



Old Aurora City Hall, Aurora, Oregon. Clark Mear 1866

## EMPLOYMENT APPLICATION

Employees of the City of Aurora and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard for an individual's race, color, religion, national origin, age, sex, marital status, political affiliation, veterans' status, physical or mental disability, sexual orientation, gender identity or any other status protected by federal, state or local laws.

Notice to Applicants: Screening for illegal drug use will be required before hiring and may be required during your employment here. Criminal background checks will also be required.

### INSTRUCTIONS

1. Print in ink or type.
2. Fill out application completely. Incomplete applications will not be processed.
3. Sign and date the application.
4. Mail, e-mail or bring the application to City Hall. Our mailing address is 21420 Main St NE Aurora, OR 97002.
5. Submit your application by the posted closing date. Applications submitted after the closing date will not be considered.
6. All applicants will be notified of their status.

APPLICANT INFORMATION									
Last Name		First		Middle		Date			
Address						Apartment/Unit#			
City			State			Zip Code			
Phone			E-Mail						
Position Applied For				Date Available to Start		Desired Salary			
Are you a United States Citizen?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	If no, are you authorized to work in the United States?			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Have you ever worked for the city?			Yes <input type="checkbox"/>	No <input type="checkbox"/>	If so, when?				
EDUCATION									
High School			Address						
From	To	Did you graduate?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Degree			
College			Address						
From	To	Did you graduate?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Degree			
Other			Address						
From	To	Did you graduate?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Degree			

## EMPLOYMENT APPLICATION

MEMBERSHIPS, CERTIFICATES AND SPECIAL SKILLS			
Professional Memberships and Associations		Computer Technical Skills	
Trade Licenses/Certifications		Equipment Operations	
REFERENCES			
<i>Please list three professional references.</i>			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			

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<b>EMPLOYMENT HISTORY</b>			
Beginning with your present or more current job, describe your work experience during the past TEN years, paid or unpaid. Describe each job separately, emphasizing your specific tasks and any supervisory, technical or other responsibilities. If you need more space, additional sheets may be added. Explain all gaps in employment.			
<b>Current or Last Employer</b>			
Company		Phone	
Address		City, State and Zip Code	
Job Title		Supervisor	
Responsibilities and Job Duties			
What did you like the most?		What did you like the least?	
Reasons for leaving	1.	2.	
May we contact supervisor?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time, part-time or volunteer?	
<b>Previous Employment</b>			
Company		Phone	
Address		City, State and Zip Code	
Job Title		Supervisor	
Responsibilities and Job Duties			
What did you like the most?		What did you like the least?	
Reasons for leaving	1.	2.	
May we contact your previous supervisor for a reference?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time, part-time or volunteer?	

## EMPLOYMENT APPLICATION

<b>Previous Employment</b>			
Company		Phone	
Address		City, State and Zip Code	
Job Title		Supervisor	
Responsibilities and Job Duties			
What did you like the most?		What did you like the least?	
Reasons for leaving	1.	2.	
May we contact your previous supervisor for a reference?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time, part-time or volunteer?	
<b>Previous Employment</b>			
Company		Phone	
Address		City, State and Zip Code	
Job Title		Supervisor	
Responsibilities and Job Duties			
What did you like the most?		What did you like the least?	
Reasons for leaving	1.	2.	
May we contact your previous supervisor for a reference?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time, part-time or volunteer?	

# EMPLOYMENT APPLICATION

## SUPPLEMENTAL INFORMATION

Why are you interested in this position?

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**City of Aurora  
21420 Main St NE  
Aurora, OR 97002  
503-678-1283**

## RELEASE FOR CRIMINAL HISTORY RECORDS CHECK

I hereby release the City of Aurora (“City”), the Law Enforcement Data System (“LEDS”) AND THE Department of Motor Vehicles (“DMV”), their agents and assigns, from any liability for access to my criminal history and motor vehicle records, including, but not limited to any arrests, warrants, convictions and disposition of charges. I understand that these matters are confidential, and I give my full release and agreement to the City to use LEDS and DMV information to determine my eligibility for volunteer employment and/or membership in the City of Aurora. The background check is only to be run if I am considered for employment.

DATE

APPLICANTS SIGNATURE

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<b>CITY OF AURORA</b> <b>Recruitment Tracking Statistics</b>			
Please complete this form, which is used for statistical purposes only. The form is voluntary and may be submitted along with your application. At the time of submittal, the form will be separated from your application and information on it <b>will not</b> be used to make any employment decision and will be kept strictly confidential.			
Position applied for			
Applicant Name		Gender	
<b>How did you learn about this job? Please check all that apply:</b>			
The City's website	<input type="checkbox"/>	Personal referral	<input type="checkbox"/>
Newspaper advertisement	<input type="checkbox"/>	Social media	<input type="checkbox"/>
Craigslisat advertisement	<input type="checkbox"/>	Other	<input type="checkbox"/>
<b>RACE CATEGORY</b>			
<b>White</b> <input style="margin-left: 10px;" type="checkbox"/>	(Not of Hispanic origin) All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.		
<b>Black</b> <input style="margin-left: 10px;" type="checkbox"/>	(Not of Hispanic origin) All persons having origins in any of the black racial groups.		
<b>Hispanic</b> <input style="margin-left: 10px;" type="checkbox"/>	All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin.		
<b>Asian or Pacific Islander</b> <input style="margin-left: 10px;" type="checkbox"/>	All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or pacific islands. Area includes China. Japan. Korea. the Phillipines and Samoa.		
<b>American Indian Alaskan Native</b> <input style="margin-left: 10px;" type="checkbox"/>	All persons having origins in any of the original peoples of North America who maintain cultural identity through tribal affiliation or community recognition.		
<b>DISABLED</b>			
Do you consider yourself mentally or physically disabled? If yes, please explain.			

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## AN EQUAL OPPORTUNITY EMPLOYER

Employees of the City of Aurora and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard for an individual's race, color, religion, national origin, age, gender, marital status, political affiliation, veterans status, physical or mental disability, sexual orientation, gender identity or any other status protected by federal, state or local laws.

## MILITARY SERVICE

Branch		From		To	
Rank at Discharge		Type of Discharge			
If other than honorable, explain					

## DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.  
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I hereby authorize the release of Military Service Records (including medical, physical and mental records and reports) to the Aurora City Hall in Aurora, Oregon.

Selective Service # \_\_\_\_\_

Signature		Date	
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