

CITY OF TOLEDO, OREGON

Employment Application

NAME

photo by: Robert Smith



The City of Toledo is an Equal Opportunity Employer
and does not discriminate on the basis of
handicapped status.

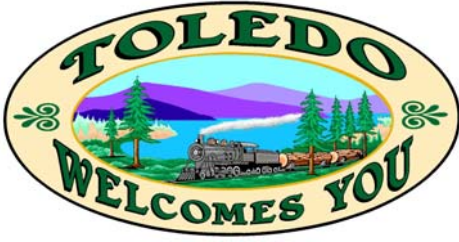
POSITION APPLIED FOR

Return to:

Toledo City Hall
206 N. Main Street, P.O. Box 220 - Toledo, Oregon 97391
Phone (541) 336-2247 - Fax: (541) 336-3512
Hours: 8am to 5pm Monday thru Thursday
Web Site: www.cityoftoledo.org
Email: administration@cityoftoledo.org

Received by: _____

Date: _____



CITY OF TOLEDO

APPLICATION FOR EMPLOYMENT

Position Applied for _____

Date _____

Last Name First Name Middle Name

Address

City State Zip

Telephone Number (s)

Social Security Number Driver's License Number and State

Please state your salary expectation

Have you ever been convicted, pled Guilty or No Contest, or forfeited bond or bail for any crime other than traffic violations? Yes No

If yes, please explain. (Conviction does not necessarily disqualify you from employment).

Have you been previously employed by the City of Toledo? Yes No

If yes, when

Date available for work

Available for full or part time Specify days and hours if part time

Employment Experience

Please start with your most recent employment. Indicate the positions held during the last 5 years. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status. If you need additional space, please continue on a separate sheet of paper.

Job Title	Start Date	End Date
Employer	Beg. Salary	End Salary
Address		
Direct Supervisor	Phone	
Reason for Leaving		
Duties and Responsibilities		

Job Title	Start Date	End Date
Employer	Beg. Salary	End Salary
Address		
Direct Supervisor	Phone	
Reason for Leaving		
Duties and Responsibilities		

Job Title	Start Date	End Date
Employer	Beg. Salary	End Salary
Address		
Direct Supervisor	Phone	
Reason for Leaving		
Duties and Responsibilities		

May we contact the employers listed above? Yes No If not, why?

Education and Training

COLLEGES, NURSING, MILITARY, TRADES, BUSINESS OR OTHER SCHOOLS ATTENDED

Name of school, location	Total number of hours	Type of training or major	Name of certificate or degree received

Licenses and Certificates

List below any licenses/certificates that you have that may be required for this position. Police candidates give DPSST.

Title of license or certificate

Number

Issuing agency

Expiration date

Title of license or certificate

Number

Issuing agency

Expiration date

State any additional information you feel may be helpful to us in considering your application.

Certification of Information, Authorization and Release

CAUTION: Read before signing

Authorization – I hereby authorize and direct you to permit the City of Toledo and their representative(s) to review my credit records, employment records, educational records, driving records, juvenile and adult criminal records as part of a background investigation being conducted prior to my possible employment with the City of Toledo. I also authorize you to permit any materials listed above to be copied and retained by the City of Toledo.

Initial: _____

Release of Agency Providing Information from Liability– I hereby release you, your organization and any of its agents, employees, or representatives from any and all liability or damage, which may result from furnishing the above requested information.

Initial: _____

Release of City from Liability – I hereby exonerate, release, discharge, and hold harmless the City of Toledo, its officers, agents, or assigns, now and in the future, from any claim or damages, whether in law or in equity, on behalf of myself, my heirs, agents or assigns, for:

1. Maintaining the confidentiality and refusal to make available any and all information contained or gained as part of this pre-employment investigation, including but not limited to the identity of any persons or organizations who may have supplied information in the course of this investigation, and
2. Their refusal to make available the substance of any such information supplied, even where such information has been the basis for my disqualification from further consideration, and
3. The City's actions taken based on the information gathered as part of the background check.

Initial: _____

By my signature below, I:

Authorize the investigation of all matters which the City of Toledo, referred to as the "City" deems relevant to my qualifications for employment including all statements made in this application and in any attachments or supporting documents and in any interviews, including but not limited to personal history, academic records, job performance, and driving and criminal history, to ascertain any and all information which may concern my character, whether same is of record or not. I release your organization and all persons whomsoever from any charge or liability due to the release or furnishing of any documentation, records, materials, or any other form of information.

I hereby acknowledge that I am aware that the information and results of this investigation are confidential to the City of Toledo Personnel Office, and is for their use only, and will not be disclosed to myself or any other person without proper authorization.

Certify that the facts and information given in this application, and in any attachment or supporting documents and in any interviews are (or will be) true and complete to the best of my knowledge. I understand that any falsification, misrepresentation or omission, as well as any misleading statements or omissions, will generally result in denial of employment or immediate termination, regardless of when and how discovered.

Understand that I may be required to submit to pre-employment or post-employment physical examination or other professional examinations, medical inquiries and/or urinalysis tests for the presence of drugs or alcohol. I agree to such examinations, inquiries or testing. I authorize release of the results to the City to evaluate my suitability for employment. I release the City from all liability arising out of or connected with any examinations, inquiries or testing.

Understand and agree that if I am hired the statements in these paragraphs will become a binding part of my employment relationship. I have read each of these statements. I have reviewed all of the information provided in this application and in any attachments or supporting documents.

Understand that if I am hired as a temporary employee, I cannot expect continued employment in a temporary position or to automatically become a regular employee. As a temporary employee, I may be disciplined or discharged from employment for any lawful reasons without warning.

NOTE: Applications or resumes cannot be returned. The City of Toledo cannot make copies of applications. Please make necessary copies before submitting. A separate application is required for each individual vacancy. Unsigned applications will not be processed.

NOTE: For Police and Telecommunications candidates only. Applying for this position constitutes your acknowledgement and agreement that, if employed, you will be required to work varied shifts, weekends, holidays, and other non-typical hours without additional compensation.

Signature

Date