

CITY OF CANBY

(An Equal Opportunity Employer)

EMPLOYMENT APPLICATION

Attn: Human Resources, PO Box 930, Canby, OR 97013 Telephone: 503.266.0635 / HR Fax: 503.266.0699

www.canbyoregon.gov

Position Applied For:				Date of Application:				
PLEASE PRINT OR TYPE								
PERSONAL INFORMATION								
Last Name	First Name	Middle	Home Phone			Cell Phor	ne	
Address		Apt. #	P.O. Box			Business	/Work I	Phone
City	State		Zip					
Email Address								
Are you legally eligible for Yes No	employment in the USA?	Nicknames	other last names known by:	D	o you h		diploma	a or GED certificate?
			ATION AND TRAINI					
	Please include	any training rela	ative to the position you are applying	ng for, i	ncluding	military: Type of Degre	20	
Colleges, Vocational or Technical Schools, Training Centers			Major Subject		nits edits)	or Certificate Received/Compl)	Years Completed
LICENSE	S AND CERTIFIC	ATES RE	EQUIRED FOR, OR	REI	_ATE	ED TO, THIS	S PO	SITION
D	escription		Issued by			ID#		Expiration Date
D			ENT SPECIAL SKI					
Please	ist experience with machines, off	ice equipment, i	languages, or other special skills p	ertinen	t to the p	oosition for which you a	are apply	ring.
ADDITIONAL INFORMATION								
Have you ever been employed by the City of Canby? Yes No								
Do you possess a valid driver's license)? U Yes No (If job related)								

			WORK EXPERIEN	CE			
Beginning	with your Present	or most recent employ (Attac		ience including Military, Volunte necessary)	eer and Intern Experience.		
Name of Present	or Most Recent E	mployer		Address			
Starting Date	Leaving Date			Reason for Leaving			
Month/Year	Month/Year						
		☐ Full Time ☐ Part ☐ Volunteer ☐ Intern	·				
Job Title (Present	or Most Recent)	voidifice: fifter	Name of Supervisor/Title		Phone #		
Fa.: #			Free! Address for Comerce				
Fax #			Email Address for Superv	ISOT			
Job Duties:							
May we contact th	is omployer?	Yes No					
Name of Employ				Address			
Starting Date	Leaving Date			Reason for Leaving			
Month/Year	Month/Year	☐ Full Time ☐ Part 1	Γimehrs/wk				
		☐ Volunteer ☐ Interr					
Job Title (Present	or Most Recent)		Name of Supervisor/Title		Phone #		
Fax #			Email Address for Superv	isor			
Job Duties:							
		_					
May we contact th	is employer?	Yes No					
Name of Employ	er			Address			
Starting Date	Leaving Date	1		Reason for Leaving			
Month/Year	Month/Year						
		☐ Full Time ☐ Part ☐ Volunteer ☐ Interr					
Job Title (Present	or Most Recent)	□ volunteer □ inter	Name of Supervisor/Title		Phone #		
			-				
Fax #			Email Address for Superv	Email Address for Supervisor			
Job Duties:							
May we contact th	uis employer?	Yes No					
Name of Employ				Address			
		1		Posson for Loguing			
Starting Date	Leaving Date	_1		Reason for Leaving			
Month/Year	Month/Year	☐ Full Time ☐ Part 1	Γimehrs/wk				
		☐ Volunteer ☐ Interr					
Job Title (Present	or Most Recent)		Name of Supervisor/Title		Phone #		
Fax #			Email Address for Supervisor				
Job Duties:							

May we contact this employer?			
REFER	RENCES		
List the names of at least three persons other than former employers		s having knowledge	of your character, experience or ability.
Complete Name of Reference		Years Known	Phone #
Address	City, State,	Zip	1
Email Address			
Complete Name of Reference		Years Known	Phone #
Address	City, State,	Zip	1
Email Address	I		
Complete Name of Reference		Years Known	Phone #
Address	City, State,	Zip	
Email Address	1		
Complete Name of Reference		Years Known	Phone #
Address	City, State,	Zip	
Email Address	•		
Complete Name of Reference		Years Known	Phone #
Address	City, State,	Zip	
Email Address	,		

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 Canby to continue to employ me for any period of time in the future. I understand that no representative from 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 become employed, or to assure me of any benefits or terms and conditions of employment, or to make any agreement contrary to the aforementioned.

I hereby represent that each answer to questions incorporated into this application and all other information otherwise furnished by me shall be true, complete, and correct. I understand that incorrect, incomplete, false or misleading statement/answer/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 its orders, rules, regulations, safety policies, and performance standards. Upon hire, 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 my employment will be terminated.

I have read and understand all of the provisions of this acknowledgement. By signing this application, I hold the City of Canby harmless for any result of the City questioning the references provided in this application. If I am selected for further consideration, I hereby authorize and release from liability all former employers, landlords, educational institutions, law enforcement agencies, and/or other government agencies to provide/release information regarding my employment, education, criminal conviction record, credit history, driver's license violations and motor vehicle records, which may be in their possession to the City of Canby and/or its agents. I understand that I will not receive and am not entitled to know the contents of confidential reports received, and I further understand that these reports may be privileged. An offer of employment is conditional upon a background investigation, and if relevant, a pre-employment medical exam and drug screen test (safety sensitive positions).

This application is valid for only ninety (90) days from the date I signed. If I want to be considered for additional job openings, I will submit a new application.

Applicant's Signature:	Date:
REQUIRED	

EQUAL EMPLOYMENT OPPORTUNITY: We are an Equal Opportunity/Affirmative Action Employer. We are dedicated to a policy of nondiscrimination in employment on the basis of race, color, religion, sex, national origin, age, or mental and/or physical disability.

APPLICATION PROCESS: Submit a completed City of Canby employment application by to Attn: Human Resources, City of Canby, PO Box 930, Canby, OR 97013 by the closing date along with a resume and cover letter. Refer to job announcement for electronic submissions.

BACKGROUND: Finalists for City jobs must successfully pass a background investigation and may be required to pass a pre-employment medical exam as a final condition of the job offer. Finalists for safety sensitive positions must also successfully pass a pre-employment drug-screening test.

PROBATIONARY PERIOD: New employees or employees changing job positions will be considered Trial service employees for at least six (6) months before attaining regular status.

IMMIGRATION LAW: In accordance with the Immigration Reform and Control Act of 1986 (IRCA), all newly hired employees will be required to complete and sign an Employment Eligibility Verification Form and present documentation verifying identity and employment eligibility.

10/2017

VOLUNTARY COMPLETION BY APPLICANT. NOT FOR INTERVIEW PURPOSES.

RECRUITMENT SOURCE		
How did you become aware of this employment opportunity?		
☐ Newspaper (please specify)		
☐ State Employment Office		
☐ City Website		
☐ LOC Website		
☐ Direct Mailing		
☐ Walk In		
☐ City Employee Referral		
☐ Other Agency (please specify)		
☐ Education Facility (please specify)		
☐ Other (please specify)		

City of Canby PO Box 930 182 N Holly Canby, OR 97013



APPLICATION FO	OR EMPLOYMENT
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The City of Canby is an Equal Opportunity Employer. We are requesting the information on this page only to comply with state and federal record keeping requirements. You are not required to complete this page and there will be no negative impact if you choose not to do so. This information will be kept confidential except as allowed for by the Rehabilitation Act of 1973, the Vietnam Era Veterans Readjustment Assistance Act of 1974 and the Americans with Disabilities Act of 1990.

POSITION:

Social Security Number	Name (First, MI, Last)				
DATE OF BIRTH: / / SEX:					
RACE/ETHNIC BACKGROUND: White (not of Hispanic origin) Black (not of Hispanic origin) Hispanic Asian or Pacific Islander American Indian or Alaskan Native					
DISABIITY STATUS: I am disabled I require accommodation in the hiring process. Please explain					
VETERAN STATUS – Please attach DD214 or DD215 I am a disabled veteran (Department of Veteran I am a Vietnam Era Veteran					

THE INFORMATION PROVIDED ON THIS PAGE WILL NOT BE USED TO EVALUATE YOUR QUALIFICATIONS FOR EMPLOYMENT, ONCE THE INFORMATION HAS BEEN RECORDED, THIS PAGE WILL BE REMOVED FROM YOUR APPLICATION MATERIALS. NO PERSON INVOLVED IN THE SELECTION PROCESS WILL HAVE ACCESS TO THIS INFORMATION EXCEPT AS REQUIRED TO ENSURE DISCRIMINATION IS AVOIDED.

If you believe your civil rights in employment matters have been violated at any time during the course of your consideration for employment, contact Human Resources at (503) 266-0635.

PLEASE ATTACH THIS PAGE AS THE LAST PAGE OF YOUR APPLICATION MATERIALS.