



CITY OF LYONS

PHONE: (503)859-2167
 FAX: (503)859-5167

449 5TH STREET
 LYONS, OREGON 97358

EMPLOYMENT APPLICATION

Please complete all sections. Your application may not be considered if incomplete.

JOB INFORMATION

POSITION APPLYING FOR: _____

PERSONAL INFORMATION

FIRST NAME	MIDDLE INITIAL	LAST NAME
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ADDRESS _____

CITY	STATE	ZIP
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HOME PHONE	ALTERNATE PHONE
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EMAIL ADDRESS	WHICH METHOD DO YOU PREFER TO BE NOTIFIED ABOUT YOUR APPLICATION STATUS? <input type="checkbox"/> EMAIL <input type="checkbox"/> PAPER <input type="checkbox"/> PHONE
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EDUCATION

WHAT IS YOUR HIGHEST LEVEL OF EDUCATION?

<input type="checkbox"/> Some High School	<input type="checkbox"/> Some College	<input type="checkbox"/> Associate's Degree	<input type="checkbox"/> Master's Degree
<input type="checkbox"/> High School	<input type="checkbox"/> Technical College	<input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> Doctorate

HIGH SCHOOL EDUCATION

DID YOU GRADUATE FROM HIGH SCHOOL OR RECEIVE A G.E.D.? YES NO

SCHOOL NAME	CITY	ZIP
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COLLEGE EDUCATION

SCHOOL NAME	DEGREE RECEIVED
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SCHOOL LOCATION (CITY/STATE)	DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> SEMESTER <input type="checkbox"/> QUARTER # OF UNITS COMPLETED:
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MAJOR _____

DRIVER'S LICENSE INFORMATION

IF THE POSITION INVOLVES DRIVING, DO YOU HAVE A VALID LICENSE? YES NO
STATE WHERE ISSUED CLASS:

CERTIFICATES & LICENSES

TYPE DATE ISSUED _____ EXPIRES _____

LICENSE NUMBER ISSUING AGENCY

TYPE DATE ISSUED _____ EXPIRES _____

LICENSE NUMBER ISSUING AGENCY

WORK HISTORY – Please list in date order with most recent first.

DATES From To CURRENT EMPLOYER or Most Recent POSITION TITLE

ADDRESS CITY STATE, ZIP

PHONE NUMBER SUPERVISOR (NAME & TITLE) MAY WE CONTACT THIS EMPLOYER?

DUTIES

REASON FOR LEAVING

DATES From To EMPLOYER POSITION TITLE

ADDRESS CITY STATE, ZIP

PHONE NUMBER SUPERVISOR (NAME & TITLE) MAY WE CONTACT THIS EMPLOYER?

DUTIES

REASON FOR LEAVING

WORK HISTORY Continued

DATES From To	EMPLOYER	POSITION TITLE
ADDRESS	CITY	STATE, ZIP
PHONE NUMBER	SUPERVISOR (NAME & TITLE)	MAY WE CONTACT THIS EMPLOYER?

DUTIES

REASON FOR LEAVING

DATES From To	EMPLOYER	POSITION TITLE
ADDRESS	CITY	STATE, ZIP
PHONE NUMBER	SUPERVISOR (NAME & TITLE)	MAY WE CONTACT THIS EMPLOYER?

DUTIES

REASON FOR LEAVING

DATES From To	EMPLOYER	POSITION TITLE
ADDRESS	CITY	STATE, ZIP
PHONE NUMBER	SUPERVISOR (NAME & TITLE)	MAY WE CONTACT THIS EMPLOYER?

DUTIES

REASON FOR LEAVING

SKILLS

OFFICE SKILLS		TYPING (Words Per Minute)	DATA ENTRY (Words Per Minute)
OTHER SKILLS			
SKILL	SKILL LEVEL ___ BEGINNER ___ SKILLED ___ EXPERT		EXPERIENCE ___ Years ___ Months
SKILL	SKILL LEVEL ___ BEGINNER ___ SKILLED ___ EXPERT		EXPERIENCE ___ Years ___ Months

EMPLOYMENT OBJECTIVE

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REFERENCE INFORMATION – Please list others not listed above.

NAME OF REFERENCE	PHONE NUMBER	EMAIL
ADDRESS	___ Personal ___ Business ___ Work Other: _____	
NAME OF REFERENCE	PHONE NUMBER	EMAIL
ADDRESS	___ Personal ___ Business ___ Work Other: _____	

ADDITIONAL INFORMATION

Volunteer Experience, Military Service, Personal, Professional Associations, Interests, Activities, Other/Miscellaneous

APPLICATION SIGNATURE

I hereby certify that I understand that I will have to produce documentation verifying identity and employment eligibility in the U.S. I understand that I may be required to verify any and all information given on this application.

I certify that all the information provided in this application is true and accurate and I have not withheld any information relative to my application. I understand that any misrepresentation or omission, as well as any misleading statements or omissions of application information, attachments or supporting documents may result in denial of employment or immediate termination.

I understand that an in-depth background check may be conducted prior to employment with the City of Lyons. This may include, but is not limited to, a Criminal History check, a DMV check, education and certification verification, and contact with previous employers and references in order to determine suitability for employment and ability to qualify for employment with the City of Lyons.

I authorize representatives of the City of Lyons to contact the employers and references listed in this application (or otherwise provided by me), except as otherwise indicated, and any other person as developed through these contacts in order to determine my suitability for employment. I understand that as the process progresses I may be required to provide additional information in order that a thorough background check can be completed. I understand and agree that, if hired, my employment relationship with the City of Lyons will be “at-will,” meaning for no definite period and the relationship may be terminated at any time and without prior notice by either party. I understand that this completed application is the property of the City of Lyons and will not be returned. I understand that I must notify the City Recorder of the City of Lyons of any changes in my name, address, or phone number.

I have read and understand the above information.

SIGNATURE OF APPLICANT

DATE