



# Employment Application

**City of Gold Beach**  
 29592 Ellensburg Avenue, Gold Beach, Oregon 97444  
 Office: 541-247-7029  
 www.goldbeachoregon.gov

*PLEASE NOTE: Resume only submissions will not be processed*

The City of Gold Beach is an Equal Opportunity Employer. Please notify us if you need any accommodations or assistance with any part of our application process.

Position Applying For: \_\_\_\_\_

Date of Application: / /

**CONTACT INFORMATION**

Name: \_\_\_\_\_  
Last First Middle

Home Address: \_\_\_\_\_  
Street City State Zip

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

Home Phone: \_\_\_\_\_ Message Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**EDUCATION AND TRAINING**

School/College Name and Location	Years Completed	Major/ Area of Study	Certificate/ Degree

**LICENSES AND CERTIFICATIONS**

Driver's License Number & State (if required for the job): \_\_\_\_\_

License/ Certification Name	Issuing Agency	Date Received

**SKILLS AND QUALIFICATIONS YOU FEEL ARE RELEVANT TO THIS POSITION.**

Summarize any skills you have that qualify you for this position. You may attach an additional sheet if necessary.

**NOTE: YOU MAY FILL OUT YOUR EMPLOYMENT & VOLUNTEER HISTORY ON A SEPARATE SHEET BUT SUBMISSION OF THIS COMPLETED FORM IS STILL REQUIRED. IF YOU SUBMIT A SEPARATE SHEET PLEASE MARK "SEE ATTACHED SHEET" IN THE BLOCKS. RESUMES ONLY WILL NOT BE PROCESSED.**

**EMPLOYMENT & VOLUNTEER HISTORY: PLEASE LIST VOLUNTEER AND EMPLOYMENT EXPERIENCE RELEVANT TO THIS POSITION**

Have you ever volunteered with the City of Gold Beach?  Yes  No If yes, when? \_\_\_\_\_

List all the positions you have held in the past ten (10) years. Begin with your most recent experience. Use additional sheets if necessary.

From:	To:	Employer:	Phone:
Job Title:		Employer's Address:	
Supervisor's Name & Title:		Reason for Leaving:	
Job Duties and Responsibilities:			

From:	To:	Employer:	Phone:
Job Title:		Employer's Address:	
Supervisor's Name & Title:		Reason for Leaving:	
Job Duties and Responsibilities:			

From:	To:	Employer:	Phone:
Job Title:		Employer's Address:	
Supervisor's Name & Title:		Reason for Leaving:	
Job Duties and Responsibilities:			

**REFERENCES** Please identify at least three work related or personal references other than family members

Name and Occupation:	Phone:	Email Address (if known):

**CERTIFICATION:** I certify that all statements on this application are true and complete to the best of my knowledge. I understand false or incomplete statements shall be sufficient for disqualification or dismissal. I authorize the City of Gold Beach to make any necessary and appropriate investigation to verify the information contained herein, including authorizing all previous employers/supervisors to give the City of Gold Beach any personal or professional information concerning my volunteer position. I release the City of Gold Beach and my previous employers/supervisors from any liability related to the furnishing of such information.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_