

# City of Lowell

## EMPLOYMENT APPLICATION \*EQUAL OPPORTUNITY EMPLOYER

City Hall, PO Box 490, 107 East 3<sup>rd</sup> Street, Lowell, OR 97452  
 Telephone (541) 937-2157 Fax (541) 937-2936

**Position Applied For:**

1. PLEASE PRINT OR TYPE
2. Answer all questions completely.
3. Resumes will not be accepted in lieu of applications. Applications will be kept on file for six (6) months from date signed.
4. At the time of employment with the city, you must submit proof of U.S. citizenship or authorization to work in the United States.
5. False statements or omission of material facts will result in rejection of your application or removal from employment after hire.

### PERSONAL INFORMATION

Last Name	First Name	Middle	E-Mail Address	Date of Application
Address			Apt. #	P.O. Box
City			State	Zip
Are you legally eligible for employment in the USA? <input type="checkbox"/> Yes <input type="checkbox"/> No		Other names known by:		Do you have a high school diploma or GED certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No

### EDUCATION AND TRAINING

Please include any training relative to the position you are applying for, including military:

Colleges, Vocational or Technical Schools, Training Centers	Major Subject	Units	Type of Degree or Certificate	Date

### LICENSES AND CERTIFICATES REQUIRED FOR, OR RELATED TO, THIS POSITION

Description	Issued by	ID #	Expiration Date

Please list experience with machines, office equipment, languages, or other special skills pertinent to the position for which you are applying.


### ADDITIONAL INFORMATION

Have you ever been employed by the City of Lowell?  Yes  No

Have you ever been discharged or requested to resign from any position for misconduct or unsatisfactory service?  Yes  No  
 If yes, explain: \_\_\_\_\_

Have you ever pled guilty or been convicted of a criminal offense?  Yes  No (Please note a "Yes" answer will not bar you from consideration.)  
 If yes, explain: \_\_\_\_\_

If job required, do you possess a valid driver's license?  Yes  No State: \_\_\_\_\_ Driver's License # \_\_\_\_\_ Class: \_\_\_\_\_

If a driver's license is required for this job, have you received any tickets in the last three years for moving violations?  Yes  No  
 Date: \_\_\_\_\_ Violation: \_\_\_\_\_  
 Date: \_\_\_\_\_ Violation: \_\_\_\_\_

Do you have relatives employed by the City of Lowell?  Yes  No If yes, please list their full name: \_\_\_\_\_

## WORK EXPERIENCE

Beginning with your Present or most recent employer, describe all Work Experience including Military, Volunteer and Intern Experience.  
(Attach additional sheets if necessary)

Name of Present or Most Recent Employer			Address		
Starting Date	Leaving Date	Salary \$ _____ per _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time _____hrs/wk <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern _____hrs/wk	Reason for Leaving		
Month/Year	Month/Year				
Job Title (Present or Most Recent)		Name of Supervisor/Title		Phone #	

Job Duties:

May we contact this employer?  Yes  No

Name of Employer			Address		
Starting Date	Leaving Date	Salary \$ _____ per _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time _____hrs/wk <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern _____hrs/wk	Reason for Leaving		
Month/Year	Month/Year				
Job Title (Present or Most Recent)		Name of Supervisor/Title		Phone #	

Job Duties:

May we contact this employer?  Yes  No

Name of Employer			Address		
Starting Date	Leaving Date	Salary \$ _____ per _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time _____hrs/wk <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern _____hrs/wk	Reason for Leaving		
Month/Year	Month/Year				
Job Title (Present or Most Recent)		Name of Supervisor/Title		Phone #	

Job Duties:

May we contact this employer?  Yes  No

Name of Employer			Address		
Starting Date	Leaving Date	Salary \$ _____ per _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time _____hrs/wk <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern _____hrs/wk	Reason for Leaving		
Month/Year	Month/Year				
Job Title (Present or Most Recent)		Name of Supervisor/Title		Phone #	

Job Duties:

May we contact this employer?  Yes  No

## WORK EXPERIENCE

(Attach additional sheets if necessary)

Name of Employer		Address	
Starting Date	Leaving Date	Salary \$ _____ per _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time   _____ hrs/wk <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern   _____ hrs/wk	Reason for Leaving
Month/Year	Month/Year		
Job Title (Present or Most Recent)		Name of Supervisor/Title	
Phone #			
Job Duties:			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Name of Employer		Address	
Starting Date	Leaving Date	Salary \$ _____ per _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time   _____ hrs/wk <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern   _____ hrs/wk	Reason for Leaving
Month/Year	Month/Year		
Job Title (Present or most Recent)		Name of Supervisor/Title	
Phone #			
Job Duties:			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY THOSE APPLICATIONS THAT ARE SIGNED AND DATED ARE CONSIDERED VALID. IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK THEM BEFORE SIGNING.**

I certify that all answers and statements I have made on this application (and resume or other supplementary materials) are true and complete without omissions. I understand that any false information will be grounds for refusal to hire or could result in immediate discharge if I am employed. I authorize and release from liability any of the persons or organizations named in this application to give you complete information and records regarding my employment, education, character and qualifications.

Yes    No

I will be responsible for familiarizing myself with all rules and regulations of the Employer as they presently exist or are later modified. I understand that if I apply for a safety sensitive position, a conditional job offer will be contingent upon successful completion of a drug screening, and I could be subject to random testing after hire.

Yes    No

I understand that newly hired and newly promoted employees serve a probationary period of fixed duration (typically six months) as the final step in the selection process as Regular Employees to show their ability to perform the work. Probationary employees are at will.

Yes    No

**I HAVE READ, UNDERSTAND AND AGREE WITH THE ABOVE.**

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

# City of Lowell

## AFFIRMATIVE ACTION INFORMATION

This information is voluntary and will be kept separate and confidential.

The following information is necessary for the City of Lowell to evaluate its hiring practices and to prepare reports required by law for the State and Federal governments.

Position Applied For: \_\_\_\_\_

Sex:  Female  Male

Date of Application: \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

RACIAL CATEGORY	
<input type="checkbox"/> WHITE / CAUCASIAN (not of Hispanic origin)	All persons having origins in any of the original peoples of Europe, North Africa, or Middle East.
<input type="checkbox"/> AFRICAN AMERICAN (not of Hispanic origin)	All persons having origins in any of the African American racial groups.
<input type="checkbox"/> HISPANIC	All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture of origin, regardless of race.
<input type="checkbox"/> ASIAN OR PACIFIC ISLANDER	All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes for example, China, Japan, Korea, the Philippine Islands, Samoa, and India.
<input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE	All persons having origins in any of the original peoples of North America who maintain cultural identification through tribal affiliation or community recognition.

**EQUAL EMPLOYMENT OPPORTUNITY:** We are an Equal Opportunity/Affirmative Action Employer. We are dedicated to a policy of nondiscrimination in employment on the basis of race, color, religion, sex, national origin, age, or mental and/or physical disability.

**APPLICATION PROCESS:** Submit a completed City of Lowell employment application to City Hall, City of Lowell, PO Box 490, 107 East 3<sup>rd</sup> Street, Lowell, OR 97452, by the closing date.

**DRUG SCREENING:** If you apply for a safety sensitive position, a conditional job offer will be contingent upon successful completion of a drug screening, and subject to random testing after hire.

**PROBATIONARY PERIOD:** Newly hired and newly promoted employees serve a probationary period of fixed duration as the final step in the selection process to show their ability to perform the work.

**SALARIES AND BENEFITS:** The City of Lowell offers competitive salaries and a comprehensive benefits program provided to regular full-time employees; paid vacation, holidays, and sick leave; medical and dental coverage to employees and dependents; life insurance and retirement plan.

**IMMIGRATION LAW:** In accordance with the Immigration Reform and Control Act of 1986 (IRCA), all newly hired employees will be required to complete and sign an Employment Eligibility Verification Form and present documentation verifying identity and employment eligibility.

**VOLUNTARY COMPLETION BY APPLICANT. NOT FOR INTERVIEW PURPOSES.**

**RECRUITMENT SOURCE**

How did you become aware of this employment opportunity?

- Newspaper    Which newspaper? \_\_\_\_\_
- City Employment Announcement       Other Web Site    Which Web Site? \_\_\_\_\_
- City Employee       State Employment Office
- City Web Site       Other    Explain: \_\_\_\_\_

---

City Hall  
City of Lowell  
PO Box 490  
107 East 3<sup>rd</sup> Street  
Lowell, OR 97452