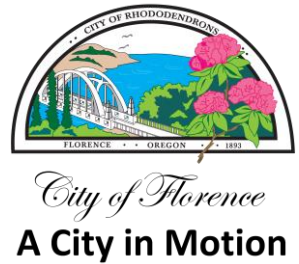


# City of Florence Application for Employment

The City of Florence is an equal opportunity employer.  
www.ci.florence.or.us

Human Resources  
250 Highway 101  
Florence, OR 97439  
(541) 997-3437  
recruitment@ci.florence.or.us



## PLEASE TYPE OR PRINT

Position applying for: \_\_\_\_\_

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_ City State Zip

E-mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

May we contact you at work?  Yes  No

What is the best time contact you: \_\_\_\_\_

Is your age under 18?  Yes  No

Have you ever been a member of State of Oregon Public Employees Retirement System (PERS)?  Yes  No

Are you now an employee of the City of Florence?  Yes  No

Former City of Florence employee?  Yes  No

If so, when? \_\_\_\_\_

What department? \_\_\_\_\_

Give names of any relatives employed by the City of Florence: \_\_\_\_\_ Relationship: \_\_\_\_\_

*(There are some limitations on the employment of relatives. Each case is considered separately for potential conflict of interest)*

List any other last name in which your educational or employment records are filed: \_\_\_\_\_

Are you available to work: Nights?  Yes  No Weekends?  Yes  No

If no, please explain: \_\_\_\_\_

Are there any times during the day or evening you are not available to work? \_\_\_\_\_ If yes, please specify: \_\_\_\_\_

Are you a veteran?  Yes  No (If "yes" then please refer to the attached Veteran's Preference Form).

## EDUCATION

Circle last grade completed 1 2 3 4 5 6 7 8 9 10 11 12 College 13 14 15 16 17 18 19 20 Other: # of years \_\_\_\_\_

Starting with high school, list schools attended and their location	Type Degree Earned	Course of Study

List any school course or vocational training, licenses, certifications, or other qualifications which bear on your suitability for this position:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Typing speed \_\_\_\_\_ WPM

Do you operate a computer? \_\_\_\_\_

What computer programs can you operate?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## EMPLOYMENT HISTORY

Please complete this section even if you attach a resume. List your work experience, most recent first. Include military experience.

Employer	Immediate Supervisor & Title	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address		Phone
Job Title	From: Month _____ Year _____ To: Month _____ Year _____	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Description of Job Duties:		
Reason for leaving:		
Employer	Immediate Supervisor & Title	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address		Phone
Job Title	From: Month _____ Year _____ To: Month _____ Year _____	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Description of Job Duties:		
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Employer	Immediate Supervisor & Title	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Job Title	From: Month _____ Year _____ To: Month _____ Year _____	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
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Address		Phone
Job Title	From: Month _____ Year _____ To: Month _____ Year _____	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Description of Job Duties:		
Reason for leaving:		

*It is the policy of the City of Florence to provide equal opportunity in all terms, conditions, and privileges of employment for all qualified job applicants and employees without regard to race, color, national origin, sex, age, marital status, veteran status, sexual orientation or the presence of any sensory, mental or physical disability. After reviewing the essential job functions from the job description of the position you are applying for, are you able to do them with or without reasonable accommodation?  Yes  No*

The City is concerned with your ability to perform the job and will not at this time consider your need for reasonable accommodation. If after reviewing your application form, verifying your responses, and conducting necessary interviews or tests, you are considered for the job and would need reasonable accommodation to perform the essential job functions, the parties will explore these alternatives. REMEMBER: The City may conduct a pre-employment physical exam which will determine whether you can do the essential functions of the job without substantial risk to yourself or the public.

### APPLICANT STATEMENT - must be signed

The information in my application was freely given and is, to the best of my knowledge, true and complete. I understand that any false or misleading answer or statement will be sufficient grounds for immediate dismissal at any time. The City of Florence is hereby authorized to contact my present and past employers as references and to receive from them any information about me contained in their personnel records and any evaluations of my job knowledge, skills and performance, as well as any social networking or other internet sites I am engaged in. I hereby release the City as well as those contacted by the City from any liability or damage which may result from furnishing the information requested. The City may make copies of this authorization available to those contacted. IN ACCORDANCE WITH THE 1986 IMMIGRATION AND REFORM ACT, PROOF OF ELIGIBILITY TO WORK IN THE UNITED STATES IS REQUIRED UPON EMPLOYMENT.

APPLICANT'S SIGNATURE IS REQUIRED TO PROCESS APPLICATION      Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NOTE: Applications and/or resumes cannot be returned. Please staple cover letters and resumes behind the application form. The City of Florence cannot make copies, please make necessary copies before submitting. An application is required for each position for which you wish to be considered. Notification of your standing in process may take up to 3 weeks.