



# CITY OF GERVAIS

592 Fourth Street/PO Box 329, Gervais, Oregon 97026-0329  
 503-792-4900 Administration Office; 503-792-3791 Fax  
 Text Tel. (TTY) 1-800-735-2900 Spanish (TTY/V) 1-800-735-3896

## Employment Application

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

| APPLICANT INFORMATION   |                              |                             |              |
|---|------------------------------|-----------------------------|--------------|
| Last Name   | First                        | M.I.                        | Date         |
| Street Address  |                              | Date of Birth:              |              |
| City  | State                        | ZIP                         |              |
| Phone   | E-mail Address               |                             |              |
| Date Available to Start Work  |                              |                             |              |
| Position Applied for  |                              |                             |              |
| Are you authorized to work in the U.S.?   | YES <input type="checkbox"/> | NO <input type="checkbox"/> |              |
| Have you ever filed an application with us before?  | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If so, when? |
| Have you ever been employed with us before?   | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If so, when? |
| May we contact your present employer?   | YES <input type="checkbox"/> | NO <input type="checkbox"/> |              |
| Are you bilingual? If so, state language(s).  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |              |
| Drivers License Number: _____ State _____ CDL? YES <input type="checkbox"/> NO <input type="checkbox"/> |                              |                             |              |

| EDUCATION          |                              |                             |
|--------------------|------------------------------|-----------------------------|
| <u>High School</u> | Address                      |                             |
| Did you graduate?  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| <u>College</u>     | Address                      |                             |
| Did you graduate?  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
|                    |                              | Degree                      |
| <u>Other</u>       | Address                      |                             |
| Did you graduate?  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
|                    |                              | Degree                      |

Gervais is a charming, dynamic rural community with a rich cultural heritage, valuing the past and anticipating the future...a wonderful and tranquil place to work, play and live.

**The City of Gervais is an Equal Opportunity Provider and Employer. Complaints of discrimination should be sent to: USDA, Director, Office of Civil Rights, Washington, DC 20250-9410**

### REFERENCES

*Please list three professional references.*

|                         |               |
|-------------------------|---------------|
| <b><u>Full Name</u></b> | Relationship  |
| Company                 | Phone (     ) |
| Address                 |               |
| <b><u>Full Name</u></b> | Relationship  |
| Company                 | Phone (     ) |
| Address                 |               |
| <b><u>Full Name</u></b> | Relationship  |
| Company                 | Phone (     ) |
| Address                 |               |

### EMPLOYMENT HISTORY

*Start with your present or last job. Include any job-related military service assignments and volunteer activities.*

|  |  |                              |                             |
|--|--|------------------------------|-----------------------------|
| <b><u>Company</u></b>                                    |  | Phone (     )                |                             |
| Address  |  | Supervisor                   |                             |
| Job Title  |  |                              |                             |
| Responsibilities   |  |                              |                             |
| _____  |  |                              |                             |
| _____  |  |                              |                             |
| _____  |  |                              |                             |
| From   |  | To                           | Reason for Leaving          |
| May we contact your previous supervisor for a reference? |  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| <b><u>Company</u></b>                                    |  | Phone (     )                |                             |
| Address  |  | Supervisor                   |                             |
| Job Title  |  |                              |                             |
| Responsibilities   |  |                              |                             |
| _____  |  |                              |                             |
| _____  |  |                              |                             |
| _____  |  |                              |                             |
| From   |  | To                           | Reason for Leaving          |
| May we contact your previous supervisor for a reference? |  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

|  |                   |            |                          |                             |
|--|-------------------|------------|--------------------------|-----------------------------|
| <b>Company</b>   |                   | Phone      | (     )                  |                             |
| Address  |                   | Supervisor |                          |                             |
| Job Title  |                   |            |                          |                             |
| Responsibilities   | <hr/> <hr/> <hr/> |            |                          |                             |
| From   |                   | To         |                          | Reason for Leaving          |
| May we contact your previous supervisor for a reference? |                   | YES        | <input type="checkbox"/> | NO <input type="checkbox"/> |

Describe any specialized training, apprenticeship, and skills.

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**MILITARY SERVICE**

|   |      |    |
|---|------|----|
| Branch  | From | To |
| Rank at Discharge   |      |    |
| Describe any job-related training received in the United States military. |      |    |
| <hr/>   |      |    |
| <hr/>   |      |    |
| <hr/>   |      |    |
| <hr/>   |      |    |

**DISCLAIMER AND SIGNATURE**

I certify that answers given herein are true and complete to the best of my knowledge. 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.

|                        |  |      |  |
|------------------------|--|------|--|
| Applicant<br>Signature |  | Date |  |
|------------------------|--|------|--|

**Please include a current resume.**

Return completed application materials to:

Susie Marston, City Manager  
City of Gervais  
PO Box 329  
592 Fourth Street  
Gervais, OR 97026

**Application Deadline: Open Until Filled**

**FOR PERSONNEL DEPARTMENT USE ONLY**

Arrange Interview  Yes  No

Remarks \_\_\_\_\_

Employed  Yes  No Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_ Hourly Rate/Salary \_\_\_\_\_

\_\_\_\_\_  
Interviewer

\_\_\_\_\_  
Date

NOTES:

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