



APPLICATION FOR EMPLOYMENT

(Pre-Employment Questionnaire)  
(An Equal Opportunity Employer)

Position Applied For:

Date:

PERSONAL INFORMATION

NAME:

SOCIAL SECURITY NUMBER:

CURRENT ADDRESS:

PHONE NUMBER:

ARE YOU 18 YEARS OR OLDER?

ARE YOU PREVENTED FROM LAWFULLY BECOMING  
EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR  
IMMIGRATION STATUS?

ARE YOU EMPLOYED NOW?

IF SO, MAY WE INQUIRE OF YOUR PRESENT  
EMPLOYER?

EVER APPLIED TO THIS COMPANY?

DATE YOU CAN START?

SALARY DESIRED?

REFERRED BY:

EDUCATION	NAME AND LOCATION OF SCHOOL	NUM OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMER SCHOOL				
HIGH SCHOOL				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				
COLLEGE				

EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS

US MILITARY OR PRESENT MEMBER?

BRANCH?

General

\*This form has been revised to comply with the provisions of the Americans with Disabilities Act and the final regulations and interpretive guidance promulgated by the EEOC on July 26, 1991.



# City of Elgin

P.O. Box 128 - 790 S. 8<sup>th</sup> Ave. - Elgin, OR 97827  
 Voice: (541)437-2253 Fax: (541)437-0131

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK	
SPECIAL SKILLS	
CURRENT LICENSES/CERTIFICATIONS	
ACTIVITIES: (CIVIC ATHLETIC ECT.)	

EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS

### FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR	NAME, ADDRESS & PHONE OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM:				
TO:				
FROM:				
TO:				
FROM:				
TO:				

WHAT DID YOU LIKE MOST ABOUT YOUR CURRENT/MOST RECENT JOB?

### REFERENCES: (GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM HAVE KNOWN AT LEAST ONE YEAR.)

NAME	ADDRESS & PHONE	BUSINESS	YEARS ACQUAINTED

SIGNATURE OF APPLICANT:

IN CASE OF EMERGENCY NOTIFY

NAME:  
 ADDRESS:  
 PHONE NO:

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"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME."

"IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE CITIES RULES AND REGULATIONS AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE AND WITHOUT NOTICE AT ANY TIME AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MY BE CHANGED, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE CITY. I UNDERSTAND THAT NO CITY REPRESENTATIVE, OTHER THAN THE MAYER, WITH COUNCIL APPROVAL, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING."

DATE:

SIGNATURE:

DO NOT WRITE BELOW THIS LINE

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INTERVIEWD BY:

DATE:

REMARKS:

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NEATNESS:

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ABILITY:

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HIRED:	DATE:	POSITION:	DEPT:
SALARY/WAGE:		DATE REPORTING TO WORK:	
APPROVED:			
	SUPERVISOR	CITY ADMINISTRATOR	CITY COUNCIL/MAYOR

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