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| CWL_icon  **CITY OF WEST LINN**  **APPLICATION FOR EMPLOYMENT**    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.  22500 Salamo Road, No. 200  West Linn OR 97068  [www.westlinnoregon.gov](http://www.westlinnoregon.gov)  (503)657-0331  (FAX) (503)742-8608 | |
| **INSTRUCTIONS**  1. Print in ink or type. Applications are also available on our web site located at [www.westlinnoregon.gov](http://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 Department located at West Linn City Hall, 22500 Salamo Road, West Linn, OR 97068.   1. 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*

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: | (Last), (First)(Middle) | | | | | | | | | | | | | |
| Home Phone: |  | | | Business Phone: | |  | | | Message Phone: | | |  | | |
| E-Mail: |  | | | | | |  |  | | | | | | |
| Address (street): | |  | | | | | City: |  | | | | | | |
| State: |  | | | | | | Zip: |  | | | | | | |
| Are you 18 years of age or older? | | | Yes No | | Do you have a current valid Driver’s License?  (If applicable) | | | Yes No | | Do you have a current valid CDL?  (If applicable) | | | Yes No | |
| If you are not a U.S. citizen, do you have a work permit to work in the U.S.? | | | | | Yes No (If yes, you must show a copy at the time of application). | | | | | | | | | |
| Do you have relatives employed by the City of West Linn? | | | | | Yes No (If yes, name of employee): | | | | | |  | | | | |
| Are you a veteran? | | | | | Yes No (If yes, you must provide a copy of your DD 214 or 215 with this application for veterans preference consideration.) | | | | | | | | |  | |

***Police Officer Applicants Only***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| If you are applying for the position of Police Officer, are you over the age of 21? | | Yes No | | Are you currently certified as a Police Officer? | | Yes No |
| State Certified: |  | | Date Certified: | |  | |

***EDUCATION***

|  |  |  |
| --- | --- | --- |
| **Name & Location of High School, GED, College, Institute** | **Title of Course or Degree Program** | **Degree/ Certificate, Units** |
|  |  |  |
|  |  |  |
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#### *Memberships, Certifications, Special Skills*

|  |  |
| --- | --- |
| Professional Memberships & Affiliations (List Below) | Computer Technical Skills/Applications (List Below) |
|  |  |
|  |  |
| Trade Licenses/Certifications (List Below) | Equipment Operation (List Below) |
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***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 |  |
| Supervisor Telephone: | |  | Part Time |  |
| May we contact? | | Yes  No | Volunteer |  |
| 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 |  |
| Supervisor Telephone: | | |  | Part Time |  |
| May we contact? | | | Yes  No | Volunteer |  |
| 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 |  |
| Supervisor Telephone: | | |  | Part Time |  |
| May we contact? | | | Yes  No | Volunteer |  |
| 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 the 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**

This form is voluntary and only used for statistical purposes.

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| --- | --- |
| Position applied for: | |
| Birthdate: | Sex:  Female  Male |

|  |  |
| --- | --- |
| How did you learn of this vacancy: |  |

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| **ETHNIC CATEGORY** | | |
| Caucasian | (Not of Hispanic origin). All persons having origins in any of the original peoples of Europe, North Africa, or Middle East. |
| African American | (not of Hispanic origin). All persons having origins in any of the ethnic groups. |
| Hispanic | All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race. |
| 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. |
| 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. |

***An Equal Opportunity Employer***

*We are dedicated to a policy of non-discrimination in employment on the basis of race, religion, color, sex,*

*sexual orientation, gender identity, marital status, familial status, domestic partnership, national origin,*

*political affiliation, age, genetic information, mental or physical disability credit history, or source of income.*

**THIS DATA WILL BE KEPT IN A SEPARATE CONFIDENTIAL FILE FROM YOUR**

**EMPLOYMENT APPLICATION DURING THE SELECTION PROCESS.**