



Employment Application

Human Resources Department
22560 SW Pine Street
Sherwood, OR 97140

PLEASE COMPLETE A SEPARATE APPLICATION FOR EACH POSITION YOU APPLY FOR

The City of Sherwood is an Equal Opportunity Employer dedicated to a policy of non-discrimination in employment on the basis of race, color, religion, sex, national origin, age, or physical disability. The City of Sherwood provides access, equal opportunity and reasonable accommodation in its services, programs, activities, education and employment for individuals with disabilities. To request disability accommodation, contact the Human Resource Department at (503) 625-4201.

Position Applied For:		
Name:		
<small>Last</small>	<small>First</small>	<small>M.I.</small>
Address:		
<small>Street</small>	<small>City and State</small>	<small>Zip</small>
Home Phone:	Business Phone:	Cell Phone:
Other/Former Names:		Email Address:
How did you learn about this position?		
<input type="checkbox"/> Newspaper <input type="checkbox"/> Internet (note) <input type="checkbox"/> Walk-In <input type="checkbox"/> Referred by City Employee <input type="checkbox"/> Referral <input type="checkbox"/> Education Facility <input type="checkbox"/> Other (note)		
Note:		
Do have computer experience? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Windows <input type="checkbox"/> Mac <input type="checkbox"/> Other (note)		
Note:		
What software applications are you most familiar with?		
Can you, after employment, submit verification of your legal right to work in the U.S.?		

Education:

Check highest level completed:					
<input type="checkbox"/> High School/GED <input type="checkbox"/> Community College <input type="checkbox"/> College/University					
	Name and location of school	Graduated?		Type of Diploma or Degree	Course of Study/Major
		Yes	No		
HS or GED					
Vocational Technical Jr. College					
College or University					

Education - continued:

Name and location of school	Graduated?		Type of Diploma or Degree	Course of Study/Major
	Yes	No		
Other				
Other				
Other				
Please list any licenses, training, certificates, or memberships you currently have that may be helpful in this position:				

Experience: Please list your previous employment beginning with your most recent experience. You may include all applicable military, non-paid or volunteer work. If you had more than one position with the same employer, list each separately. Use additional sheets if necessary.

May we contact your present employer? YES NO

Month/Year	Employer:	Supervisor:
From:	Address:	Phone:
To:	<i>Street City State Zip</i>	Reason for leaving:
Position Title:	Job Duties:	
Last Salary: \$		
Month/Year	Employer:	Supervisor:
From:	Address:	Phone:
To:	<i>Street City State Zip</i>	Reason for leaving:
Position Title:	Job Duties:	
Last Salary: \$		

Experience - continued

Month/Year	Employer:	Supervisor:
From:	Address:	Phone:
To:	<i>Street City State Zip</i>	Reason for leaving:
Position Title	Job Duties:	
Last Salary: \$		
Month/Year	Employer:	Supervisor:
From:	Address:	Phone:
To:	<i>Street City State Zip</i>	Reason for leaving:
Position Title:	Job Duties:	
Last Salary: \$		

References:

Name:	Phone:	Relationship/Years acquainted:
Name:	Phone:	Relationship/Years acquainted:
Name:	Phone:	Relationship/Years acquainted:

Have you ever been discharged or requested to resign from any position? If yes, explain here:

Certificate of Applicant (*read carefully before signing*): I hereby certify that all statements made in this application are true and I agree and understand that any misstatements of facts herein may cause forfeiture of employment. I authorize previous employers and references to release information as necessary to verify my qualifications for employment.

Date: _____

Signature: _____



APPLICATION FOR EMPLOYMENT

POSITION: _____

The City of Sherwood is an Equal Opportunity Employer. We are requesting the information on this page only to comply with state and federal record keeping requirements. You are not required to complete this page and there will be no negative impact if you choose not to do so. This information will be kept separate from the rest of your application form and kept confidential except as allowed for by the Rehabilitation Act of 1973, the Vietnam Era Veterans Readjustment Assistance Act of 1974 and the Americans with Disabilities Act of 1990.

Name (First, MI, Last) _____

DATE OF BIRTH: _____

SEX: Male Female

RACE/ETHNIC BACKGROUND:

- White (not of Hispanic origin)
- Black (not of Hispanic origin)
- Hispanic
- Asian or Pacific Islander
- American Indian or Alaskan Native

DISABILITY STATUS:

- I am disabled
- I require accommodation in the hiring process. Please explain: _____

VETERAN STATUS:

- I am a Veteran
- I am a disabled Veteran (Department of Veterans' Affairs established.)
- I am a Vietnam Era Veteran

REFERRAL SOURCE:

- Newspaper (please specify) _____
- Education Facility (please specify) _____
- Internet (please specify) _____
- Other Agency (please specify) _____
- Direct Mailing
- Referred by City of Sherwood Employee
- Walk In
- Other (please specify) _____

THE INFORMATION PROVIDED ON THIS PAGE WILL NOT BE USED TO EVALUATE YOUR QUALIFICATIONS FOR EMPLOYMENT, ONCE THE INFORMATION HAS BEEN RECORDED, THIS PAGE WILL BE REMOVED FROM YOUR APPLICATION MATERIALS. NO PERSON INVOLVED IN THE SELECTION PROCESS WILL HAVE ACCESS TO THIS INFORMATION EXCEPT AS REQUIRED TO ENSURE DISCRIMINATION IS AVOIDED.

IF YOU BELIEVE YOUR CIVIL RIGHTS IN EMPLOYMENT MATTERS HAVE BEEN VIOLATED AT ANY TIME DURING THE COURSE OF YOUR CONSIDERATION FOR EMPLOYMENT, CONTACT THE HUMAN RESOURCES DEPARTMENT AT (503) 625-4201.

PLEASE ATTACH THIS PAGE AS THE LAST PAGE OF YOUR APPLICATION MATERIALS.