	•				
 I understand that I must provide paccordance with federal law, if I a 		n the United Sta	tes, in		
 I authorize the employing agency 		education infor	mation provided		
in this employment application.I authorize my driving record to b driving.	e checked if the position for w	hich I am applyii	ng requires		
 I understand and agree to be sub history background check, if appl 		rug screening aı	nd criminal		
Signature:	Date:				