



Return applications to:
Millersburg City Hall

**4222 NE Old Salem Road
 Millersburg, OR 97321**

Phone: 458-233-6300

Email: cityclerk@millersburgoregon.gov

EMPLOYMENT APPLICATION

An Equal Opportunity Provider and Employer

Position Applying For: <input style="width: 90%;" type="text"/>	Today's Date: <input style="width: 80%;" type="text"/>	Have you been employed by the City of Millersburg previously? <input style="width: 95%;" type="text"/>
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PERSONAL INFORMATION

Name (Last, First, MI): <input style="width: 95%;" type="text"/>	
Mailing Address: <input style="width: 95%;" type="text"/>	
City, State, And Zip Code: <input style="width: 95%;" type="text"/>	
Primary Phone Number: <input style="width: 45%;" type="text"/>	Secondary Phone Number: <input style="width: 45%;" type="text"/>
E-mail Address: <input style="width: 95%;" type="text"/>	
Do you qualify for Veteran's Preference? If yes, please attach proof.	

EDUCATION AND TRAINING

List high schools, colleges, military, trade, business, or other schools attended:				
<i>Name And Location Of School</i>	<i>Course Of Study</i>	<i>Credits Earned In Quarter Or Semester Hours</i>	<i>Graduated (Yes/No)</i>	<i>Degree Or Certificate Received</i>

SPECIALIZED SKILLS AND KNOWLEDGE

List any specialized skills, certificates or knowledge that demonstrate your ability to perform the job for which you are applying (software programs, fluency in a foreign language, keyboarding speed):

WORK HISTORY *List most recent employer first*

Please list your previous ten years of employment, beginning with your most recent experience. You may include all applicable military, non-paid, or volunteer work. Resumes may be submitted, but will not be accepted in place of a completed application. If you need additional space, attach a separate sheet.

JOB NUMBER 1		Job Title			
Name of Employer		Supervisor's Name		Supervisor's Title	
Employer's Address		City	ST	Phone	
Employment Dates:	From	To	Avg. Hours Worked/ Wk:	Reason for Leaving	
Duties					
JOB NUMBER 2		Job Title			
Name of Employer		Supervisor's Name		Supervisor's Title	
Employer's Address		City	ST	Phone	
Employment Dates:	From	To	Avg. Hours Worked/ Wk:	Reason for Leaving	
Duties					
JOB NUMBER 3		Job Title			
Name of Employer		Supervisor's Name		Supervisor's Title	
Employer's Address		City	ST	Phone	
Employment Dates:	From	To	Avg. Hours Worked/ Wk:	Reason for Leaving	
Duties:					

REFERENCES

Please list professional and work-related references we may contact:

Name:	Occupation:	Relation:	Phone Number:
Name:	Occupation:	Relation:	Phone Number:
Name:	Occupation:	Relation:	Phone Number:

I hereby certify that all statements made in this application are true, and I agree and understand that any written statement that is false, fraudulent, or misleading in this application or attached materials, or made in the course of any related employment process may cause forfeiture of employment.

- I certify that all statements contained herein are true and complete.
- I certify that I am at least 18 years of age.
- I understand that I must prove that I am authorized to work in the United States if I am hired.
- I authorize the employing agency to verify the employment and education information provided on this application.
- I certify that I have a valid driver's license and I authorize my driving record to be checked if the position for which I am applying requires driving.
- I understand and agree to be subjected to a pre-employment drug screening and a criminal history background check, if applicable.

Signature (must be in ink):	Date:
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