

## 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, sexaul 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)			DATE		
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 a	age requirement for the position	you are apply	ving for?	☐ Yes	□ No
(Note: Age requirements are l	isted on the job announcement.)				
Have you ever applied for a	job with this agency before?			☐ Yes	□ No
If yes, provide dat	e:				
Do you possess a driver's lic	ense?	-		☐ Yes	□ No
	ver's License # and State of Issua				

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 accer	ot? 🔲 Full Time 🗀	Part Time		
What type of shift will you accep	t? 🔲 Days 🗖 Swir	ngs Graveyard	nds	S
		ertified transcripts during the bac	kground process	5 <u>.</u>
What is your highest level of edu				
If college, please complete the fo	mowing:	Did you graduate	2	П.
Name of College:	*h.va.vah	Did you graduate		□ No
Dates Attended:	through	College Major/Mi	nor:	
Location of College:	CITY	Level of Degree:		
Name of College:		Did you graduate	? □ Yes	□ No
Dates Attended:	through	College Major/Mi	inor:	
Location of College:		Level of Degree:		
	CITY	STATE		
		receive veterans' preference poin eteran or a qualified disabled veter		a with OBS
408.225(1)(e) or ORS 408.225(1)(	• • •	terum or a quangied disabled veter	ran in accordance	e with ONS
Have you ever served in the Mili			☐ Yes	□No
Are you claiming veteran's prefe	erence?		☐ Yes	□No
If you answered "Yes", Veterans'	Preference Points cannot b	oe awarded without submission of	f a Sunriver Servic	ce District
-	•	ting an "other than dishonorable"	•	-
"preference" letter for a alsablea Sunriver Police Department webs	• •	ng date of the recruitment.  This fo	orm is available o	on tne
Describe any job related training				
		-		
Civic Activities/Volunteer Pos	itions List profession	al, trade, business or civic activit	ties and offices h	eld:
-		ational origin, age, ancestry, disability or ot		

Work Experience	e 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:		
Duties:					
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:			<del></del>		
Dates Employed: Duties:	From:	To:	Hours worked per week:		
Certificates and I	Licenses List	any additional licenses a	nd certifications you currently hold.		

kills <i>List spe</i>	cialized training, skills or ex	tra-curricular activitie	s applicable to	this position:	
	_				
References	Please list three characte	er references, not relat	ed to you.		
Name:					
Address:					
Phone:	MAILING ADDRESS	CITY	Email:	STATE	ZIP CODE
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 in	formation I have provi	ded on this app	lication is true	and complete. In the
-	oyment, I understand that f		ormation provid	led on my appli	cation or during my
nterview(s) m	nay result in disqualification	·			
	SIGNATURE OF APPLICANT		DATE		
	Submit to:	Sunriver Service Dist	rict		
		PO Box 4788			
		Sunriver, OR 97707			

police@sunriverpd.org

(541) 593-1014

Phone: