

City of Adams

P.O. Box 20
ADAMS, OREGON 97810

The City of Adams is an Equal Opportunity Employer

EMPLOYMENT APPLICATION

(please print)

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Social Security No: _____

Position Applied For: _____

Are you a citizen of the United States? Yes No

If not, do you have work papers? _____

Are you a veteran? _____ Yes _____ No Branch of Service: _____

EDUCATION Email Address:
(name and location of school) _____

High School: _____

Did you graduate? _____

Bus. / Trade: _____

Did you graduate? _____ Degree: _____

Col. / Univ.: _____

Did you graduate: _____ Degree: _____

Grad. / Prof.: _____

Did you graduate? _____ Degree: _____

PREVIOUS EMPLOYMENT

(begin with most recent position)

Most recent

Firm: _____ Address: _____

Supervisor: _____ Nature of Business: _____

Dates of Employment: _____ Position(s) Held: _____

Ending Salary: _____ Reason for Leaving: _____

Previous Employer

Firm: _____ Address: _____

Supervisor: _____ Nature of Business: _____

Dates of Employment: _____ Position(s) Held: _____

Ending Salary: _____ Reason for Leaving: _____

Complete both sides and sign please.

Previous Employer

Firm: _____ Address: _____
Supervisor: _____ Nature of Business: _____
Dates of Employment: _____ Position(s) Held: _____
Ending Salary: _____ Reason for Leaving: _____

REFERENCES

Please furnish the names and addresses of two people to whom you are not related and by whom you have not been employed.

Name: _____

Address: _____

Name: _____

Address: _____

Who referred you to us? (person or agency): _____

Summarize your special skills or qualifications:

I certify that my answers are true and complete to the best of my knowledge.

I authorize you to make such investigations and inquiries of my personal, employment, educational, financial, or medical history and other related matters as may be necessary for an employment decision. I hereby release employers, schools, or persons from all liability in responding to inquiries in connection with my application.

In the event I am employed, I understand that false or misleading information given in my application or interview (s) may result in discharge.

Signature of Applicant: _____ Date: _____

For Department Use Only

Action: _____

