



**EMPLOYMENT APPLICATION**  
**City of Athena – 541-566-3862**  
PO Box 686 – Athena, OR 97813-0686  
PLEASE PRINT...

Position applied for: \_\_\_\_\_ Date of application: \_\_\_ / \_\_\_ / \_\_\_.

Name: \_\_\_\_\_  
                            LAST                      FIRST                      MIDDLE INITIAL

Address: \_\_\_\_\_  
                            Mailing Address    City                      State                      Zip Code

Telephone #: (     ) \_\_\_\_\_. Other Phone #: (     ) \_\_\_\_\_ Email: \_\_\_\_\_

If you are under 18, and it is required, can you furnish a work permit? \_\_\_\_\_

If no, please explain: \_\_\_\_\_

Have you been employed for the City of Athena? \_\_\_\_\_ If yes, give dates/positions: \_\_\_\_\_  
\_\_\_\_\_

Are you legally eligible for employment in this country? \_\_\_\_\_

Date available for work: \_\_\_ / \_\_\_ / \_\_\_\_\_. What is your desired salary range: \$ \_\_\_\_\_/hr.

Type of employment desired:  Full-time    Part-time    Temp.    Seasonal    Ed/Co-op

Are you able to meet the attendance requirements of the position?  Yes              No

Have you ever pled “guilty” or “no contest” to, or been convicted of a crime?  Yes      No

If yes, please provide date (s) and details \_\_\_\_\_

**ANSWERING “YES” TO THIS QUESTION DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT. FACTORS SUCH AS DATE OF OFFENSE, SERIOUSNESS AND NATURE OF THE VIOLATION, REHABILITATION AND POSITION APPLIED FOR WILL BE TAKEN INTO ACCOUNT.**

Driver’s license number if driving is an essential job function \_\_\_\_\_ State: \_\_\_\_\_

**References:**

NAME	TELEPHONE #	# OF YRS KNOWN
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

## EMPLOYMENT HISTORY

Provide the following information on your past four (4) employers, assignments or volunteer activities for the past ten years, starting with the most recent. (if applicable)

FROM: <u>   </u> / <u>   </u> / <u>   </u> TO: <u>   </u> / <u>   </u> / <u>   </u> .
EMPLOYER: _____ TELE #: _____
ADDRESS: _____
Starting Job title: _____ Final/Present Title: _____
Summarize the Nature of work performed and job responsibilities:  
Hourly Rate/Salary: START \$ _____ PER _____ FINAL \$ _____ PER _____
Immediate Supervisor/ Title: _____
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later
Reason for Leaving: _____

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Reason for Leaving: _____

**Skills and Qualifications**

Summarize any training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying: \_\_\_\_\_

**Educational Background (job related)**

High School: Name \_\_\_\_\_ City/State \_\_\_\_\_

Diploma Received:  Yes  No

College: Name \_\_\_\_\_ City/State \_\_\_\_\_

Major: \_\_\_\_\_ # Yrs Completed: \_\_\_\_\_ Graduate?  Yes  No

Trade School/Other: Name \_\_\_\_\_ City/State \_\_\_\_\_

Major: \_\_\_\_\_ # Yrs. Completed: \_\_\_\_\_ Graduate?  Yes  No

Other:

Major: \_\_\_\_\_ # Yrs. Completed: \_\_\_\_\_ Graduate?  Yes  No

**APPLICANT STATEMENT**

- I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.
- I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (I) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.
- I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume' or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.
- I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.
- I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.
- If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the Council's Mayor.
- I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_.