

Social Security Number

Return applications to:

Human Resources City of McMinnville 230 NE Second Street McMinnville, Oregon 97128 Phone: (503) 434-2328

The City of McMinnville does accept faxed and e-mailed applications.

CITY OF McMINNVILLE EMPLOYMENT APPLICATION

An Equal Opportunity Employer

Job applied for

CONTACT INFORMATION					
Name (Last, First, MI):					
Mailing Address:					
City, State, And Zip Code:					
Home Telephone:					
Work Telephone:					
Message (If Different):					
E-mail Address:					
 CERTIFICATION AND SIGNATURE I hereby certify that all statements made in this application are true, and I agree and understand that any written statement that is false, fraudulent, or misleading in this application or attached materials, or made in the course of any related employment process may cause forfeiture of employment. I certify that all statements contained herein are true and complete. I understand that I must prove that I am authorized to work in the United States if I am hired. I authorize the employing agency to verify the employment and education information provided on this employment application. I authorize my driving record to be checked if the position for which I am applying requires driving. 					
 I understand and agree to be subjected to a pre-employment drug s background check, if applicable. 	creening and a criminal history				
Signature (must be in ink):	Date:				

EDUCATION AND TRAINING HISTORY

LDOCATION AND TRAININ	01110	<u> </u>					
Do you have a high school diploma or GED certificate? (Circle One) YES NO							
List high schools, colleges, military, trade, business, or other schools attended: Name And Location Of School Course Of Credits Earned In Quarter Graduated Degree Or Certificate							
Name And Location Of School	Study	e Of	Credits Earned In Quarter Or Semester Hours	Graduated (Yes/No)	Degree Or Certificate Received		
LICENSES, REGISTRATION	אופ רו	EDTIE	CATES				
LICENSES, REGISTRATIO	43, C		CATES				
List any required profession	nal li	cansa	registration certific	cate Oregon Co	ommercial Driver's		
License (CDL), Oregon Dri		•		•			
number, and expiration da							
records may be reviewed:		, 11103	c positions willon i	cquire a arriver c	o nochoc, arrying		
Description		Issi	uing State /Agency	ID Number	Exp. Date		
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		=5					
SPECIALIZED SKILLS AND	KNO	WLED	GE				
List any specialized skills							
which you are applying (so	oftwar	re prog	rams, fluency in a f	oreign language	e, keyboarding speed,		
etc.):							

WORK HISTORY

The information provided 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 and duplicate the same format used on this application.

JOB NUMBER 1	JOD TILLE							
Name of Employer			Superviso	r's Name	s Name		Title	
Employer's Address			City		ST	Phone		
Employment Dates:	From	То	Avg Hrs	Worked/Wk [:]				
DUTIES:								
CLIDEDVICION/LEA	D WORK (OUE		CVOLL	WEDE DECD	MOIDI	F FOD):		
SUPERVISION/LEA ρ Assigning and Rev	•			inary Problem			r Recommending Hiring	
ρ Rating Work Perfo	_	•	•	rievances	3		ponsible for Any of These	
LIST THE NUMBER					JOB TIT		Employees:	
JOB NUMBER 2	Job Title							
Name of Employer			Superviso	r's Name		Supervisor's	Title	
Employer's Address			City ST		ST	Phone		
	o Auditoo							
Employment Dates:	From	То	Avg Hrs	Worked/Wk [:]				
DUTIES:					l			
	D WODK (OLIF		0.1/0111	WEDE DEODG	NOIDI	E EOD)		
SUPERVISION/LEA	•						· Pacammanding Hiring	
 ρ Assigning and Reviewing Work ρ Handling Disciplinary Problems ρ Responding to Grievances ρ Not Responsible for Any of these 								
LIST THE NUMBER					JOB TIT		# Employees:	

JOB NUMBER 3	Job Title							
Name of Employer			Supervisor's Name		Supervisor's Title			
Employer's Address	yer's Address		City	ST	Phone			
Employment Dates:	From	То	Avg Hrs Worked/ Wk ³					
DUTIES:								
SUPERVISION/LEA	D WORK (CHE	CK THE AREA	S YOU WERE RESPO	ONSIBL	E FOR):			
ρ Assigning and Revρ Rating Work Perfo	_	•	g Disciplinary Problem ding to Grievances	S	ρ Hiring or Recommending Hiringρ Not Responsible for Any of These			
			RVISED AND THEIR		TLES: #Employees:			
JOB NUMBER 4 Job Title								
Name of Employer			Supervisor's Name		Supervisor's Title			
Employer's Address			City	ST	Phone			
Employment Dates:	From	То	Avg Hrs Worked/ Wk					
DUTIES:								
CLIDEDVICIONALEAD WORK (CHECK THE ADEAC VOLUMEDE DECRONCIDI E FOR).								
SUPERVISION/LEAD WORK (CHECK THE AREAS YOU WERE RESPONSIBLE FOR): ρ Assigning and Reviewing Work ρ Handling Disciplinary Problems ρ Hiring or Recommending Hiring								
ρ Rating Work Performance ρ Responding to Grievances ρ Not Responsible for Any of these								
LIST THE NUMBER OF EMPLOYEES YOU SUPERVISED AND THEIR JOB TITLES: # Employees:								
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CITY OF McMINNVILLE CONFIDENTIAL APPLICANT INFORMATION

The City of McMinnville is dedicated to a policy of nondiscrimination in employment on the basis of race, color, religion, sex, national origin, age disability, marital status, or any other non-merit factor. Reasonable accommodation will be made to enable any disabled employee or applicant for employment to safely and properly perform the job for which they have applied.

The following information is necessary for the City of McMinnville to evaluate its hiring practices and to prepare reports required by law for the federal government. This information is voluntary and will be kept separate and confidential. Refusal to provide any information on this page will not subject the applicant to adverse treatment in any aspect of employment with the City of McMinnville.

Please check the appropriate boxes and complete the required entries.

Name	
Job Applied For	Social Security Number
Sex: ρ Female ρ Male	Date of Birth:
Ethnic Background (Check One):	
$_{\pi}$ Caucasian (not of Hispanic origin): Person North Africa, or the Middle East.	ns having origin in any of the original peoples of Europe,
$_{\pi}$ African American (not of Hispanic origin): groups.	Persons having origins in any of the black ethnic
$_{\pi}$ Hispanic: Persons having origins in any of American, or other Spanish cultures, regar	f the Mexican, Puerto Rican, Cuban, Central or South rdless of ethnicity.
•	origins in any of the peoples of the Far East, Southeast Islands. This area includes, for example, China, Japan,
	ons having origins in any of the original peoples of North cation through tribal affiliation or community recognition.

To help us identify the best meanings of advertising for our positions, please tell us where and/or how you heard about this position.

City of McMinnville's Website	
Newspaper (identify which paper, please)	
Word of Mouth	
Other Website (please identify which site)	
Publication (please identify which publication	

Thank you for your assistance.