

# City of Portland

## Application For Employment



We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

Position(s) Applied For		Date of Application	
How Did You Learn About Us?			
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In	
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other: _____	
Last Name		First Name	
		Middle Name	
Address		City	State
		Zip Code	
Main Telephone Number		Alternate Telephone Number	E-mail Address

If you are under 18 years of age, can you provide required proof of your eligibility to work?  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 \_\_\_\_\_

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?  Yes  No

*Proof of citizenship or immigration status will be required upon employment.*

On what date would you be available for work? \_\_\_\_\_

Are you available to work:  Full Time  Part Time  Shift Work  Temporary

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

Can you travel if a job requires it?  Yes  No

Have you been convicted of a felony within the last 7 years?  Yes  No

*Conviction will not necessarily disqualify an applicant for employment.*

If Yes, please explain \_\_\_\_\_

# Education

	Elementary School					High School				Undergraduate College / University				Graduate / Professional			
School Name and Location																	
Highest Grade Completed	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma / Degree																	
Describe Course of Study																	
Describe any specialized training, apprenticeship, skills and extra-curricular activities																	
Describe any honors you have received																	
State any additional information you feel may be helpful to us in considering your application																	

Indicate any foreign languages you can speak, read and/or write			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

List professional, trade, business or civic activities and offices held.  
*You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status:*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## References

Give name, address and telephone number of three references who are not related to you and are not previous employers.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Have you ever had any job-related training in the United States military?  Yes  No  
 If Yes, please describe \_\_\_\_\_

Are you physically or otherwise unable to perform the duties of the job for which you are applying?  Yes  No

# 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, handicap or other protected status.

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

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

## Special Skills and Qualifications

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

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# Applicant's Statement

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 up to 45 days. If I wish to be considered for employment beyond this time period I must inquire as to whether or not applications are being accepted at that time.

I hereby acknowledge that any employment relationship with the City of Portland is of an "at will" nature, and I understand that to mean that I may resign at any time and the City may discharge me at any time with or without cause. I further understand this "at will" employment relationship may not be changed by any written document or by any conduct unless such change is specifically acknowledged in writing by the City Manager.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in my immediate discharge.

I also understand that I am required to abide by all rules and regulations of the City of Portland during my employment.

\_\_\_\_\_  
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 \_\_\_\_\_  
NAME AND TITLE DATE

## NOTES

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## Applicant Data Record

Applicants and employees are considered before and during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other legally protected status. The City of Portland complies with EEO regulations.

This Data Record is included in your application package to comply with government record keeping, reporting, and other legal requirements. Periodic reports of this information are made to the government. The completion of the Data Record is optional. If you choose to volunteer to supply the requested information, please note that all Applicant Data Records are kept in a confidential file and are not a part of your Application for Employment or personnel file if you are hired.

**PLEASE NOTE: YOUR COOPERATION IS VOLUNTARY, INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.**

### VOLUNTARY SURVEY

Government agencies at times require periodic report on the sex, ethnicity, handicap, veteran and other protected status of employees. This data is for statistical analysis with respect to the success of the Affirmative Action program. SUBMISSION OF THIS INFORMATION IS VOLUNTARY.

(Please Print)

NAME	DATE	
ADDRESS		
CITY	STATE	ZIP
SOCIAL SECURITY NUMBER		

<b>CURRENT JOB:</b>		
<b>CHECK ONE:</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female
	Age: _____	
<b>CHECK ONE OF THE FOLLOWING: (Ethnic Origin)</b>		
<input type="checkbox"/> White	<input type="checkbox"/> Hispanic	<input type="checkbox"/> American Indian/Alaskan Native
<input type="checkbox"/> Black	<input type="checkbox"/> Other	<input type="checkbox"/> Asian/Pacific Islander
<b>CHECK IF ANY OF THE FOLLOWING ARE APPLICABLE</b>		
<input type="checkbox"/> Vietnam Era Veteran	<input type="checkbox"/> Disabled Veteran	<input type="checkbox"/> Handicapped Individual