

CITY OF VENETA  
88184 8<sup>th</sup> Street, PO Box 458, Veneta, OR 97487  
541-935-2191

**APPLICATION FOR EMPLOYMENT**

In compliance with Federal and State Equal Employment Opportunity Laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, legally protected disability, or any other protected class.

**PLEASE TYPE, PRINT FORM & SIGN or PRINT FORM, WRITE CLEARLY & SIGN**

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip Code

Mailing Address if Different: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Position Applied For: \_\_\_\_\_ Referral Source: \_\_\_\_\_

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

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

Are you available to work: (mark all that apply) Full time Part Time Shift Work  
Temporary Nights Weekends

If you are under 18 years of age, can you provide proof of your date of birth? Yes No Over 18

List professional and leisure organizations and/or clubs you are affiliated with:  
(Include civic, volunteer work, and extra-curricular activities. You may exclude membership which would reveal gender, race, national origin, age, ancestry, disability, or other protected status.)

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# Employment Experience

Provide the following information, starting with your present or last employer. You may exclude any employment that could indicate race, color, religion, gender, national origin, disabilities, or other protected status.

(1) Employer Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
Position(s) Held: \_\_\_\_\_  
Date Hired: \_\_\_\_\_ Date Left: \_\_\_\_\_  
Last Wage: \$ \_\_\_\_\_ Hourly Monthly  
Primary Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Were you terminated for misconduct or poor work performance: Yes No  
May we contact this Employer? Yes No

(2) Employer Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
Position(s) Held: \_\_\_\_\_  
Date Hired: \_\_\_\_\_ Date Left: \_\_\_\_\_  
Last Wage: \$ \_\_\_\_\_ Hourly Monthly  
Primary Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Were you terminated for misconduct or poor work performance: Yes No  
May we contact this Employer? Yes No

(3) Employer Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
Position(s) Held: \_\_\_\_\_  
Date Hired: \_\_\_\_\_ Date Left: \_\_\_\_\_  
Last Wage: \$ \_\_\_\_\_ Hourly Monthly  
Primary Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Were you terminated for misconduct or poor work performance? Yes No  
May we contact this Employer? Yes No

(4) Employer Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Supervisor Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
 Position(s) Held: \_\_\_\_\_  
 Date Hired: \_\_\_\_\_ Date Left: \_\_\_\_\_  
 Last Wage: \$ \_\_\_\_\_ Hourly Monthly  
 Primary Duties: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Were you terminated for misconduct or poor work performance: Yes No  
 May we contact this Employer? Yes No

## Education

	Name of School	Course of Study	Dates Attended	Diploma Degree
High School				
College				
College				
Trade School/ Other				

Describe any job-related specialized training and/or skills. (Include United States military service, certifications, licenses, computer experience, foreign language, office machines operated, heavy equipment operation, and hand/yard tools used).  
*Attached additional pages if necessary.*


# References

1.	Name:	Phone #:
	Address:	Relationship:
2.	Name:	Phone #:
	Address:	Relationship:
3.	Name:	Phone #:
	Address:	Relationship:
4.	Name:	Phone #:
	Address:	Relationship:

By my signature below, I promise that the information provided in this application (and accompanying resume, if any) is true and complete, and I understand that any false information or significant omissions may disqualify me from further consideration for employment, and may be justification for my dismissal from the City, if discovered at a later date. I agree to immediately notify the City if I should be convicted of a felony, or any crime involving dishonesty or a breach of trust.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**NOTE: NO CONSIDERATION OF EMPLOYMENT WILL BE GIVEN TO ANY APPLICANT WHO DOES NOT SIGN THE ABOVE STATEMENT.**

THANK YOU FOR YOUR INTEREST IN EMPLOYMENT WITH THE CITY OF VENETA.

FOR OFFICE USE ONLY	
Interview? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
Department:	Job Title:
Hourly Rate/Salary: \$	Approved By: