



CITY OF CANBY
(An Equal Opportunity Employer)
EMPLOYMENT APPLICATION

Attn: Human Resources, PO Box 930, Canby, OR 97013
Telephone: 503.266.0635 / HR Fax: 503.266.0699

www.canbyoregon.gov

Position Applied For:	Date of Application:
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PLEASE PRINT OR TYPE

PERSONAL INFORMATION

Last Name	First Name	Middle	Home Phone	Cell Phone
Address		Apt. #	P.O. Box	Business/Work Phone
City	State	Zip		
Email Address				
Are you legally eligible for employment in the USA? <input type="checkbox"/> Yes <input type="checkbox"/> No	Nicknames/other last names known by:		Do you have a high school diploma or GED certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No	

EDUCATION AND TRAINING

Please include any training relative to the position you are applying for, including military:

Colleges, Vocational or Technical Schools, Training Centers	Major Subject	Units (Credits)	Type of Degree or Certificate Received/Completed	Years Completed

LICENSES AND CERTIFICATES REQUIRED FOR, OR RELATED TO, THIS POSITION

Description	Issued by	ID #	Expiration Date

PERTINENT SPECIAL SKILLS

Please list experience with machines, office equipment, languages, or other special skills pertinent to the position for which you are applying.

ADDITIONAL INFORMATION

Have you ever been employed by the City of Canby? Yes No

Do you possess a valid driver's license)? Yes No
(If job related)

WORK EXPERIENCE

**Beginning with your Present or most recent employer, describe all Work Experience including Military, Volunteer and Intern Experience.
(Attach additional sheets if necessary)**

Name of Present or Most Recent Employer			Address		
Starting Date	Leaving Date	Salary \$ ____ per ____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time ____hrs/wk <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern ____hrs/wk	Reason for Leaving		
Month/Year	Month/Year				
Job Title (Present or Most Recent)		Name of Supervisor/Title		Phone #	
Fax #		Email Address for Supervisor			
Job Duties:					
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No					

Name of Employer			Address		
Starting Date	Leaving Date	Salary \$ ____ per ____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time ____hrs/wk <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern ____hrs/wk	Reason for Leaving		
Month/Year	Month/Year				
Job Title (Present or Most Recent)		Name of Supervisor/Title		Phone #	
Fax #		Email Address for Supervisor			
Job Duties:					
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No					

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Month/Year	Month/Year				
Job Title (Present or Most Recent)		Name of Supervisor/Title		Phone #	
Fax #		Email Address for Supervisor			
Job Duties:					
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No					

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Job Title (Present or Most Recent)		Name of Supervisor/Title		Phone #	
Fax #		Email Address for Supervisor			
Job Duties:					
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No					

I understand this application does not represent a contract for employment. I understand that an acceptance of an offer for employment does not create a contractual obligation upon the City of Canby to continue to employ me for any period of time in the future. I understand that no representative from the City has any authority to enter into any special agreement with me to promise and/or guarantee my employment for any specific time period or to promise me a promotion or transfer, etc. either prior to commencement of employment or after I have become employed, or to assure me of any benefits or terms and conditions of employment, or to make any agreement contrary to the aforementioned.

I hereby represent that each answer to questions incorporated into this application and all other information otherwise furnished by me shall be true, complete, and correct. I understand that incorrect, incomplete, false or misleading statement/answer/information furnished by me either verbally, or in writing will subject my application to disqualification from further consideration and/or if already employed by the City, when the aforementioned is detected, I will be subject to discipline up to and including discharge, for falsifying a City record/document, regardless of how much time has elapsed since the date I was employed. In the event that I am employed by the City, I agree to comply with all its orders, rules, regulations, safety policies, and performance standards. Upon hire, I will provide proof as required on the US Government, I-9 form that I am legally eligible for employment in the United States. If I cannot provide such proof in accordance with Federal Law, I understand that my employment will be terminated.

I have read and understand all of the provisions of this acknowledgement. By signing this application, I hold the City of Canby harmless for any result of the City questioning the references provided in this application. If I am selected for further consideration, I hereby authorize and release from liability all former employers, landlords, educational institutions, law enforcement agencies, and/or other government agencies to provide/release information regarding my employment, education, criminal conviction record, credit history, driver's license violations and motor vehicle records, which may be in their possession to the City of Canby and/or its agents. I understand that I will not receive and am not entitled to know the contents of confidential reports received, and I further understand that these reports may be privileged. An offer of employment is conditional upon a background investigation, and if relevant, a pre-employment medical exam and drug screen test (safety sensitive positions).

This application is valid for only ninety (90) days from the date I signed. If I want to be considered for additional job openings, I will submit a new application.

Applicant's Signature: _____ Date: _____
REQUIRED

EQUAL EMPLOYMENT OPPORTUNITY: We are an Equal Opportunity/Affirmative Action Employer. We are dedicated to a policy of nondiscrimination in employment on the basis of race, color, religion, sex, national origin, age, or mental and/or physical disability.

APPLICATION PROCESS: Submit a completed City of Canby employment application by to Attn: Human Resources, City of Canby, PO Box 930, Canby, OR 97013 by the closing date along with a resume and cover letter. Refer to job announcement for electronic submissions.

BACKGROUND: Finalists for City jobs must successfully pass a background investigation and may be required to pass a pre-employment medical exam as a final condition of the job offer. Finalists for safety sensitive positions must also successfully pass a pre-employment drug-screening test.

PROBATIONARY PERIOD: New employees or employees changing job positions will be considered Trial service employees for at least six (6) months before attaining regular status.

IMMIGRATION LAW: In accordance with the Immigration Reform and Control Act of 1986 (IRCA), all newly hired employees will be required to complete and sign an Employment Eligibility Verification Form and present documentation verifying identity and employment eligibility.

VOLUNTARY COMPLETION BY APPLICANT. NOT FOR INTERVIEW PURPOSES.

RECRUITMENT SOURCE

How did you become aware of this employment opportunity?

- Newspaper (please specify)
- State Employment Office
- City Website
- LOC Website
- Direct Mailing
- Walk In
- City Employee Referral
- Other Agency (please specify)
- Education Facility (please specify)
- Other (please specify)

City of Canby
PO Box 930
182 N Holly
Canby, OR 97013



APPLICATION FOR EMPLOYMENT

POSITION:

The City of Canby is an Equal Opportunity Employer. We are requesting the information on this page only to comply with state and federal record keeping requirements. You are not required to complete this page and there will be no negative impact if you choose not to do so. This information will be kept confidential except as allowed for by the Rehabilitation Act of 1973, the Vietnam Era Veterans Readjustment Assistance Act of 1974 and the Americans with Disabilities Act of 1990.

Social Security Number - -	Name (First, MI, Last)
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DATE OF BIRTH: / /

SEX: Male Female

RACE/ETHNIC BACKGROUND:

- White (not of Hispanic origin)
- Black (not of Hispanic origin)
- Hispanic
- Asian or Pacific Islander
- American Indian or Alaskan Native

DISABILITY STATUS:

- I am disabled
- I require accommodation in the hiring process. Please explain

VETERAN STATUS – Please attach DD214 or DD215 form

- I am a disabled veteran (Department of Veterans' Affairs established.)
- I am a Vietnam Era Veteran

THE INFORMATION PROVIDED ON THIS PAGE WILL NOT BE USED TO EVALUATE YOUR QUALIFICATIONS FOR EMPLOYMENT, ONCE THE INFORMATION HAS BEEN RECORDED, THIS PAGE WILL BE REMOVED FROM YOUR APPLICATION MATERIALS. NO PERSON INVOLVED IN THE SELECTION PROCESS WILL HAVE ACCESS TO THIS INFORMATION EXCEPT AS REQUIRED TO ENSURE DISCRIMINATION IS AVOIDED.

If you believe your civil rights in employment matters have been violated at any time during the course of your consideration for employment, contact Human Resources at (503) 266-0635.

PLEASE ATTACH THIS PAGE AS THE LAST PAGE OF YOUR APPLICATION MATERIALS.