



EMPLOYMENT APPLICATION

City of Scappoose

33568 E. Columbia Ave Scappoose, Oregon 97056
Phone (503) 543-3114 Fax# (503) 543-2955

The City of Scappoose is an Equal Opportunity Employer and considers applicants for all positions without regard to race, color, religion, national origin, age, sex, marital or veteran status, disability, or any other legally protected status. All selection decisions are based on job related factors.

Position Applied For: _____ Date of Application: _____

PLEASE PRINT OR TYPE

PERSONAL INFORMATION

Last Name	First Name	Middle	Home Phone	Message Phone
Address		Apt. #	PO Box	Business Phone
City	State	Zip	Social Security Number	
Are you legally eligible for employment in the USA? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have a high school diploma or GED certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you over the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No		Please explain the conviction:*		

* Criminal convictions are not an absolute bar to employment but will only be considered in relation to specific job requirements.

EDUCATION AND TRAINING

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

Colleges, Vocational or Technical Schools, Training Centers	Course of Study	Number of Years Completed	Type of Degree or Certificate Received

LICENSES AND CERTIFICATES REQUIRED FOR 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

Do you possess a valid driver's license? Yes No (A valid driver's license is required when stated on the job announcement.)

State: _____ Driver's License # _____

WORK EXPERIENCE

**Beginning with your present or last job (and working backward) list all Work Experience including Military, Volunteer and Intern Experience.
(If more space is needed, use Work Experience sheet)**

Name of Present or Last 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 Last)		Name of Supervisor/Title	
Phone #			
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 Last)		Name of Supervisor/Title	
Phone #			
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 Last)		Name of Supervisor/Title	
Phone #			
Job Duties:			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

APPLICANT ACKNOWLEDGMENT

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 Scappoose 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 statements/answers/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. Within not more than three (3) days of employment, 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 I will be terminated.

I have read and understand all of the provisions of this acknowledgment. By signing this application, I hold the City of Scappoose harmless for any result of the reference check. I hereby authorize and release from liability all former employers, 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, that may be in their possession to the City of Scappoose and/or its agents. An offer of employment in conditioned upon several criteria, including my satisfactorily passing certain laboratory test(s) (including tests for substance abuse) which may be required by the City of Scappoose.

Applicant's Signature: _____ Date Signed: _____

City of Scappoose

EQUAL OPPORTUNITY EMPLOYMENT INFORMATION

The City of Scappoose is subject to various state and federal rules and regulations requiring non-discrimination in employment. Pursuant to these rules and regulations, the City of Scappoose hereby invites you to voluntarily provide information regarding your race/ethnic composition, gender and age.

The City of Scappoose is an equal opportunity employer. All employment decisions are based on qualifications and are made without regard to race, color, religion, national origin, age, sex, disability status, veteran status, marital status and any other legally protected status. As required by law, any information that you provide on this form will be treated as confidential and will be stored separate from all personnel information. This information will be used only to demonstrate compliance with applicable state and federal rules and regulations.

Position Applied For: _____

Sex: Female Male

Age: _____

RACIAL CATEGORY

- WHITE/CAUCASIAN (not of Hispanic origin)
BLACK (not of Hispanic origin)
HISPANIC
ASIAN-PACIFIC ISLANDER
AMERICAN INDIAN-ALASKAN NATIVE

HANDICAPPED

Do you consider yourself mentally or physically disabled? YES NO

If yes explain: _____

VOLUNTARY COMPLETION BY APPLICANT.
NOT FOR INTERVIEW PURPOSES.

RECRUITMENT SOURCE

How did you become aware of this employment opportunity?

- Newspaper Which newspaper? _____
- City Employment Announcement City Job Information Line
- City Employee State Employment Office
- City Website Other Explain: _____

Scappoose Police Department
33568 E. Columbia Ave
Scappoose OR 97056

ADDITIONAL WORK EXPERIENCE

Beginning with your present or last job (and working backwards) list all Work Experience including Military, Volunteer and Intern Experience.

Name of Present or Last 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 Last)		Name of Supervisor/Title		Phone #	

Job Duties:

May we contact this employer? Yes 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 Last)		Name of Supervisor/Title		Phone #	

Job Duties:

May we contact this employer? Yes 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 Last)		Name of Supervisor/Title		Phone #	

Job Duties:

May we contact this employer? Yes 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 Last)		Name of Supervisor/Title		Phone #	

Job Duties:

May we contact this employer? Yes No



SCAPPOOSE POLICE DEPARTMENT
AUTHORIZATION TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I respectfully request and authorize you to furnish the City of Scappoose with any and all information that you may have concerning me, my employment (work), and educational records, my reputation, and my financial and credit status. Please include any and all medical, physical and mental records and reports, including all information of a confidential or privileged nature, and photocopies of same, if possible. Your cooperation in this reply will be used to assist the City in determining my qualifications and fitness for the position I am seeking with the City of Scappoose.

I hereby release you, your organization, and others from any liability or damage which may result from furnishing the information requested.

Date: _____

Applicant's Signature: _____

(Please print your name): _____

I hereby authorize the release of my Military Service Records (including medical, physical and mental records and reports) to the City of Scappoose, Oregon.

Date: _____ Signature: _____

Selective Service Number: _____

State of Oregon)
) ss.
County of _____)

Sworn and subscribed to before me on this ____ day of _____, 20__ by

_____.
(Name of person)

_____.
Notary Public
Commission Expires: _____

Note: A photocopy reproduction of this request shall be for all intents and purposes as valid as the original. You may retain this form for your file.

F:/police/documents/info release form 08-01