



CITY OF WEST LINN APPLICATION FOR EMPLOYMENT

22500 Salamo Road, No. 200
West Linn OR 97068
www.westlinnoregon.gov
(503)657-0331
(FAX) (503)656-8756

The City of West Linn is an Equal Employment Opportunity/Affirmative Action Employer. All qualified persons will be considered for employment without regard to race, color, religion, sex, national origin, age, marital status, mental or physical disability. NOTE: Applicants who consider themselves disabled under federal or state law and desire assistance, should contact the Director of Human Resources at (503) 657-0331.

INSTRUCTIONS

1. Print in ink or type. Applications are also available on our web site located at www.westlinnoregon.gov
2. Fill out the application completely. If you wish to be considered for more than one job opening or position, you may be required to file a new application. Incomplete applications will not be processed.
3. Sign and date the application.
4. Mail or bring the application to the Human Resources Office. Our address is 22500 Salamo Road, West Linn, OR 97068.
5. Submit your application by the posted closing date. Applications submitted after the closing date will not be considered. **RESUMES WILL NOT BE CONSIDERED IN LIEU OF A COMPLETED APPLICATION.**

Position Applied For: _____

PERSONAL INFORMATION

Name: _____ <small>(Last), (First)(Middle)</small>		
Home Phone: _____	Business Phone: _____	Message Phone: _____
E-Mail: _____		
Address (street): _____	City: _____	
State: _____	Zip: _____	
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a current valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a current valid CDL? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you are not a U.S. citizen, do you have a work permit to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, you must show a copy at the time of application).		
Do you have relatives employed by the City of West Linn? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, name of employee): _____		

Police Officer Applicants Only

If you are applying for the position of Police Officer, are you over the age of 21? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently certified as a Police Officer? <input type="checkbox"/> Yes <input type="checkbox"/> No
State Certified: _____	Date Certified: _____

EDUCATION

Name & Location of High School, GED, College, Institute	Title of Course or Degree Program	Degree/ Certificate, Units

MEMBERSHIPS, CERTIFICATIONS, SPECIAL SKILLS

Professional Memberships & Affiliations (List Below)	Computer Technical Skills/Applications (List Below)
Trade Licenses/Certifications (List Below)	Equipment Operation (List Below)

EMPLOYMENT HISTORY

List below all work experience for the past seven to ten years beginning with your present or most recent employment. Explain all gaps in employment. (Use additional paper if necessary).

Current or Last Employer

Employing Firm:	Employment Dates
Your Job Title:	From:
Employer Address: (Street)	To:
(City) (State) (Zip)	Employment Status
Supervisor Name & Title:	Full Time <input type="checkbox"/>
Supervisor Telephone:	Part Time <input type="checkbox"/>
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Volunteer <input type="checkbox"/>
Reason for Leaving:	Salary:
Your Specific Job Duties: (Use additional paper if necessary)	

Previous Employer

Employing Firm:	Employment Dates
Your Job Title:	From:
Employer Address: (Street)	To:
(City) (State) (Zip)	Employment Status
Supervisor Name & Title:	Full Time <input type="checkbox"/>
Supervisor Telephone:	Part Time <input type="checkbox"/>
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Volunteer <input type="checkbox"/>
Reason for Leaving:	Salary:
Your Specific Job Duties: (Use additional paper if necessary)	

Previous Employer

Employing Firm:	Employment Dates
Your Job Title:	From:
Employer Address: (Street)	To:
(City) (State) (Zip)	Employment Status
Supervisor Name & Title:	Full Time <input type="checkbox"/>
Supervisor Telephone:	Part Time <input type="checkbox"/>
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Volunteer <input type="checkbox"/>
Reason for Leaving:	Salary:
Your Specific Job Duties: (Use additional paper if necessary)	

I certify that all statements on this application are true and complete to the best of my knowledge. I understand false or incomplete statements shall be sufficient cause for disqualification or dismissal. I authorize this employer, City of West Linn, to make any necessary and appropriate investigations to verify the information contained herein, including calling my former or present employer.

Signature _____ Date: _____

CITY OF WEST LINN
Human Resources

Recruitment Tracking Statistics

Please complete this form which is used for statistical purposes only. The form is voluntary and may be submitted along with your application. At the time of submittal, the form will be separated from your application and Information on it **will not** be used to make any employment decision and will be kept strictly confidential.

Position applied for:	
Birthdate:	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male

How did you learn of this vacancy:	
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ETHNIC CATEGORY

<input type="checkbox"/> Caucasian	(Not of Hispanic origin). All persons having origins in any of the original peoples of Europe, North Africa, or Middle East.
<input type="checkbox"/> African American	(not of Hispanic origin). All persons having origins in any of the ethnic groups.
<input type="checkbox"/> Hispanic	All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
<input type="checkbox"/> Asian or 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 Philippine Islands, Samoa and India.
<input type="checkbox"/> Native American	All persons having origins in any of the original peoples of North America who maintain cultural identification through tribal affiliation or community recognition.