



City Of Cascade Locks
P.O. Box 308
140 Wa-Na-Pa-St
Cascade Locks, OR 97014
541-374-8484 Fax 541-374-8752

APPLICANT INFORMATION										
Last Name				First			M.I.			
Mailing Address										
City				State			ZIP			
Phone				Message Phone						
E-mail Address										
Date Available					Social Security No.					
Valid Driver's License		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Issuing State & Number			Expiration			
Do you have an insurable driving record			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, attach separate explanation					
Position Applied For:										
Are you a citizen of the United States?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever worked for the City before?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?					

EDUCATION									
High School				Address					
From		To		Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
College				Address					
From		To		Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
Trade / Professional School				Address					
From		To		Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
Other School				Address					
From		To		Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	

PROFESSIONAL CERTIFICATIONS AND ORGANIZATIONS									

The City of Cascade Locks makes decisions without regard to race, color, sex, national origin, religion, marital status, age, or any other protected classification unrelated to job performance.

PREVIOUS EMPLOYMENT			
Employer		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Employer		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Employer		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Employer		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Please attach separate sheets for additional employers			

REFERENCES

Please list three professional references (Not Family Members).

Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my immediate termination.

AUTHORITY TO RELEASE INFORMATION: By my signature, I consent to the release of information to authorized officers, agents and/or employees of the City of Cascade Locks which may include but is not limited to information concerning my past and present work; including my official personnel files, attendance records, evaluations, educational records, military service, law enforcement records, and any personnel record deemed necessary. In addition, I consent to allow the release of information through on-going driving records, background checks, and pre-employment drug screen analysis.

Signature

Date

PLEASE READ CAREFULLY BEFORE SIGNING

In Submitting this application, I authorize an investigation of all statements contained in it, and it is understood and agreed that any misrepresentation by me in this application or in any accompanying materials, may result in the cancellation of the application or termination from this hiring process.

If I am hired, I agree to become thoroughly familiar and comply with all of the ordinances, rules, regulations, policies of the City and subsequent Operations Manual specific to my job.

I certify that I have read ALL of this application and that the information I have provided is true and correct.

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

Signature: _____ Date: _____

IMPORTANT

Please read carefully and initial each paragraph before signing.

By my signature and initials placed below, I hereby certify that the information provided in this application (and accompanying attachments, if any) is true and complete, and I understand that any false information or significant omissions may disqualify me from further consideration from the hiring process, and may result in my dismissal from the City, if discovered at a later date. I agree to immediately notify my supervisor if I am convicted of a felony, or any crime involving dishonesty or a breach of trust.

_____ Initials

I authorize the investigation of all statements contained in this application (and accompanying attachments, if any). I also authorize the City to contact my present employer (unless otherwise noted in this application form), past employers and references.

_____ Initials

I authorize any person, school, current employer (except as previously noted), past employer (s), and organizations named in this application form (and accompanying attachments, if any) to provide the City with relevant information and opinions that may be useful to the City in making a decision on this application, and I release such persons and organizations from any legal liability in making such statements.

_____ Initials

If I am hired, I understand that it may be contingent upon passing a pre-employment physical examination, including a drug screening exam. I consent to such an examination and I consent to the release to the City medical information that directly relates to my ability to perform, with or without accommodation, the essential functions of the position for which I am applying.

_____ Initials

If the City pays for my registration, mileage, lodging, etc., so that I may attend classes, workshops or conferences, I agree to reimburse the City in full for all costs if I fail to attend or fail to satisfactorily complete the class, workshop or conference, unless waived by both my supervisor and the City Administrator.

_____ Initials

Signature: _____ Date: _____

RELEASE AND WAIVER

To Whom It May Concern:

I request and authorize you to disclose to the City of Cascade Locks any documents or information that they may request. I have authorized the City of Cascade Locks to inquire concerning my background in connection with an application for employment or position with the City. I agree to hold you and your agents and employees harmless from all liability which could relate in any way to the disclosure of private information or any assessment or opinion of my suitability for employment with the.

Signature: _____ Date: _____

Please print or type the following information:

Name: _____

Other Names Used: _____

Street Address: _____

Mailing Address: _____

City, State, Zip: _____

Social Security Number: _____

Birth date: _____

Valid Driver's License Number: _____

State Issued: _____

**This five (5) page application has _____ of additional pages attached.
Number**