

## City of Rockaway Beach

### Application for Employment

**READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING**

- Answer all questions completely and accurately. Incomplete or illegible applications may be rejected.
- False or misleading statements on this form and/or during an interview are grounds for terminating the application process, or if discovered after employment, are grounds for terminating employment.
- If you feel that you have need for special testing arrangements due to physical limitations, call (503) 355-2291
- Return your completed, signed and dated application, along with any other requested materials by the advertised deadline to:  
**City of Rockaway Beach, P.O. Box 5, Rockaway Beach, OR 97136**

Position Applied For:	Date of Application:
-----------------------	----------------------

Where Did you Hear About the Job?

Name:

Address:	Apt #:	Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No
----------	--------	---

City:	State:	Zip:	Do you have a valid Oregon driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No # _____
-------	--------	------	--

Telephone (Day):	Telephone (Message):	Email:
------------------	----------------------	--------

Have you been convicted of a felony (excluding any sealed or expunged convictions)?     Yes     No  
*Conviction will not necessarily disqualify an applicant from employment*  
 If yes, please explain:

**EDUCATION**      Did you graduate from high school?     Yes     No     GED

College or University	Major	Minor	Units Completed		Degrees Received	Year Received
			Semester	Quarter		

**Licenses, Certificates, Other Courses or Training**

Description	Issued by	Number	Expiration Date

**EMPLOYMENT HISTORY**

Please list your employment history for the past ten years. Begin with your most recent position. **Attach extra sheets if necessary.**

**Do not substitute a resume for the information requested.**

Job Title	Supervisor	Dates Employed	
		From	To
Employer	Telephone #		
Address		Hourly Rate/Salary	
		Starting	Final
Reason for Leaving:			
Description of Job Duties/Work Performed:			
Job Title	Supervisor	Dates Employed	
		From	To
Employer	Telephone #		
Address		Hourly Rate/Salary	
		Starting	Final
Reason for Leaving:			
Description of Job Duties/Work Performed:			
Job Title	Supervisor	Dates Employed	
		From	To
Employer	Telephone #		
Address		Hourly Rate/Salary	
		Starting	Final
Reason for Leaving:			
Description of Job Duties/Work Performed:			

**COMPUTER SKILLS** – List software programs and/or hardware and level of proficiency

Software Applications	Proficiency
Hardware:	Proficiency

List other skills, abilities or other relevant experience that would help you in performing this job:

**REFERENCES** -- Please list three people who have knowledge of your skills and abilities.

Name:	Address:	Relationship:	Telephone:
Name:	Address:	Relationship:	Telephone:
Name:	Address:	Relationship:	Telephone:

Do you authorize the City to obtain information regarding your job performance from previous employers?  Yes  No

Exceptions:

Are you currently employed?  Yes  No

May we contact your present employer?  Yes  No

**I authorize investigation of all statements contained in this application.** I certify that there are no willful misrepresentations, omissions or falsifications in the foregoing statements and answers to questions. I am aware that should an investigation disclose any misrepresentation, omission or falsification, my application may be rejected, or if already employed, my employment may be terminated. References and previous employers will be contacted to confirm statements unless otherwise indicated. **I also understand that if offered employment by the City of Rockaway Beach, I will be required to pass a drug test and a general comprehensive background check as a condition of employment.**

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

\_\_\_\_\_  
Date

**THIS SPACE FOR PERSONNEL USE ONLY**

Application:  Accepted  Rejected  
Reason for Rejection:  Experience  Filing Period Closed  Education  Incomplete  Other

Reviewer's Initials: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_

Reviewer's Comments: