



# APPLICATION FOR EMPLOYMENT

Fax or Mail To:  
Sunriver Police Department  
PO Box 4788  
Sunriver, OR 97707  
Phone: (541) 593-1014  
Fax: (541) 593-1870

Sunriver Service District is an Equal Opportunity Employer. Sunriver Service District does not discriminate on the basis of race, color, national origin, age, gender, sexual orientation, marital status, religion, political affiliation, physical or mental disability or any other basis prohibited by the State of Oregon, federal or local law.

(PLEASE PRINT)

POSITION(S) APPLYING FOR: \_\_\_\_\_ DATE: \_\_\_\_\_

### Contact Information

NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_  
LAST FIRST MIDDLE

PREVIOUS LAST NAMES: \_\_\_\_\_ ALTERNATE PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY STATE ZIP CODE  
STREET ADDRESS

\_\_\_\_\_ CITY STATE ZIP CODE  
MAILING ADDRESS (If Different)

EMAIL ADDRESS: \_\_\_\_\_

### Personal Information

Do you meet the minimum age requirement for the position you are applying for?  Yes  No  
*(Note: Age requirements are listed on the job announcement.)*

Have you ever applied for a job with this agency before?  Yes  No  
 If yes, provide date: \_\_\_\_\_

Do you possess a driver's license?  Yes  No  
 If yes, provide Driver's License # and State of Issuance: \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No

*In order to be considered for a position with the Sunriver Police Department, candidates must pass a pre-qualifying driving record review and a criminal history background check. We will use the driver's license number from your application to conduct an investigation verifying your background. Results will be used for the purpose of making selection decisions. Information contained in your background will be reviewed by those persons involved in making decisions on candidate selection or performing the background investigation. You must provide your drivers license number and state of issuance in the Personal Information section listed above. Failure to list your license number and state, or listing incorrect information, will disqualify you for submitting an incomplete application. By checking YES below and by signing this application, I give Sunriver Police Department my consent to perform a pre-qualifying review of my driving record and criminal history background as described above. I understand this information will be used in the selection process.*

Yes  No

**Preferences**

What is your preferred salary? \_\_\_\_\_

What type of work will you accept?  Full Time  Part Time  Seasonal

What type of shift will you accept?  Days  Swings  Graveyard  Weekends  Holidays

**Education** *If selected, you will be required to provide certified transcripts during the background process.*

What is your highest level of education? \_\_\_\_\_

If college, please complete the following:

Name of College: \_\_\_\_\_ Did you graduate?  Yes  No

Dates Attended: \_\_\_\_\_ through \_\_\_\_\_ College Major/Minor: \_\_\_\_\_

Location of College: \_\_\_\_\_ Level of Degree: \_\_\_\_\_  
CITY STATE

Name of College: \_\_\_\_\_ Did you graduate?  Yes  No

Dates Attended: \_\_\_\_\_ through \_\_\_\_\_ College Major/Minor: \_\_\_\_\_

Location of College: \_\_\_\_\_ Level of Degree: \_\_\_\_\_  
CITY STATE

**Military Service** *You must submit the proper forms to receive veterans' preference points.*

*You may claim veteran's preference if you are a qualified veteran or a qualified disabled veteran in accordance with ORS 408.225(1)(e) or ORS 408.225(1)(c).*

Have you ever served in the Military?  Yes  No

Are you claiming veteran's preference?  Yes  No

*If you answered "Yes", Veterans' Preference Points cannot be awarded without submission of a Sunriver Service District Veterans' Preference Form and a DD214/DD215 form reflecting an "other than dishonorable" separation status (and a "preference" letter for a disabled veteran) prior to the closing date of the recruitment. This form is available on the Sunriver Police Department website @ [www.sunriverpd.org](http://www.sunriverpd.org).*

Describe any job related training you received in the military:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Civic Activities/Volunteer Positions** *List professional, trade, business or civic activities and offices held:*

*(You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Work Experience**

*Please list your last four employers, beginning with the most recent.*

Employer: _____	May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address: _____	Reason for leaving: _____
Phone Number: _____	_____
Dates Employed: From: _____ To: _____	Hours worked per week: _____
Duties: _____	

Employer: _____	May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address: _____	Reason for leaving: _____
Phone Number: _____	_____
Dates Employed: From: _____ To: _____	Hours worked per week: _____
Duties: _____	

Employer: _____	May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address: _____	Reason for leaving: _____
Phone Number: _____	_____
Dates Employed: From: _____ To: _____	Hours worked per week: _____
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Employer: _____	May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address: _____	Reason for leaving: _____
Phone Number: _____	_____
Dates Employed: From: _____ To: _____	Hours worked per week: _____
Duties: _____	

**Certificates and Licenses**

*List any additional licenses and certifications you currently hold.*


**Skills**

*List specialized training, skills or extra-curricular activities applicable to this position:*


**References**

*Please list three character references, not related to you.*

Name: _____
Address: _____ <small>MAILING ADDRESS CITY STATE ZIP CODE</small>
Phone: _____ Email: _____

Name: _____
Address: _____ <small>MAILING ADDRESS CITY STATE ZIP CODE</small>
Phone: _____ Email: _____

Name: _____
Address: _____ <small>MAILING ADDRESS CITY STATE ZIP CODE</small>
Phone: _____ Email: _____

By signing this application, I certify the information I have provided on this application is true and complete. In the event of employment, I understand that false or misleading information provided on my application or during my interview(s) may result in disqualification.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE