



**City of Maupin**

PO Box 308  
408 Deschutes Avenue  
Maupin, OR 97037

Tel: 541-395-2698  
Fax: 541-395-2499  
Email: cityhall@cityofmaupin.org

## APPLICATION FOR EMPLOYMENT

### WE ARE AN EQUAL OPPORTUNITY EMPLOYER

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Position Applied For:	Date of Application:
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Last Name	First Name	Middle Name			
Address	Number	Street	City	State	Zip Code
Mailing Address (if different than above)	City	State	Zip Code		
Telephone Number(s)	Home:	Work:	Message:		
Email Address					

Are you legally authorized to work in the United States?  Yes  No

Have you ever worked for City of Maupin before?  Yes  No

If Yes, what department? \_\_\_\_\_ What date? \_\_\_\_\_

On what date would you be available for work? \_\_\_\_\_

Are you available to work:  Full Time  Part Time  Temporary  Weekends

Can you travel if a job requires it?  Yes  No

## EDUCATION

TYPE	NAME OF SCHOOL	LOCATION CITY/STATE	AREA OF CONCENTRATION (MAJOR)	YEARS COMPLETED	DID YOU GRADUATE?	DIPLOMA, DEGREE OR CERTIFICATION RECEIVED
HIGH SCHOOL						
COLLEGE						
OTHER EDUCATION						
OTHER EDUCATION						

SPECIAL SCHOOLING OR TRAINING / APPRENTICES

COMPUTER PROGRAMS USED:

COMPUTER PROFICIENCY:  Low  Medium  High

WITHIN YOUR FIELD,

ARE YOU CURRENTLY:  Registered  Licensed  Certified

OR ELIGIBLE FOR:  Registration  Licensure  Certification

IF YES, TYPE?

State or National

Number

Date Expires

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Indicate any foreign languages you can speak, read or write

## EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

PRESENT AND FORMER EMPLOYERS	DATES EMPLOYED	POSITION AND DUTIES
Name _____ Address _____ City _____ State ____ Zip _____ SUPERVISOR'S NAME _____ PHONE _____ MAY WE CONTACT? [ ] Yes [ ] No REASON FOR LEAVING: _____ _____ _____ _____	FROM _____ _____ _____ _____ _____ TO _____	_____ _____ _____ _____ _____ _____ _____ _____
Name _____ Address _____ City _____ State ____ Zip _____ SUPERVISOR'S NAME _____ PHONE _____ MAY WE CONTACT? [ ] Yes [ ] No REASON FOR LEAVING: _____ _____ _____ _____	FROM _____ _____ _____ _____ _____ TO _____	_____ _____ _____ _____ _____ _____ _____ _____

<p>Name _____</p> <p>Address _____</p> <p>City _____ State ___ Zip _____</p> <p>SUPERVISOR'S NAME _____</p> <p>PHONE _____</p> <p>MAY WE CONTACT? [ ] Yes [ ] No</p> <p>REASON FOR LEAVING: _____ _____ _____ _____</p>	<p>FROM</p> <hr/> <p>TO</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Name _____</p> <p>Address _____</p> <p>City _____ State ___ Zip _____</p> <p>SUPERVISOR'S NAME _____</p> <p>PHONE _____</p> <p>MAY WE CONTACT? [ ] Yes [ ] No</p> <p>REASON FOR LEAVING: _____ _____ _____ _____</p>	<p>FROM</p> <hr/> <p>TO</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

If you need additional space, please continue on a separate sheet of paper.

<p>List professional, trade, business or civic activities and offices held.</p> <p><i>You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:</i></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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ADDITIONAL INFORMATION

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**Other Qualifications**

Summarize special job-related skills and qualifications acquired from employment or other experience. Include list of equipment operated.

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State any additional information you feel may be helpful to us in considering your application.

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REFERENCES

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

APPLICANT'S STATEMENT

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

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "*at will*" nature, which means that the Employer may discharge or change the employment relationship, unilaterally, without cause with only limited exceptions which are imposed by law.

Employee may resign at any time with or without reason or notice at any time. It is further understood that this "*at will*" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date