



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

Social Security Number	Job applied for
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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 screening and a criminal history background check, if applicable.

Signature (must be in ink):	Date:
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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	Job Title
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Name of Employer	Supervisor's Name	Supervisor's Title
Employer's Address	City	ST Phone
Employment Dates: From	To	Avg Hrs Worked/ Wk

DUTIES:

SUPERVISION/LEAD WORK (CHECK THE AREAS YOU WERE RESPONSIBLE FOR):

<input type="checkbox"/> Assigning and Reviewing Work	<input type="checkbox"/> Handling Disciplinary Problems	<input type="checkbox"/> Hiring or Recommending Hiring
<input type="checkbox"/> Rating Work Performance	<input type="checkbox"/> Responding to Grievances	<input type="checkbox"/> Not Responsible for Any of These

LIST THE NUMBER OF EMPLOYEES YOU SUPERVISED AND THEIR JOB TITLES:	# Employees:

JOB NUMBER 2	Job Title
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Name of Employer	Supervisor's Name	Supervisor's Title
Employer's Address	City	ST Phone
Employment Dates: From	To	Avg Hrs Worked/ Wk

DUTIES:

SUPERVISION/LEAD WORK (CHECK THE AREAS YOU WERE RESPONSIBLE FOR):

<input type="checkbox"/> Assigning and Reviewing Work	<input type="checkbox"/> Handling Disciplinary Problems	<input type="checkbox"/> Hiring or Recommending Hiring
<input type="checkbox"/> Rating Work Performance	<input type="checkbox"/> Responding to Grievances	<input type="checkbox"/> Not Responsible for Any of these

LIST THE NUMBER OF EMPLOYEES YOU SUPERVISED AND THEIR JOB TITLES:	# Employees:

JOB NUMBER 3	Job Title		
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Name of Employer	Supervisor's Name	Supervisor's Title
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Employer's Address	City	ST	Phone
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Employment Dates:	From	To	Avg Hrs Worked/ Wk
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DUTIES:

SUPERVISION/LEAD WORK (CHECK THE AREAS YOU WERE RESPONSIBLE FOR):

<input type="checkbox"/> Assigning and Reviewing Work	<input type="checkbox"/> Handling Disciplinary Problems	<input type="checkbox"/> Hiring or Recommending Hiring
<input type="checkbox"/> Rating Work Performance	<input type="checkbox"/> Responding to Grievances	<input type="checkbox"/> Not Responsible for Any of These

LIST THE NUMBER OF EMPLOYEES YOU SUPERVISED AND THEIR JOB TITLES:	# Employees:
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JOB NUMBER 4	Job Title		
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Name of Employer	Supervisor's Name	Supervisor's Title
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Employer's Address	City	ST	Phone
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Employment Dates:	From	To	Avg Hrs Worked/ Wk
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DUTIES:

SUPERVISION/LEAD WORK (CHECK THE AREAS YOU WERE RESPONSIBLE FOR):

<input type="checkbox"/> Assigning and Reviewing Work	<input type="checkbox"/> Handling Disciplinary Problems	<input type="checkbox"/> Hiring or Recommending Hiring
<input type="checkbox"/> Rating Work Performance	<input type="checkbox"/> Responding to Grievances	<input type="checkbox"/> 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):	
π Caucasian (not of Hispanic origin): Persons having origin in any of the original peoples of Europe, North Africa, or the Middle East.	
π African American (not of Hispanic origin): Persons having origins in any of the black ethnic groups.	
π Hispanic: Persons having origins in any of the Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures, regardless of ethnicity.	
π Asian or Pacific Islander: Persons having origins in any of the peoples of the Far East, Southeast Asia, the India subcontinent or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.	
π Native American or Alaskan Native: Persons having origins in any of the original peoples of North America and who maintain cultural identification 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.