



CITY OF JEFFERSON EMPLOYMENT APPLICATION

EQUAL OPPORTUNITY EMPLOYER & PROVIDER
 PO BOX 83*150 N. 2nd St*Jefferson OR 97352*(541)327-2768*Fax (541)327-3120

PERSONAL INFORMATION

DATE _____

NAME (LAST NAME FIRST)		SS#	-	-
PRESENT ADDRESS	CITY	STATE	ZIP	
MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP	
PHONE# ()	REFERRED BY:			

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START		SALARY DESIRED	
ARE YOU EMPLOYED?	Y	N	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?	Y N
EVER APPLIED TO THIS COMPANY	Y	N	WHAT POSITION?	WHEN?

EDUCATION HISTORY

NAME/LOCATION	GRADUATE?		SUBJECT/DEGREE STUDIED
HIGH SCHOOL:	Y	N	
COLLEGE:	Y	N	
TRADE/BUSINESS SCHOOL	Y	N	

OTHER INFORMATION

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS:	

U.S. MILITARY OR NAVAL SERVICE	RANK

EMPLOYMENT HISTORY (LIST YOUR LAST FOUR EMPLOYERS, STARTING WITH THE MOST RECENT)

START/END DATE	EMPLOYER NAME/ADDRESS/PHONE	POSITION	REASON FOR LEAVING

CONTINUED ON OTHER SIDE

REFERENCES (THREE REFERENCES NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR)

NAME	ADDRESS	PHONE#	YEARS KNOWN

AUTHORIZATION

“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the American’s with Disabilities Act (ADA), the Health Insurance Portability and Accountability Act (HIPPA), and/or other relevant federal and state laws.”

DATE _____ SIGNATURE _____

*****DO NOT WRITE BELOW THIS LINE*****

Score the individual in the following areas. 1 being poor, 5 being the best.

Regarding Questions

Answered questions completely	1	2	3	4	5
Answered questions clear and concise	1	2	3	4	5
Showed knowledge/understanding of question	1	2	3	4	5
Responded confidently, with ease, not nervous	1	2	3	4	5

Overall satisfaction with responses to questions	1	2	3	4	5

Personal

Appearance (professional, appropriate, etc.)	1	2	3	4	5
Body Language (fidgety, posture, eye contact, etc.)	1	2	3	4	5
Enthusiasm/Interest in getting the job	1	2	3	4	5

Overall satisfaction of the individual	1	2	3	4	5

Regarding the Job

Past/present related experience	1	2	3	4	5
Acceptance of environment (small town, work alone, etc.)	1	2	3	4	5
Shows ability to perform tasks and follow directives	1	2	3	4	5
Demonstrates availability, flexibility, commitment to the job	1	2	3	4	5

Overall ability to perform job duties	1	2	3	4	5
Overall score based on application, resume & interview	1	2	3	4	5

ADDITIONAL NOTES:
