



# CITY OF GERVAIS

592 Fourth Street/PO Box 329, Gervais, Oregon 97026-0329  
503-792-4900 Administration Office; 503-792-3791 Fax  
Text Tel. (TTY) 1-800-735-2900 Spanish (TTY/V) 1-800-735-3896

## Employment Application

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

APPLICANT INFORMATION			
Last Name		First	M.I.      Date
Street Address			Date of Birth:
City		State	ZIP
Phone		E-mail Address	
Date Available to Start Work		Desired Salary	
Position Applied for			
Are you authorized to work in the U.S.?    YES <input type="checkbox"/> NO <input type="checkbox"/>			
Have you ever filed an application with us before?    YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when?			
Have you ever been employed with us before?    YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when?			
May we contact your present employer?    YES <input type="checkbox"/> NO <input type="checkbox"/>			
Are you bilingual? If so, state language(s).    YES <input type="checkbox"/> NO <input type="checkbox"/>			
Drivers License Number: _____ State _____ CDL? YES <input type="checkbox"/> NO <input type="checkbox"/>			

EDUCATION	
<u>High School</u>	Address
Did you graduate?    YES <input type="checkbox"/> NO <input type="checkbox"/>	
<u>College</u>	Address
Did you graduate?    YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
<u>Other</u>	Address
Did you graduate?    YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

Gervais is a charming, dynamic rural community with a rich cultural heritage, valuing the past and anticipating the future...a wonderful and tranquil place to work, play and live.

**The City of Gervais is an Equal Opportunity Provider and Employer. Complaints of discrimination should be sent to: USDA, Director, Office of Civil Rights, Washington, DC 20250-9410**

REFERENCES	
<i>Please list three professional references.</i>	
<b><u>Full Name</u></b>	Relationship
Company	Phone (      )
Address	
<b><u>Full Name</u></b>	Relationship
Company	Phone (      )
Address	
<b><u>Full Name</u></b>	Relationship
Company	Phone (      )
Address	

EMPLOYMENT HISTORY						
<i>Start with your present or last job. Include any job-related military service assignments and volunteer activities.</i>						
<b><u>Company</u></b>				Phone	(      )	
Address				Supervisor		
Job Title		Starting Salary	\$	Ending Salary	\$	
Responsibilities						
_____						
_____						
_____						
From		To		Reason for Leaving		
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	
<b><u>Company</u></b>				Phone	(      )	
Address				Supervisor		
Job Title		Starting Salary	\$	Ending Salary	\$	
Responsibilities						
_____						
_____						
_____						
From		To		Reason for Leaving		
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	

<b><u>Company</u></b>					Phone	(      )	
Address					Supervisor		
Job Title		Starting Salary	\$		Ending Salary	\$	
Responsibilities							
_____							
_____							
_____							
From		To		Reason for Leaving			
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Describe any specialized training, apprenticeship, and skills.							
_____							
_____							
_____							
_____							
_____							
_____							

MILITARY SERVICE		
Branch	From	To
Rank at Discharge		
Describe any job-related training received in the United States military.		
_____		
_____		
_____		
_____		
_____		

#### DISCLAIMER AND SIGNATURE

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Applicant Signature		Date	
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**Please include a current resume.**

Return completed application materials to:

Roger Brown, City Manager Pro-tem  
City of Gervais  
PO Box 329  
592 Fourth Street  
Gervais, OR 97026

**Application Deadline: Open until filled**

**FOR PERSONNEL DEPARTMENT USE ONLY**

Arrange Interview ☐ Yes ☐ No

Remarks \_\_\_\_\_

Employed ☐ Yes ☐ No Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_ Hourly Rate/Salary \_\_\_\_\_

Interviewer \_\_\_\_\_ Date \_\_\_\_\_

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