



Application for Employment  
**CITY OF WINSTON**

201 Douglas Blvd., Winston, OR 97496-0110  
(541) 679-6739 (541) 679-0794 (fax)  
[www.WinstonCity.org](http://www.WinstonCity.org)

**PERSONAL INFORMATION**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone No. \_\_\_\_\_  
(Last) (First) (M.I.)

Mailing Address: \_\_\_\_\_

**EMPLOYMENT DESIRED**

Position Desired: \_\_\_\_\_ Date You Can Begin: \_\_\_\_\_

Salary Expected: \$ \_\_\_\_\_ Per: Hour / Month / Year

**EDUCATION**

College \_\_\_\_\_ Years Completed \_\_\_\_\_ Degree Obtained \_\_\_\_\_

High School \_\_\_\_\_ Years Completed \_\_\_\_\_ Courses Studied \_\_\_\_\_

Other Education \_\_\_\_\_ State Courses, Years of Study \_\_\_\_\_

**DRIVER INFORMATION** (To be completed if applicable to position applied for.)

Drivers License No. \_\_\_\_\_ State \_\_\_\_\_ Class of License \_\_\_\_\_

**PLEASE READ CAREFULLY PRIOR TO COMPLETING AND SIGNING THIS APPLICATION**

1. Persons convicted of certain crimes may not hold certain positions in the City  
\_\_\_\_\_
2. Signature of this application gives the City authority to run a Motor Vehicle Record report. Our insurance company may also run a report. If the position you are applying for constitutes driving a motor vehicle, it is imperative that a good driving record exists.
3. Signature of this application gives the City authority to engage an investigative consumer reporting agency to report on my credit and personal history. A copy of the report may be made available to me upon request.
4. If selected as a candidate for employment, I may be given a pre-employment physical, which includes drug and alcohol screening. I understand that no pre-employment physical confidential, personal information will be kept in my file and that only a physician's statement will be received relative to the physical.
  - Do you have specific requirements or limitations that may affect your job performance? YES / NO  
If yes, please explain on a separate sheet of paper.
5. In accordance with IRCA #86, if hired, you will be responsible for verifying your legal right to work in the United States by providing photocopies of supporting documentation of your identity.

**THIS CITY IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT DISCRIMINATE BECAUSE OF AGE, SEX, RACE, COLOR, NATIONAL ORIGIN, HANDICAP, RELIGIOUS PREFERENCE OR VETERAN STATUS**

**EMPLOYMENT HISTORY**

Please give accurate and complete employment history. Begin with present or most recent employer.

1:

Company Name	Telephone Number
Address	Job Title
Supervisor's Name	Dates Employed
Describe Work Performed:	Reason for Leaving
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2:

Company Name	Telephone Number
Address	Job Title
Supervisor's Name	Dates Employed
Describe Work Performed:	Reason for Leaving
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3:

Company Name	Telephone Number
Address	Job Title
Supervisor's Name	Dates Employed
Describe Work Performed:	Reason for Leaving
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**CERTIFICATE OF APPLICATION:** I hereby authorize the City of Winston to contact any sources to verify and obtain information in assessing my qualifications to include, but not limited to past/present employers, law enforcement agencies and references unless otherwise specified.

Employers listed above may be contacted unless indicated otherwise. Do Not Contact # \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Reason: \_\_\_\_\_

I understand that misrepresentation or omission of acts herein, or during any subsequent employment interview is cause for termination if hired and I have read and understand this application and have answered all portions truthfully and correctly.

I further understand and agree that my employment is for no definite period and may, regardless of payment of my wages and salary, be terminated at any time without prior notice.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date