

CITY OF NEWPORT

169 SW Coast Highway, Newport OR 97365



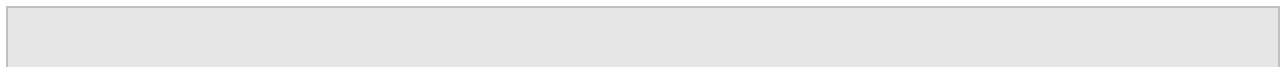
Employment Application

The City of Newport considers applicants for all positions without regard to race, color, sex, national origin, Disability, marital status, sexual orientation or any other legally protected status.

| APPLICANT INFORMATION | | | |
|---|------------------------------|-----------------------------|--|
| Last Name | | First | M.I. Date |
| Street Address | | | Apartment/Unit # |
| Mailing | | City | State ZIP |
| Phone | | E-mail Address | |
| Date Available | | Position Applied for | |
| Are you a citizen of the United States? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Have you ever worked for this company? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If so, when? |
| Have you ever been convicted of a felony? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, explain |

| 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 |

| REFERENCES | |
|---|--------------|
| <i>Please list three professional references.</i> | |
| Full Name | Relationship |
| Company | Phone () |
| Full Name | Relationship |
| Company | Phone () |
| Full Name | Relationship |
| Company | Phone () |



PREVIOUS EMPLOYMENT

| | | | |
|--|--------------------|--------------------|--|
| Company | | Phone () | |
| Address | | Supervisor | |
| Job Title | Starting Salary \$ | Ending Salary \$ | |
| Responsibilities | | | |
| From | To | Reason for Leaving | |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| Company | | Phone () | |
| Address | | Supervisor | |
| Job Title | Starting Salary \$ | Ending Salary \$ | |
| Responsibilities | | | |
| From | To | Reason for Leaving | |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| Company | | Phone () | |
| Address | | Supervisor | |
| Job Title | Starting Salary \$ | Ending Salary \$ | |
| Responsibilities | | | |
| From | To | Reason for Leaving | |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| DISCLAIMER AND SIGNATURE | | | |
| <p><i>By my signature/inserting my name below and submitting electronically, I certify that all answers and statements on the application are true and complete to the best of my knowledge. I understand that should the City learn, at any time, of any untruthful or misleading answers, my application may be rejected, my name removed from consideration, or my employment with the City terminated. I hereby authorize past/present employers and educational institutions to release information concerning my work or educational history to be used solely in determining my qualifications for this position. I hereby release the City of Newport as well as those contracted by the City from any liability or damage which may result from furnishing the information requested. The City of Newport may make copies of this authorization available to those contacted.</i></p> | | | |
| Signature | | Date | |

NOTE: Applications and/or resumes cannot be returned. The City of Newport cannot make copies. Please make necessary copies before submitting. A new application is required for each position that you wish to be considered for.

Pre-employment substance screening may be required.

An employment offer may be contingent on passing a physical examination for some position classifications.

American with Disabilities Act accommodations will be provided upon request.

The City of Newport is an Equal Opportunity Employer



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169 SW Coast Highway
Newport, OR 97365
541-574-0604

RELEASE AND WAIVER

APPLICANTS NAME: _____ DATE: _____

Important: Please read carefully and initial each paragraph before signing.

By my signature and initials placed below, I promise the information provided in the employment application (and accompanying resume, if any) is true and complete, and I understand that any false information or significant omission may disqualify me from further consideration for employment, and may be justification for my dismissal from employment, if discovered at a later date. I agree to immediately notify the City of Newport (hereinafter referred to as the "City") if I should be convicted of a felony, or any crime involving dishonesty or a breach of trust while my job application is pending, or during my period of employment, if hired.

Initials: _____

I authorize the investigation of all statements contained in this application and accompanying resume, if any. I also authorize the City to contact my present employer (unless otherwise noted in the application), past employers, listed references and any other persons or entity with knowledge of me. I understand that if my position is one which warrants such inquiry, the City may request an investigative consumer report from a consumer reporting agency that includes information as to my character, general reputation, personal characteristics, and mode of living. I understand that the investigative consumer report may involve personal interviews with my neighbors, friends, relatives, former employers, schools, and others. I also understand that under the Federal Fair Credit Reporting Act I have the right to make a written request to the City, within a reasonable time, for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.

Initials: _____

I authorize any person, school, current employer (except as previously noted), past employer(s), and organizations named in this application form and accompanying resume, if any, and any other person or entity with knowledge of me to provide the City with any information and opinion which the City regards as useful to it in making a hiring decision, and I release such persons and organizations from any legal liability in making such statements or furnishing any and all information the City may seek.

Initials: _____

I understand that this application by itself does not create a contract of employment. I understand and agree that, if hired, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD OF TIME, and may, regardless of the date of payment of my wages or salary, BE TERMINATED AT ANY TIME, subject to City ordinances, policy, and rights provided by written contract.

Initials: _____

Signature: _____ Date: _____