

**FOR OFFICE USE ONLY**

Date Received \_\_\_\_\_

Time Received \_\_\_\_\_



**EMPLOYMENT APPLICATION**

The City of Milton-Freewater considers applications for all positions without regard to race, color, sex, age, religion, national origin, disability, marital status or any other legally protected status.

**(PLEASE TYPE OR PRINT)**

**PERSONAL INFORMATION**

Position applied for:			Date of Application	
Last Name	First Name	Middle Name	Home Phone	Cell Phone
Address		City	State/Zip	Business Phone
Email Address				

Do you possess bilingual skills? Please specify.     YES    NO

Are you related to any current City employee?     YES    NO  
If yes, please specify name

Are you an Veteran?     YES    NO    If yes, you may want to complete the Veteran's Preference form.

If required, would you move within the service boundary of the City?     YES    NO

Please specify any/all hours available.                      AM/PM to                      AM/PM

**EDUCATION – SPECIALIZED TRAINING**

Highest Level of Education Obtained:  
\_\_\_ High School Diploma/GED Certificate    \_\_\_ College    \_\_\_ Graduate School

College Attended \_\_\_\_\_

Degree(s) Earned     YES    NO  
If yes, please specify degree and discipline

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

Professional Licenses/Certifications     YES    NO  
If yes, please specify

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

Describe job related skills, knowledge or special training you may possess. Include software programs in which you are proficient.

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

**EMPLOYMENT HISTORY**

Begin with your present or last job. LIST ALL WORK EXPERIENCE including military, volunteer and intern experience to include previous 10 year period. IF YOU NEED ADDITIONAL SPACE, PLEASE CONTINUE ON A SEPARATE SHEET OF PAPER.

Present or Last Employer	Address		
Type of Business	Supervisor's Name	Title	Phone
Your Title	Reason for Leaving (Be specific)		
Duties (Be specific-use space below & continue on separate sheet of paper):			
	Starting Month	Starting Year	
	Leave Month	Leave Year	
	Ending Salary	\$	per

Next Previous Employer	Address		
Type of Business	Supervisor's Name	Title	Phone
Your Title	Reason for Leaving (Be specific)		
Duties (Be specific-use space below & continue on separate sheet of paper)			
	Starting Month	Starting Year	
	Leave Month	Leave Year	
	Ending Salary	\$	per

Next Previous Employer	Address		
Type of Business	Supervisor's Name	Title	Phone
Your Title	Reason for Leaving (Be specific)		
Duties (Be specific-use space below & continue on separate sheet of paper)			
	Starting Month	Starting Year	
	Leave Month	Leave Year	
	Ending Salary	\$	per

Next Previous Employer	Address		
Type of Business	Supervisor's Name	Title	Phone
Your Title	Reason for Leaving (Be specific)		
Duties (Be specific-use space below & continue on separate sheet of paper)			
	Starting Month	Starting Year	
	Leave Month	Leave Year	
	Ending Salary	\$	per

## APPLICANT'S STATEMENT

The information in my application was freely given and is, to the best of my knowledge, true and complete. I understand that any false or misleading answer or statement will be sufficient grounds for immediate dismissal at any time. The City of Milton-Freewater is hereby authorized to contact my present and past employers as referenced and to receive from them any information about me contained in their personnel records and any evaluations of my job knowledge, skills and performance. I hereby release the City as well as those contacted by the City, from any liability or damage which may result from furnishing the information requested. The City may make copies of this authorization available to those contacted. IN ACCORDANCE WITH THE 1986 IMMIGRATION AND REFORM ACT, PROOF OF ELIGIBILITY TO WORK IN THE UNITED STATES IS REQUIRED UPON EMPLOYMENT.

### APPLICANT'S SIGNATURE IS REQUIRED TO PROCESS APPLICATION:

Signature \_\_\_\_\_

Date \_\_\_\_\_

NOTE: Applications and/or resumes cannot be returned. Please staple cover letters and resumes behind the application form. The City of Milton-Freewater cannot make copies. Please make necessary copies before submitting. An application is required for each position for which you wish to be considered. Notification of your standing in process may take up to three weeks.

PRE-EMPLOYMENT medical examination and/or substance (drug) screening may be required.

AMERICANS WITH DISABILITIES ACT (ADA) ACCOMMODATIONS WILL BE PROVIDED UPON REQUEST.

### MAIL APPLICATIONS TO:

City of Milton-Freewater  
Human Resource Department  
PO Box 6  
Milton-Freewater, OR 97862

### DELIVER APPLICATIONS TO:

City of Milton-Freewater  
Human Resource Department  
722 S. Main Street  
Milton-Freewater, OR

### FAX APPLICATIONS TO:

541-938-8224  
ATTN: Human Resource Department

**CITY OF MILTON-FREEWATER**  
**AUTHORIZATION TO RELEASE INFORMATION**

To Whom It May Concern:

I hereby request and authorize you to furnish the City of Milton-Freewater with any and all information that you have concerning me, my work record and my reputation. Information of a confidential or privileged nature may be included. Your reply will be used to assist the City of Milton-Freewater in determining my qualifications and fitness for the position I am seeking.

I hereby release you and your organization from any liability or damage which may or could result from furnishing the information requested above or from any subsequent use of such information in determining my qualifications for employment with the City of Milton-Freewater. I understand any information obtained will be strictly confidential.

I also understand that, as a matter of policy, the City of Milton-Freewater may conduct a criminal offender background check through the Oregon State Police Law Enforcement Data System (LEDS) and I hereby give my authorization to do so.

I also understand that any information gleaned by the City of Milton-Freewater through their investigation is the sole property of the City's. This information may be shared with the applicant at the discretion of the Human Resource Officer and/or City Manager. In compliance with the FCRA (Fair Credit Reporting Act) 15 U.S.C. § 1681g, any 3<sup>rd</sup> party consumer report shall be made available to the applicant.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Applicant's Name (please print)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Driver's License Number                      State

\_\_\_\_\_  
Date Signed

**FOR POLICE DEPARTMENT APPLICANT'S ONLY:** \_\_\_\_\_  
Date of Birth