

# CITY OF COQUILLE

## APPLICATION FOR EMPLOYMENT

**851 N. Central Blvd., Coquille, OR 97423**  
**Voice (541) 396-2115 Fax (541) 396-5125**

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

(PLEASE PRINT)

Position(s) Applied For		Date of Application	
How Did You Learn About Us?			
<input type="checkbox"/> Advertisement		<input type="checkbox"/> Friend	<input type="checkbox"/> Inquiry
<input type="checkbox"/> Employment Agency		<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____
Last Name	First Name	Middle Name	
Address Number	Street	City	State
			Zip Code
Telephone Number(s)		Social Security Number	
Best time to contact you at home is:			____:____ AM or PM
If you are under 18 years of age, can you provide required proof of your eligibility to work?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever filed an application with us before? If Yes, give date _____			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been employed with us before? If Yes, give date _____			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do any of your friends or relatives, other than spouse, work here? If Yes, state name, relationship and location _____			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently employed?			<input type="checkbox"/> Yes <input type="checkbox"/> No
May we contact your present employer?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? <i>Proof of citizenship or immigration status will be required upon employment.</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No
Date available for work ___/___/___ What is your desired salary range? _____			
Are you available to work:			
<input type="checkbox"/> Full Time			
<input type="checkbox"/> Part Time (Please indicate: mornings, afternoon, evenings)			
<input type="checkbox"/> Temporary (Please indicate dates available: (___/___/___ - ___/___/___))			
Are you currently on "lay-off" status and subject to recall?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you travel if a job requires it?			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>WE ARE AN EQUAL OPPORTUNITY EMPLOYER</b>			

## EDUCATION

School	Name & Address of School	Course of Study	Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate/Professional				
Other (Specify)				

## WORK 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, disabilities or other protected status.

Employer:	<b>Dates Employed</b>		<b>Work Performed</b>
	<b>From</b>	<b>To</b>	
Address:			
Telephone Numbers(s)			
Reason for Leaving:	<b>Hourly Rate/Salary</b>		
	<b>Starting</b>	<b>Ending</b>	

May we contact this employer?  Yes  No

Employer:	<b>Dates Employed</b>		<b>Work Performed</b>
	<b>From</b>	<b>To</b>	
Address:			
Telephone Numbers(s)			
Reason for Leaving:	<b>Hourly Rate/Salary</b>		
	<b>Starting</b>	<b>Ending</b>	

May we contact this employer?  Yes  No

Employer:	<b>Dates Employed</b>		<b>Work Performed</b>
	<b>From</b>	<b>To</b>	
Address:			
Telephone Numbers(s)			
Reason for Leaving:	<b>Hourly Rate/Salary</b>		
	<b>Starting</b>	<b>Ending</b>	

May we contact this employer?  Yes  No

Employer:	<b>Dates Employed</b>		<b>Work Performed</b>
	<b>From</b>	<b>To</b>	
Address:			
Telephone Numbers(s)			
Reason for Leaving:	<b>Hourly Rate/Salary</b>		
	<b>Starting</b>	<b>Ending</b>	

May we contact this employer?  Yes  No

**Comments: Include explanation of any gaps in employment.**


Describe any specialized training, apprenticeship, skills and extra-curricular activities.


Describe any job-related training received in the United States military.


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:*


**ADDITIONAL INFORMATION**

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


**SPECIALIZED SKILLS (Skills/Equipment Operated)**

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	Production/Mobile- Machinery (list)	Other (list)
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing		
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand		
WPM _____	WPM _____		

State any additional information you feel may be helpful to us in considering your application.


Note to Applicants:

DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities in such a job or occupation has been given.      Yes    No

**PERSONAL/PROFESSIONAL REFERENCES** *Do not include family members or past supervisors*

Name	Phone Number	Best Time to Call	Occupation
1.			
2.			
3.			

## **APPLICANT'S STATEMENT**

I certify that the facts and information in this application, and in any attachments or supporting documents, are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation, or omission, as well as any misleading statements or omissions, will be cause for denial of employment or immediate termination, regardless of when or how discovered.

I authorize the investigation of all matters which the City of Coquille deems relevant to my qualifications for employment, including all statements contained in this application and in any attachments or supporting documents. I authorize you to request and receive such information, and I release from all liability any persons (such as former supervisors and managers or employers) supplying it. I also release the City of Coquille from all liability which might result from making the investigation.

I understand, also, that I am required to abide by all rules and regulations of the employer.

I have read the above statements and have reviewed all of the information I provided in this application and in any attachments or supporting documents, and certify that the facts and information in this application, and in any attachments or supporting documents, are true and complete to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date