



City of Springfield

Human Resources Department
225 Fifth Street

Springfield, Oregon 97477
Ph: (541)726-3705 Fax: (541)726-3782
www.ci.springfield.or.us

An Affirmative Action/Equal Opportunity Employer

EMPLOYMENT APPLICATION

APPLICATIONS MUST BE RECEIVED BY THE POSTED CLOSING DATE AND TIME.

POSITION APPLYING FOR:			DATE:
NAME:			
LAST	FIRST	MIDDLE	
ADDRESS:			ZIP
STREET	CITY	STATE	CODE

HOW DID YOU LEARN ABOUT THIS RECRUITMENT?

<input type="checkbox"/> Job Information Line:	<input type="checkbox"/> Newspaper:
<input type="checkbox"/> Walk-In:	<input type="checkbox"/> Professional Publication:
<input type="checkbox"/> Internet Website:	<input type="checkbox"/> Other:

FOR POLICE OFFICER APPLICANT ONLY:	Date of Birth:	Age:
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INSTRUCTIONS: Answer each question and section completely. Your responses must be either printed legibly in ink or typewritten. Attach supplementary information if necessary. Please complete all sections.

EDUCATION OR TRAINING: List any education and training such as schools; colleges; degrees; licenses; vocational, technical or military training you feel would qualify you to perform the work for which you are applying:

RELEVANT EDUCATION: (DEGREES & LICENSES)	WHERE DID YOU ACQUIRE IT? Name of school, program, major area of study, military branch and specialty, length of time attended.

PHONE:	CELLULAR OR PAGER	MESSAGE PHONE
HOME	BUSINESS	

E-MAIL (HOME):	E-MAIL (BUSINESS):
WHAT IS YOUR PREFERRED METHOD FOR IMMEDIATE CONTACT:	Telephone <input type="checkbox"/> U.S. Mail <input type="checkbox"/> E-Mail <input type="checkbox"/>

Social Security Number:	Do you have any relatives working for the City of Springfield?	*Yes <input type="checkbox"/> If yes, please list name(s):
	No <input type="checkbox"/>	

HAVE YOU EVER BEEN EMPLOYED BY THE CITY OF SPRINGFIELD?	*Yes <input type="checkbox"/>	* If yes, please indicate dates of service, department, job title:
No <input type="checkbox"/>		

CRIMINAL CONVICTIONS: Conviction of a crime is not an automatic disqualification to employment. Factors such as the nature and seriousness of the crime, the length of time since the conviction and/or completion of sentence, and the nature of the job for which you have applied will be considered.	Have you ever been CONVICTED, pled GUILTY or NO CONTEST or FORFEITED BOND or BAIL for any crime other than traffic violations?	*Yes <input type="checkbox"/>
		No <input type="checkbox"/>

* If yes, please explain: _____

LIST SKILLS RELEVANT TO ESSENTIAL JOB FUNCTIONS:

COMPUTERS USED	TYPING SPEED (WPM):
SOFTWARE USED	
OTHER OFFICE MACHINES	
OTHER SKILLS (TO INCLUDE BI-LINGUAL FLUENCY)	

DRIVER'S LICENSE: *Yes
 If the position for which you are applying involves driving, do you have a valid driver's license? No
 * If yes:
 State _____ License Number _____

IMMIGRATION REFORM AND CONTROL ACT Yes
 Successful applicants will be required to prove identity and eligibility for employment. No
 Are you authorized to work in the United States?

WORK EXPERIENCE:

Complete this section for RELEVANT experience in the most recent ten (10) years; you may summarize any work that is not directly related to our vacancy. List most recent employment first. You **MUST** complete this section fully. Do **NOT** refer to an attached resume'. A resume' may be submitted as an attachment. Include volunteer work if related.

EMPLOYER: _____ DATE HIRED: _____
 ADDRESS: _____ DATE LEFT: _____
 CITY: _____ STATE: _____ ZIP: _____ LAST RATE OF PAY: \$ _____
 JOB TITLE: _____ FULL-TIME: PART-TIME:
 MOST IMPORTANT DUTIES: (Attach additional sheets if necessary) _____

SUPERVISOR: _____ PHONE: _____ REASON FOR LEAVING: _____
 EMPLOYER: _____ DATE HIRED: _____
 ADDRESS: _____ DATE LEFT: _____
 CITY: _____ STATE: _____ ZIP: _____ LAST RATE OF PAY: \$ _____
 JOB TITLE: _____ FULL-TIME: PART-TIME:
 MOST IMPORTANT DUTIES: (Attach additional sheets if necessary) _____

SUPERVISOR: _____ PHONE: _____ REASON FOR LEAVING: _____
 EMPLOYER: _____ DATE HIRED: _____
 ADDRESS: _____ DATE LEFT: _____
 CITY: _____ STATE: _____ ZIP: _____ LAST RATE OF PAY: \$ _____
 JOB TITLE: _____ FULL-TIME: PART-TIME:
 MOST IMPORTANT DUTIES: (Attach additional sheets if necessary) _____

SUPERVISOR: _____ PHONE: _____ REASON FOR LEAVING: _____
 EMPLOYER: _____ DATE HIRED: _____
 ADDRESS: _____ DATE LEFT: _____
 CITY: _____ STATE: _____ ZIP: _____ LAST RATE OF PAY: \$ _____
 JOB TITLE: _____ FULL-TIME: PART-TIME:
 MOST IMPORTANT DUTIES: (Attach additional sheets if necessary) _____

SUPERVISOR: _____ PHONE: _____ REASON FOR LEAVING: _____

I certify the information in this application and attachments are true and complete to the best of my knowledge. I am aware that any falsification, misrepresentation or omission may result in my disqualification for employment or discharge from employment. I authorize my present and previous employers to release information regarding my job performance. I hereby waive my rights to claims or damages against any employer and the City of Springfield, its officers, agents, and employees, in regard to this exchange of information concerning my past employment. I understand I may be required to submit to "conditional offer of employment" physical examinations and/or urinalysis testing for the presence of drugs and/or alcohol. I agree to such examinations and/or testing at the City's expense. I authorize release of the results to the City for the use in evaluating my suitability for employment. I release the City from all liability arising out of or connected with the examinations and/or testing.

Signature	Date
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The information below will be detached from this application prior to screening.

APPLICANTS:

The following information is requested to comply with State and Federal reporting requirements.

SEX:

Male

Female

POSITION APPLIED FOR:

ETHNIC GROUP:

Asian/Pacific Islander

American Indian/Alaskan Native

Black (not Hispanic)

White (not Hispanic)

Hispanic

Signature	Date
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