

Part 2. Background Information

Do you have a valid driver's license? Yes No State of Issue:

Provide a full listing of state certification and operator licenses, including license number, expiration date and state of certification:

Type of License, Certificate or Registration	State of Issue/ License Number	Expiration Date
1.		
2.		
3.		
4.		

If you have been licensed in another state in the last three years, the name of the state is:

Have you been convicted of any crime which would preclude your ability to be bonded? Yes No

Provide your criminal arrest record:

Date	Charge	Convicted (yes or no)
1.		
2.		
3.		

Provide details on your Emergency Medical Training status:

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Part 3. Education and Training

Did you graduate from high school or receive a G.E.D.? Yes No Location:

List college, business school, military training, and other **relevant** education.

School Name and Location	Dates From To	# Sem Hours	# Qtr Hours	Major	Degree Earned	Year Degree Received
1.						
2.						
3.						
4.						
5.						

List other specialized training, seminars or correspondence courses or similar education which is pertinent to the position for which you are applying:

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List computer software programs you have used:

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List the specific equipment or machinery you can operate which is related to the job you are applying for:

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List those special skills or abilities which you believe make you qualified for the position for which you are applying:

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Part 4. Employment History

List your work history for the last 10 years, including self-employment, volunteer work, military service and any periods of unemployment. Begin with your most recent position in block 1 and list each position separately. Include experience beyond 10 years if it is related to the job for which you are applying. Attach additional employment history sheets in the same general format if needed. Please describe each major part of your job duties in as much detail as possible.

May we contact this employer? Yes No Contact me first.

1. Most Recent Position Title	Employer Name and Location	Employer's Phone Number	Dates Worked (Month and Year) From:
Primary Duties:			To:
			Total Years/Months Worked
			# Hours Worked per Week

Name and Title of Immediate Supervisor:

Number and Type of Employees You Supervised:

Reason for leaving/considering change:

May we contact this employer? Yes No Contact me first.

2. Most Recent Position Title	Employer Name and Location	Employer's Phone Number	Dates Worked Month and Year From:
Primary Duties:			To:
			Total Years/Months Worked
			# Hours Worked per Week

Name and Title of Immediate Supervisor:

Number and Type of Employees You Supervised:

Reason for leaving/considering change:

May we contact this employer? Yes No Contact me first.

3. Most Recent Position Title	Employer Name and Location	Employer's Phone Number	Dates Worked (Month and Year) From:
Primary Duties:			To:
			Total Years/Months Worked
			# Hours Worked per Week

Name and Title of Immediate Supervisor:

Number and Type of Employees You Supervised:

Reason for leaving/considering change:

May we contact this employer? Yes No Contact me first.

4. Most Recent Position Title	Employer Name and Location	Employer's Phone Number	Dates Worked (Month and Year) From:
Primary Duties:			To:
			Total Years/Months Worked
			# Hours Worked per Week
Name and Title of Immediate Supervisor:			
Number and Type of Employees You Supervised:			
Reason for leaving/considering change:			

May we contact this employer? Yes No Contact me first.

5. Most Recent Position Title	Employer Name and Location	Employer's Phone Number	Dates Worked (Month and Year) From:
Primary Duties:			To:
			Total Years/Months Worked
			# Hours Worked per Week
Name and Title of Immediate Supervisor:			
Number and Type of Employees You Supervised:			
Reason for leaving/considering change:			

Part 5. References

Please provide the name, address, occupation and telephone number of three individuals, OTHER THAN RELATIVES OR FORMER EMPLOYERS, who know you well enough to provide information about you:

	NAME	ADDRESS	OCCUPATION	TELEPHONE #
1.				
2.				
3.				

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY THOSE APPLICATIONS THAT ARE SIGNED AND DATED ARE CONSIDERED VALID. IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK THEM BEFORE SIGNING.

I hereby certify that the information contained in this application is true and correct and without omission, and agree to have any of the statements checked by the City of Hermiston unless I have indicated to the contrary. I authorize the references listed above to provide the City any and all information concerning my previous employment and any pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to the City as well as from the use or disclosure of such information by the City or any of its agents, employees or representatives. I understand that any misrepresentation, falsification or material omission of the information on this application may result in my failure to receive an offer or, if I am hired, in my dismissal from employment.

In consideration of my employment, I agree to conform to the rules and standard of the City and agree that my employment can be terminated at any time. I understand that no employee or representative of the City other than the city manager has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. I also understand that all offers of employment are conditioned on the provision of satisfactory proof of an applicant's identity and legal authority to work in the United States. I understand that my employment may be subject to the satisfactory results of any pre-employment examinations required including testing for illegal drugs.

I have read and understand the above.

Signature of Applicant

Date