



# APPLICATION FOR EMPLOYMENT



*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: _____				
STREET ADDRESS			CITY	STATE ZIP CODE
MAILING ADDRESS (If Different)			CITY	STATE ZIP CODE
EMAIL ADDRESS: _____				

## Personal Information

Do you meet the minimum age requirement for the position you are applying for?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>(Note: Age requirements are listed on the job announcement.)</i>	
Have you ever applied for a job with this agency before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide date: _____	
Do you possess a driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide Driver's License # and State of Issuance: _____	

*In order to be considered for a position with the Sunriver Service District, candidates must pass a background investigation and reference check. Listing incorrect or incomplete information could disqualify you for employment.*

**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: \_\_\_\_\_  
CITY STATE

Level of Degree: \_\_\_\_\_

Name of College: \_\_\_\_\_

Did you graduate? ☐ Yes ☐ No

Dates Attended: \_\_\_\_\_ through \_\_\_\_\_

College Major/Minor: \_\_\_\_\_

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

Level of Degree: \_\_\_\_\_

**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? ☐ Yes ☐ No  
Address: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_ Hours worked per week: \_\_\_\_\_  
Duties: \_\_\_\_\_

Employer: \_\_\_\_\_ May we contact employer? ☐ Yes ☐ No  
Address: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_ Hours worked per week: \_\_\_\_\_  
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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: _____			
MAILING ADDRESS	CITY	STATE	ZIP CODE
Phone: _____		Email: _____	
Name: _____			
Address: _____			
MAILING ADDRESS	CITY	STATE	ZIP CODE
Phone: _____		Email: _____	
Name: _____			
Address: _____			
MAILING ADDRESS	CITY	STATE	ZIP CODE
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

Submit to: Sunriver Service District  
PO Box 2108  
Sunriver, OR 97707  
[ssdadmin@sunriversd.org](mailto:ssdadmin@sunriversd.org)  
Phone: (541) 593-8622