

EMPLOYMENT HISTORY

Beginning with your present or most recent job, describe your work experience during the past ten years including any periods of unemployment. If additional space is required, please attach the necessary pages to the application form to complete your employment history. You may not substitute "see Resume" for completion of this section. An application submitted without completing this entire section will disqualify you from consideration.

Employer	Address	Phone
		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Job Title		
Employment Dates: From: Mo	Yr	To: Mo Yr
		May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Immediate Supervisor Name, Title and Phone Number		
Specific Duties:		
Reason for leaving?		

Employer	Address	Phone
		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Job Title		
Employment Dates: From: Mo	Yr	To: Mo Yr
		May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Immediate Supervisor Name, Title and Phone Number		
Specific Duties:		
Reason for leaving?		

Employer	Address	Phone
		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Job Title		
Employment Dates: From: Mo	Yr	To: Mo Yr
		May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Immediate Supervisor Name, Title and Phone Number		
Specific Duties:		
Reason for leaving?		

UNPAID and VOLUNTEER POSITIONS

List below any un-paid or volunteer positions you have held which are relevant to the position for which you are applying. If additional space is required, please attach the necessary pages to application form.

Employer	Address	Phone
		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Job Title		
Employment Dates: From: Mo	Yr	To: Mo Yr
		May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Immediate Supervisor Name, Title and Phone Number		
Specific Duties:		
Reason for leaving?		

Employer	Address	Phone
		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Job Title		
Employment Dates: From: Mo	Yr	To: Mo Yr
		May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Immediate Supervisor Name, Title and Phone Number		
Specific Duties:		
Reason for leaving?		

CIVIC CLUBS/ORGANIZATIONS

List any civic clubs or organizations of which you are, or have been a member, the length of time you were involved, and any offices that you may have held:

ADDITIONAL COMMENTS

List any additional comments you feel may be relevant to the position for which you are applying:

EMPLOYMENT APPLICATION INSTRUCTIONS

Please read the application carefully and answer all questions. Incomplete applications will not be accepted. Resumes' will not be accepted in lieu of a completed City of Gold Beach employment application form.

Applications must be received by 4:00 pm on the due date specified in the job advertisement. The City will not accept applications received after the deadline, regardless of the postmark or time indicated on the fax machine.

All information given should be job related and not related to any protected class, status, race/ethnicity, age, marital status, life style, and or disability. Any such information will be removed prior to sending your applicant file to the hiring department.

APPLICANT'S STATEMENT— Must be signed

I certify that all answers and statements I have made on this application (and resume or other supplementary material) are true and complete without omissions. I understand that any false information will be grounds for refusal to hire or for immediate discharge if I am employed. I authorize any of the persons or organizations named in this application to give you complete information and records regarding my employment, education, character, and qualifications. I understand that if selected I may be required to undergo a physical examination, drug screening, drivers license check, or background investigation.

I will be responsible for familiarizing myself with all rules and regulations of the Employer as they presently exist or are later modified. I recognize that my employment can be terminated, at the discretion of the Employer without notice, at any time during my probationary period.

Signature of Applicant

Date