



Employment Application

City of North Plains, 31360 NW Commercial Street, North Plains, Oregon 97133
 (503) 647-5555, www.northplains.org

Position for which you are applying: _____

Name:	Email:
Address:	
Phone 1:	Phone 2:
What kind of employment are you seeking? <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary Are you over the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you licensed to drive in Oregon? Class <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> Yes <input type="checkbox"/> No Are you eligible for legal employment in the United State of America? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever been discharged or requested to resign from any position for misconduct or unsatisfactory service? <input type="checkbox"/> Yes <input type="checkbox"/> No	

EDUCATION		
High School:	Highest Year completed: <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	
Colleges or Other Schools, City	Area of study	Degree or Certificate

WORK EXPERIENCE			Provide information for past 10 yrs
Title:	Employer:		
Address:	Dates: / thru - /		
Supervisor:	Phone:	Email:	
Description of duties:			
Reason for leaving:			
Title:	Employer:		
Address:	Dates: / thru - /		
Supervisor:	Phone:	Email:	
Description of duties:			
Reason for leaving:			

Applicant Name:

Position:

WORK EXPERIENCE Continued

Title:		Employer:	
Address:		Dates: / thru - /	
Supervisor:	Phone:	Email:	
Description of duties:			
Reason for leaving:			
Title:		Employer:	
Address:		Dates: / thru - /	
Supervisor:	Phone:	Email:	
Description of duties:			
Reason for leaving:			
Title:		Employer:	
Address:		Dates: / thru - /	
Supervisor:	Phone:	Email:	
Description of duties:			
Reason for leaving:			
Title:		Employer:	
Address:		Dates: / thru - /	
Supervisor:	Phone:	Email:	
Description of duties:			
Reason for leaving:			

I hereby certify that all statements made in this application are true, and I agree and understand that any misstatement of facts herein may cause forfeiture of employment. I authorize the employing agency to make any necessary and appropriate investigations to verify the information contained herein.

Signature: _____ Date: _____