

CITY OF DEPOE BAY EMPLOYMENT APPLICATION

APPLICANT: PLEASE PRINT IN INK OR TYPE RESPONSES

Incomplete and/or illegible applications will not be considered.

All statements are subject to verification.

Applications must be personally signed and dated.

Please keep the Personnel Office informed of any change in contact information.

Return completed application to City of Depoe Bay, PO Box 8, Depoe Bay OR 97341

1. Position for which you are applying: _____

2. Personal information:
 - A. Name: LAST _____
FIRST _____ MI _____

 - B. Social Security Number: ____ - ____ - _____

3. Address:
Number/Street _____

City _____ State _____ Zip _____

Mailing Address if Different: _____

4. Telephone:
 - A. Work: Area Code: _____ - _____ - _____

 - B. Home: Area Code: _____ - _____ - _____

 - C. Cell: Area Code: _____ - _____ - _____

5. Are you at least 18 years of age: Yes _____ No _____

6. If required by the position description for which you are applying:

Driver's License No. _____ State _____ Expiration Date _____

Special License No. _____ State _____ Expiration Date _____

Typing Speed ____ wpm Word Processing Program(s) Used _____

Have you ever been refused bonding? Yes _____ No _____

THE CITY OF DEPOE BAY IS AN EQUAL OPPORTUNITY EMPLOYER AND
COMPLIES WITH SECTION 504 OF THE REHABILITATION ACT OF 1973

“We are Equal Opportunity Employer. We do not discriminate on the basis of race,
religion, color, sex, age, national origin or disability.”

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- 7. Are you willing to accept the starting salary listed on the job announcement?
Yes _____ No _____

- 8. Following your acceptance of a contingent offer, and meeting the pre-employment requirements, indicate the number of days that you will need prior to assuming this position: _____

- 9. Please attach a copy of your resume, or include the following information on a separate sheet:
 - A. Highest Year of Education Completed
 - B. Colleges/Universities Attended
 - a. Major
 - b. Minor(s)
 - c. Degree(s) Earned
 - C. Vocational Schools Attended
 - D. Special Licenses/Certificates
 - E. Experience: Please use the attached sheet to list last four employers.
 - F. Three personal references (not employers or relatives)
 - 1. Name: _____
Address: _____
Phone: Area Code (____) _____
 - 2. Name: _____
Address: _____
Phone: Area Code (____) _____
 - 3. Name: _____
Address: _____
Phone: Area Code (____) _____

My signature below affirms that I release from liability any employer, person, or employee supplying reference information regarding me or my previous employment. I hereby release the City of Depoe Bay from all liability which may result from making any investigation of information provided by me in these application materials. All information provided with this application is true to the best of my knowledge. I understand that falsification or misrepresentation may result in disqualification from employment consideration.

SIGNATURE _____ DATE _____

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EMPLOYMENT HISTORY

(Please list your last four employers, most recent first.)

Last Employer: Name _____
Address _____
Phone: Area Code (____) _____
Title _____
Duties _____

Hours per week _____ No. people supervised _____
Supervisor's Name _____
Phone: Area Code (____) _____
Years/Months Employed _____ Yrs/ _____ Mo
Last Salary (per month) \$ _____
Reason for Leaving _____

Prior Employer: Name _____
Address _____
Phone: Area Code (____) _____
Title _____
Duties _____

Hours per week _____ No. people supervised _____
Supervisor's Name _____
Phone: Area Code (____) _____
Years/Months Employed _____ Yrs/ _____ Mo
Last Salary (per month) \$ _____
Reason for Leaving _____

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Prior Employer: Name _____
Address _____
Phone: Area Code (____) _____
Title _____
Duties _____

Hours per week _____ No. people supervised _____
Supervisor's Name _____
Phone: Area Code (____) _____
Years/Months Employed _____ Yrs/_____ Mo
Last Salary (per month) \$ _____
Reason for Leaving _____

Prior Employer: Name _____
Address _____
Phone: Area Code (____) _____
Title _____
Duties _____

Hours per week _____ No. people supervised _____
Supervisor's Name _____
Phone: Area Code (____) _____
Years/Months Employed _____ Yrs/_____ Mo
Last Salary (per month) \$ _____
Reason for Leaving _____

Note: Job applications are retained on an as needed basis, and there is **no** retention requirement established by OARs.

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