

APPLICATION FOR EMPLOYMENT

FAX OR SEND TO:
SUNRIVER SERVICE DISTRICT
POLICE DEPARTMENT
PO Box 4788, SUNRIVER, OREGON 97707
PHONE: 541-593-1014 FAX: 541-593-1870

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

PLEASE PRINT

Position(s) applied for	Date of application
How did you learn about us? (if from a web site, be specific about which one)	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Inquiry
<input type="checkbox"/> Friend	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name
Address	Number	Street
		City
		State
		Zip Code

Telephone Number(s)	Social Security Number (voluntary)
---------------------	------------------------------------

Best time to contact you at home is: : AM / PM

Are you at least 21 years of age? (18 years of age for Bike Patrol Officers) Yes No

Have you ever filed an application with us before? Yes No

If yes, give date _____

Have you ever been employed with us before? Yes No

If yes, give date _____

Do any of your friends or relatives, other than spouse, work here? Yes No

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? *Proof of citizenship or immigration status will be required upon employment* Yes No

Date available for work ___/___/___ What is your desired salary range? _____

Are you available to work:

Full-Time (please indicate 1 2 3 shift)

Part-Time (please indicate Mornings Afternoons Evenings)

Temporary (please indicate dates available ___/___/___ to ___/___/___)

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

	Name and Address of School	Course of Study	No. of Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.	Employer	Dates Employed From To		Work Performed
	Address			
	Telephone Number(s)			
	Job Title	Supervisor	Hourly Rate/Salary Starting Final	
	Reason for leaving			
2.	Employer	Dates Employed From To		Work Performed
	Address			
	Telephone Number(s)			
	Job Title	Supervisor	Hourly Rate/Salary Starting Final	
	Reason for leaving			
3.	Employer	Dates Employed From To		Work Performed
	Address			
	Telephone Number(s)			
	Job Title	Supervisor	Hourly Rate/Salary Starting Final	
	Reason for leaving			
4.	Employer	Dates Employed From To		Work Performed
	Address			
	Telephone Number(s)			
	Job Title	Supervisor	Hourly Rate/Salary Starting Final	
	Reason for leaving			

If you need additional space, please continue on a separate sheet of paper.

<p>List professional, trade, business or civic activities and offices held. <i>You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:</i></p>

ADDITIONAL INFORMATION

OTHER QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experience.

SPECIALIZED SKILLS (Check skills/equipment operated)

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	Production/Mobile Machinery (list)	Other (list)
<input type="checkbox"/> PC/Mac	<input type="checkbox"/> Word Processing	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand	_____	_____
WPM _____	WPM _____	_____	_____
		_____	_____

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING. Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. YES NO

REFERENCES

1. Name	Phone ()

Address	

2. Name	Phone ()

Address	

3. Name	Phone ()

Address	

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant _____ Date _____

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks _____

Interviewer _____ Date _____

Employed Yes No Date of Employment _____

Job Title _____ Hourly Rate/Salary _____

Department _____

By _____ DATE _____

NAME AND TITLE

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) applied for is open: Yes No

Position(s) considered for: _____

Date: _____

NAME: _____

POSITION: _____

DATE: ____ / ____ / ____