



Application For Employment
245 SE Thompson Ave, Winston OR 97496
Phone: 541-679-6114
www.WinstonCity.org

PERSONAL INFORMATION

Date: _____

Name: _____ Phone No. _____
(Last) (First) (M.I.)

Mailing Address: _____

EMPLOYMENT DESIRED

Position Desired: _____ Date You Can Begin: _____

Salary Expected: \$ _____ Per: Hour / Month / Year

EDUCATION

College _____ Years Completed _____ Degree Obtained _____

High School _____ Years Completed _____ Courses Studied _____

Other Education _____ State Courses, Years of Study _____

DRIVER INFORMATION (To be completed if applicable to position applied for.)

Drivers License No. _____ State _____ Class of License _____

PLEASE READ CAREFULLY PRIOR TO COMPLETING AND SIGNING THIS APPLICATION

1. Persons convicted of certain crimes may not hold certain positions in the City

2. Signature of this application gives the City authority to run a Motor Vehicle Record report. Our insurance company may also run a report. If the position you are applying for constitutes driving a motor vehicle, it is imperative that a good driving record exists.
3. Signature of this application gives the City authority to engage an investigative consumer reporting agency to report on my credit and personal history. A copy of the report may be made available to me upon request.
4. If selected as a candidate for employment, I may be given a pre-employment physical, which includes drug and alcohol screening. I understand that no pre-employment physical confidential, personal information will be kept in my file and that only a physician's statement will be received relative to the physical.
 - Do you have specific requirements or limitations that may affect your job performance? YES / NO
If yes, please explain on a separate sheet of paper.
5. In accordance with IRCA #86, if hired, you will be responsible for verifying your legal right to work in the United States by providing photocopies of supporting documentation of your identity.

THIS CITY IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT DISCRIMINATE BECAUSE OF AGE, SEX, RACE, COLOR, NATIONAL ORIGIN, HANDICAP, RELIGIOUS PREFERENCE OR VETERAN STATUS

EMPLOYMENT HISTORY

Please give accurate and complete employment history. Begin with present or most recent employer.

1:

Company Name	Telephone Number
Address	Job Title
Supervisor's Name	Dates Employed
Describe Work Performed:	Reason for Leaving

2:

Company Name	Telephone Number
Address	Job Title
Supervisor's Name	Dates Employed
Describe Work Performed:	Reason for Leaving

3:

Company Name	Telephone Number
Address	Job Title
Supervisor's Name	Dates Employed
Describe Work Performed:	Reason for Leaving

CERTIFICATE OF APPLICATION: I hereby authorize the City of Winston to contact any sources to verify and obtain information in assessing my qualifications to include, but not limited to past/present employers, law enforcement agencies and references unless otherwise specified.

Employers listed above may be contacted unless indicated otherwise. Do Not Contact # _____, _____, _____

Reason: _____

I understand that misrepresentation or omission of acts herein, or during any subsequent employment interview is cause for termination if hired and I have read and understand this application and have answered all portions truthfully and correctly.

I further understand and agree that my employment is for no definite period and may, regardless of payment of my wages and salary, be terminated at any time without prior notice.

Signature

Date