

CITY OF CENTRAL POINT

HUMAN RESOURCES DEPARTMENT 140 S 3RD STREET CENTRAL POINT OR 97502 (541) 423-1046 PHONE (541) 664-4225 FAX HR@CENTRALPOINTOREGON.GOV

EMPLOYMENT APPLICATION

The City of Central Point is a non-discriminatory, equal opportunity employer. All applicants are considered without regard to their race, color, religion, sex, age, marital status, national origin, status as an individual with a disability, or other protected status, in accordance with applicable state and federal equal employment opportunity laws.

No one shall be employed by the City of Central Point unless a complete, signed employment application and other required employment paperwork has been submitted to the City of Central Point Human Resources office prior to the posted closing date and time. Completing and submitting an employment application does not guarantee an interview or employment. Applications will be accepted only for currently posted positions. Unsolicited applications will not be considered and will be destroyed after being retained for three months in accordance with OAR 166-200-0090.

The application you submit is a reflection of you as a potential employee. Be sure it reflects well.

- All information about the position and application process can be found on the City's website at <u>www.centralpointoregon.gov</u>.
- If, <u>after reviewing the information on the city's website</u>, you have questions about the application or the position, contact Human Resources at hr@centralpointoregon.gov or 541-423-1046.
- Late applications will not be accepted.
- Unsigned or incomplete applications may be rejected. Supplemental forms and documents identified as required must be submitted in addition to the "application form" in order for your application to be considered complete.
- The ONLY information considered in the initial screening of applications is the information you provide in the application packet. Be specific about your skills and experience; i.e., "office work" or "people skills" can mean something different to you than to the person reviewing your application.
- REVIEW your application for completeness and accuracy before submitting it.
- Employment applications and all associated documents become the property of the City of Central Point and will not be returned to the applicant. Make a copy of your application materials prior to submitting them
- If your contact information changes after you submit your application, please contact Human Resources with the updated information.
- Our selection process takes time—sometimes up to two months from the initial vacancy posting.
- No applications will be reviewed until after the position closes (see posting for closing date).
- All applicants will be notified of the final status of their application as soon as practical. Until a final selection is made, all inquiries will normally be told the position is "in the screening process."

Submit signed, completed application to:
Or fax to: 541.664.4225
You may call 541-423-1046 or email
hr@centralpointoregon.gov to confirm
receipt of your application/legibility of fax

City of Central Point Attn: Human Resources 140 S 3rd Street Central Point OR 97502



PRINT YOUR NAME HERE:	
DATE SUBMITTED:	
POSITION APPLIED FOR:	

EMPLOYMENT APPLICATION

Equal Opportunity Employer

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Last Name: First N	lame:	M	l:
Street Address:	City:	_ ST: Zi	p:
Mailing Address:	City:	_ ST: Zi	p:
Contact Information: Primary Phone #:	Alternate Phone #:		
Email Address (please write <u>clearly</u>)			
 Contact with applicant ¸ 礼/(æ) ^ b			
Do you have a legal right to work in the United State If selected, proof of eligibility to work will be required.			
Have you ever been employed by the City of Central Poi	int?	(year/s	s) 🔲 No
Do you have a high school diploma or GE			
If Yes, list name and location (city and state) of issu authority (i.e., high school, branch of military, e			
If No, list highest grade of school you complet	ted:		
ii No, list riighest grade or school you complet	icu.		
Some positions require possession of a driver's license of	or ability to operate vehicles.		— "•"
Do you have a Driver's License? Yes No State:		CDL	.? □ "A"
Some positions may require night, evening and/or weeks	end work.		
Are you available to work: Nights? Tyes Tyes Are you		Weekends?	Yes 🗍 No

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EDUCATION/SPECIALIZED TRAINING: List any education beyond high school. Attach additional page(s) if necessary. Note: for positions requiring a college degree and/or minimum education or certification, any job offer will be contingent upon receipt of official college transcripts and/or proof of certification.

	Т	1			I		
				Credits			
Name of School	Location (City & State)	Major/Course	of Study	Completed	Degrees Completed		
EMPLOYMENT HISTORY : Starting with your current or most recent job, provide an accurate and complete record of your work history. At a minimum, you must list ALL full-time, part-time, paid and unpaid work history a) for at least 10 years <i>and</i> b) sufficient to support your qualifications for the position. Attach additional pages if necessary. A résumé (or "see résumé) will <i>not</i> be accepted as a substitute for completing this section.							
CURRENT or MOST	RECENT EMPLOYMENT						
Dates of Employmen	t: Mo/Yr began:		Mo/	ear ended:			
					□ still working here		
Employer/Company:					Full Part Time		
Your Job Title:			Aver	age hours/we	eek:		
Employer's Address:			Phone #	•			
City:		State): 	Zip:			
Direct Supervisor's Na	ame & Title:						
Number of People Yo	u Supervised:	Last Salary:	\$		year □ month □ hour		
Reason for Leaving (d	or considering leaving):						
Describe the specific	duties and responsibilities y	ou performed:					
PREVIOUS EMPLOY	'MENT (list jobs in reverse d	order with most re	ecent employ	ment listed be	efore older jobs)		
Dates of Employmen	t: Mo/Yr began:		Mo/	rear ended:			
Employer/Company:	t. Worth began.			rear criaca.	Full Part Time		
Your Job Title:	-		Λνα	age houre/we	-		
Employer's Address:			DI #				
· · ·		-					
Direct Supervisor's Na			,	2.p.			
Number of People Yo		Last Salary:	\$	П	year □ month □ hour		
Reason for Leaving (b		_ Last Galary.	Ψ	_	year a month a noar		
	duties and responsibilities y	ou performed:					
	, ,	•					

Dates of Employment:	Mo/Yr began:		Mo	o/Year ended:	
Employer/Company:					full Part Time
Your Job Title:			Av	erage hours/week	
Employer's Address:			Phone	=	
O:4		04-4-	: <u> </u>	Zip:	
Direct Supervisor's Name	& Title:				
Number of People You Su	·	Last Salary:	\$	□ ve	ar □ month □ hour
Reason for Leaving (be sp					
Describe the specific dutie	es and responsibilities	s you performed:			
Dates of Employment:	Mo/Yr began:		Мс	/Year ended:	
Employer/Company:	_				full Part Time
Your Job Title:			Av	erage hours/week	
Employer's Address:			Phone	•	
City:		State		Zip:	
Direct Supervisor's Name	& Title:				
Number of People You Su		Last Salary:	\$	□ ve	ar □ month □ hour
Reason for Leaving (be sp					
Describe the specific dutie		s you performed:			
Dates of Employment:	Mo/Yr began:		Mo	/Year ended:	
Employer/Company:				F	full Part Time
Your Job Title:			Av	erage hours/week	
Employer's Address:			Phone	=	
City:		State	:	Zip:	
Direct Supervisor's Name	& Title:				
Number of People You Su		Last Salary:	\$	□ ye	ar □ month □ hour
Reason for Leaving (be sp	pecific):				
Describe the specific dutie	es and responsibilities	s you performed:			

If you need more space, attach additional page(s) using this format to list additional jobs.

Does the employment history listed above constitute your entire work history?

Yes. I have had no other work/employment.

No, but I have listed at least 10 full years of work/employment history.

No. I am not providing the requested information; I understand this may adversely impact my application.

you must print the application and complete this page before submitting the application.
Hand write a paragraph here about why you want this job.
READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY SIGNED AND DATED APPLICATIONS WILL BE CONSIDERED. IF YOU HAVE ANY QUESTIONS REGARDING THESE STATEMENTS, PLEASE ASK THEM BEFORE SIGNING. I certify that all answers and statements I have made on this application, résumé and/or any other supplementary materials are true and complete without omissions, and that I am eligible for employment in the United States. I understand that any false information given in my application, supplemental materials, or interview(s) will be grounds for refusal to hire or for immediate discharge if I am employed, regardless of when discovered. I authorize any of the persons or organizations named in this application or referred by those named to give the City of Central Point com-
plete information and records regarding my employment, education, character and qualifications. I understand that, pursuant to Municipal Code 2.54 and Oregon Administrative Rule 257-10-025, I will be subject to a criminal records check and reference checks if I am considered a finalist for the position I have applied for.
☐ Yes ☐ No
I agree to conform to all rules and regulations of the City of Central Point as they presently exist or are later modified. I recognize that, if employed, my employment can be terminated, at the discretion of the Employer or at my option, at any time, except as specifically set forth in writing in a current collective bargaining agreement or City policy. I also understand that only the City Manager or his/her authorized designee may make an offer of employment, and that no other representative of the Employer has any authority to enter into any employment agreement for any specified period of time, or to assure me of any future position, benefits, or terms and conditions of employment, except as specifically approved, in writing, by the City Manager or his/her authorized designee.
☐ Yes ☐ No
This application and its attachments become the official property of the City of Central Point and will not be returned reused, photocopied for, or made available to the applicant after being submitted. The applicant should retain a copy of th application and any attachments for future use or reference.
A complete, signed application is required to be considered for any position, and a separate application is required for each position for which the applicant wishes to be considered.
I have read, understand and agree with the above.
Signature of Applicant Date
Signature of Applicant Date

Complete this page in your own handwriting. Even if you have filled out the rest of the application on the computer,



City of Central Point Confidential EEO Information Form and Recruitment Survey

Maintained for Record-Keeping Purposes Only

The City of Central Point appreciates your interest in employment with our organization. As a public employer, we comply with federal employment regulations and, as such, need to collect, record, and compile personal data about applicants. In addition to applicant data, we find it helpful, to collect information to determine the effectiveness of our recruitment efforts. This form will be detached from your employment application at the time it is received in Human Resources and will be kept in a confidential file completely separate from your application materials. This information is for record-keeping purposes ONLY and will NOT be used by anyone responsible for making a hiring decision.

Providing the information requested on this form is VOLUNTARY. You do not have to complete this page; failure to provide this information will in no way affect your being considered for employment with the City of Central Point. Please attach this page to your application materials even if you do not provide the information.

Your assistance is appreciated. Thank you.

Section I – EEO/AFFIRMATIVE ACYOUR Name: Position You Have Applied For: Date of Application:	CTION DATA						
Gender:	☐ Female ☐ Male						
Race/National Origin: (please mark one)	American Indian or Alaskan Native Asian Native Hawaiian or other Pacific Islander Black or African American, not of Hispanic origin Hispanic White, not of Hispanic origin Two or more races						
	(only mark this if you learned about the position from the website)						
Friend or Relative:							
The Mail Tribune							
	Other Newspaper Name/location of newspaper:						
	Other Website Name/URL of website:						
League of Oregon Cities WebOregon State Employment Oregon							
Link on Other Website Nam							
Other (please specify):							

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