

Positions applying for: Full time Part Time All



Employment Application

City Of Molalla
PO Box 248
Molalla, OR 97038

Full Name:

Address:

Phone: 503-829-6855
Fax: 503-829-3676

Home Phone:

Cell Phone:

Date Available for Work:

Are you over the age of 18?: Yes No

Are you legally eligible to work in the United States?: Yes No

Do you have a current driver's license?: Yes No

Have you applied with the City of Molalla Before?: Yes No

If you have applied before, please explain:

Are you bonded or bondable? Yes No

Education

	School Name and Mailing Address	Years Completed	Degree/Major
High School			
College or Trade School			
Professional School			
Other			

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Employment History (List up to 3)

Employer Name:

Last title held:

Address:

Phone Number:

Supervisor Name:

Employed From:

To

Ending Salary:

Describe duties performed, skills used, achievements, advancements, promotions, and other achievements:

Reason for Leaving (be specific):

Employer Name:

Last title held:

Address:

Phone Number:

Supervisor Name:

Employed From:

To

Ending Salary:

Describe duties performed, skills used, achievements, advancements, promotions, and other achievements:

Reason for Leaving (be specific):

Employer Name:

Last title held:

Address:

Phone Number:

Supervisor Name:

Employed From:

To

Ending Salary:

Describe duties performed, skills used, achievements, advancements, promotions, and other achievements:

Reason for Leaving (be specific):

Please list 2 additional references other than relatives and previous employers

Name	Position	Company	Number

Use this space to add additional information to describe your full qualifications for the position applied for:

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APPLICANT ACKNOWLEDGEMENT

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 Molalla 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 specific time period or to promise me a promotion and/or guarantee my employment for a 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 the City employs me, I agree to comply with all its orders, rules, regulations, safety policies, and performance standards. Within not more than three (3) days of employment, I will provide proof as required on the US Government 1-9 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 I will be terminated.

I have read and understand all of the provisions of this acknowledgment. By signing this application, I hold the City of Molalla harmless for any result of the reference check. I hereby authorize and release from liability all former employers, 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, that may be in their possession to the City of Molalla and/or its agents. An offer of employment is conditioned upon several criteria, and tests for substance abuse is required by the City of Molalla.

Signature of applicant: _____

Date: _____

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Applicant & Employee Background Check

It is the City of Molalla's policy to consider all applicants for employment on the basis of merit without discrimination on the basis of race, color, religion, sex, age, disability, veteran status or any other type of discrimination prohibited by local, state or federal/or, ordinance or regulations.

It is our company policy to perform employment background checks in connection with employment applications. In performing the background checks, we may request educational information, criminal history (arrest and convictions), and motor vehicle driver's license or driving record. Your signature on our employment application or other pre-employment forms authorizes us to obtain such a report.

We will not consider you for employment if we are not allowed to perform an employment background check.

I have read and understand or had explained to me the above information and notice. I understand that individuals and employers named in the employment application are authorized to release any information about me. I hereby release them from all liability for issuing such information. I understand that the information below is requested for the sole purposed of gathering the above information accurately and will not be used to discriminate against me in the violation of any law. A fax or photographic copy of this authorization shall be valid as the original.

Full Name (no nicknames)

Other Names (i.e., maiden, alias)

Social Security#:

Date of Birth:

Driver's License#:

State Issued:

Signature of applicant: _____

Date: _____



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