



CITY OF HERMISTON  
Employment Application - Page 2

14. EDUCATION AND TRAINING

Name and location of high school: \_\_\_\_\_

Highest grade completed: \_\_\_\_\_ Did you graduate? Yes\_\_ No

If no, do you have a certificate of equivalency (GED)? Yes\_\_ No

Schools attended after high school or other special training received:

Name and Location

Diploma or Degree

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list other specialized training, seminars or correspondence courses or similar education which is pertinent to the position for which you are applying. (Please note state certification, where required, must be separately entered in Section 19.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. Please list the specific equipment or machinery you can operate which is related to the job you desire: \_\_\_\_\_

\_\_\_\_\_

16. List those special skills or abilities which you believe make you qualified for the position for which you are applying: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

17. WORK EXPERIENCE: Please provide the requested employer information for the most current 10 years of your employment history. Any periods of unemployment must be noted in your work history. Please provide the address of your employer as that of the main office. If your immediate supervisor has changed employers, please provide a current employer or address (if known). Please describe each major part of your job duties in as much detail as possible. Start with your current employer and proceed backward in time through all of your employers during the last 10 years.

List your position title: \_\_\_\_\_

Describe your duties (in detail): Full time\_\_ ; half time\_\_ ; less than half time

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dates of employment: From \_\_\_\_\_, 20\_\_ to \_\_\_\_\_, 20\_\_

Employer \_\_\_\_\_ Location: \_\_\_\_\_ Ph.#\_\_

Address of employer: \_\_\_\_\_

Immediate superior: \_\_\_\_\_ Address: \_\_\_\_\_

Salary history: Starting \$ \_\_\_\_\_ ; Ending: \$ \_\_\_\_\_

Are you currently employed? Yes\_\_ No\_\_ If yes, may we contact your employer? Yes\_\_ No

Reason for leaving: \_\_\_\_\_

CITY OF HERMISTON  
Employment Application - Page 3

List your position title: \_\_\_\_\_

Describe your duties (in detail): Full time\_\_\_; half time\_\_\_; less than half time

\_\_\_\_\_  
\_\_\_\_\_

Dates of employment: From \_\_\_\_\_ 20\_\_ to \_\_\_\_\_, 20\_\_

Employer \_\_\_\_\_ Location: \_\_\_\_\_ Ph.#\_\_

Address of employer: \_\_\_\_\_

Immediate superior: \_\_\_\_\_ Address: \_\_\_\_\_

Salary history: Starting \$ \_\_\_\_\_; Ending: \$ \_\_\_\_\_

Are you currently employed? Yes\_\_ No\_\_ If yes, may we contact your employer? Yes\_\_ No

Reason for leaving: \_\_\_\_\_

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List your position title: \_\_\_\_\_

Describe your duties (in detail): Full time\_\_\_; half time\_\_\_; less than half time

\_\_\_\_\_  
\_\_\_\_\_

Dates of employment: From \_\_\_\_\_, 20\_\_ to \_\_\_\_\_, 20\_\_

Employer \_\_\_\_\_ Location: \_\_\_\_\_ Ph.#\_\_

Address of employer: \_\_\_\_\_

Immediate superior: \_\_\_\_\_ Address: \_\_\_\_\_

Salary history: Starting \$ \_\_\_\_\_; Ending: \$ \_\_\_\_\_

Are you currently employed? Yes\_\_ No\_\_ If yes, may we contact your employer? Yes\_\_ No

Reason for leaving: \_\_\_\_\_

**Please attach additional sheets, organized in the above format, to complete your job history for the last 10 years.**

18. Please provide the name, address, occupation and telephone number of three individuals, **OTHER THAN RELATIVES OR FORMER EMPLOYERS**, who know you well enough to provide information about you:

<u>Name</u>	<u>Address</u>	<u>Occupation</u>	<u>Telephone</u>
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____

CITY OF HERMISTON  
Employment Application - Page 4

19. THE INFORMATION CONTAINED IN THE FOLLOWING QUESTIONS IS APPLICABLE TO SELECTED POSITIONS.

- Driver's license number \_\_\_\_\_ State \_\_\_\_\_ The City's liability insurance requires a full check of your driving record. Offenses will be considered in employment decisions. To check your record, we must have your date of birth: \_\_\_\_\_
  
- If you have been licensed in another state in the last three years, the name of the state is: \_\_\_\_\_
  
- Have you ever been convicted of any crime which would preclude your ability to be bonded? Yes\_\_ No
  
- Provide your criminal arrest and conviction record:  

<u>Date</u>	<u>Charge</u>	<u>Convicted (yes or no)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
  
- Provide details on your Emergency Medical Training status: \_\_\_\_\_  
\_\_\_\_\_
  
- Provide details and dates on your Police Standards Training: \_\_\_\_\_  
\_\_\_\_\_
  
- Provide a full listing of state certification and operator licenses, including license number, expiration date and state of certification: \_\_\_\_\_  
\_\_\_\_\_

PLEASE READ THE FOLLOWING STATEMENT 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 hereby certify that the information contained in this application form is true and correct and without omission, and agree to have any of the statements checked by the City of Hermiston unless I have indicated to the contrary. I authorize the references listed above to provide the City any and all information concerning my previous employment and any pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to the City as well as from the use or disclosure of such information by the City or any of its agents, employees or representatives. I understand that any misrepresentation, falsification or material omission of information on this application may result in my failure to receive an offer or, if I am hired, in my dismissal from employment.

In consideration of my employment, I agree to conform to the rules and standards of the City and agree that my employment can be terminated at any time. I understand that no employee or representative of the City other than the city manager has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. I also understand that all offers of employment are conditioned on the provision of satisfactory proof of an applicant's identity and legal authority to work in the United States. I understand that my employment may be subject to the satisfactory results of any pre-employment examinations required including testing for illegal drugs.

I have read and understand the above.

Signature of applicant \_\_\_\_\_ Date: \_\_\_\_\_