

# CITY OF UMATILLA



## APPLICATION FOR EMPLOYMENT

**D I S C L A I M E R**

The City of Umatilla is committed to providing an equal opportunity for all individuals who are seeking employment. The objective of the City of Umatilla is to select the most qualified individuals for the job. We encourage you to provide us with complete and accurate information that demonstrates your qualifications to perform the duties of the job you are applying. Please turn in this application, resume, and references together.

Any applicant with a disability who needs reasonable accommodation in any step of the hiring process may request assistance to demonstrate his or her qualification to perform the duties of the job for which the applicant is applying. The applicant who needs reasonable accommodation for disability should inform the City Manager at P.O Box 130, Umatilla, OR 97882 or call (541) 922-3226.

You must complete all of the inquiries on the application accurately and truthfully. Any incomplete applications will be rejected. If you believe the question or information sought is not applicable, put "N/A" for a response in the space provided. If you report false or inaccurate information, we will reject your applications or terminate your employment if we discover false or inaccurate information after the date of hire.

<b>P E R S O N A L</b>	Last Name		First	MI	Date
	Street Address				Home/Mobile Telephone
	City, State Zip				Email
	Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes: Month and year _____				Social Security #
	Position Desired				Expected Salary
	Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No    If not, what hours can you work? _____				Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you legally eligible for employment in the United States?				When will you be available to begin work? _____

<b>E D U C A T I O N</b>	School	Name and Location of School	Course of Study	No. of years completed	Did you Graduate?	Degree or Diploma	
	Graduate					Yes No	
	College					Yes No	
	Business/Trade Technical					Yes No	
	High School					Yes No	

## ADDITIONAL INFORMATION

*Clinical experience, Honors & Awards, Interests & Activities, Military Service, Personal, Professional Associations, Professional Memberships, Publications, Technical, Volunteer Experience, Other/Miscellaneous.*


## PREVIOUS EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

<b>1</b>	Company Name	Telephone	(      )
	Address	Employed – (Month and year)	
	Name of Supervisor	From	To
	Job Title and Work Description	Pay	
		Start	Last
		Reason for Leaving	

<b>2</b>	Company Name	Telephone	(      )
	Address	Employed – (Month and year)	
	Name of Supervisor	From	To
	Job Title and Work Description	Pay	
		Start	Last
		Reason for Leaving	

<b>3</b>	Company Name	Telephone	(      )
	Address	Employed – (Month and year)	
	Name of Supervisor	From	To
	Job Title and Work Description	Pay	
		Start	Last
		Reason for Leaving	

<b>4</b>	Company Name	Telephone	(      )
	Address	Employed – (Month and year)	
	Name of Supervisor	From	To
	Job Title and Work Description	Pay	
		Start	Last
		Reason for Leaving	

