## **CITY OF OREGON**

## SUMMER SEASONAL EMPLOYMENT APPLICATION

OREGON CITY HALL 115 N 3rd Street Oregon, IL 61061 815-732-6321 Voltome To PRODUCE A Beantiful Place In the Country

DATE RECEIVED:

OFFICE USE ONLY

			Date:
Name:	First Name		Middle Initial
Address: Street		City	Zip Code
Home Phone:	Cell Phone:	Email Address	
Are you currently employed elsewhe	re? Yes No Wha	t date would you be available f	for work?
Have you ever been employed with t	he City of Oregon? Yes	No	
If yes, in what capacity?		Date/length of employmen	t:
Reason for leaving?			
Do you have relatives, including in-la	aws, currently employed by	the City of Oregon? Yes	No If Yes, Please list name (s) and
relationship to employee:			
Are you legally eligible to be employ	red in the U.S.? Yes	No Do you have a valid Drive	r's License? Yes No
Are you a veteran of the U.S. Armed	Forces? Yes No I	Dates of military service:	Branch:
Education: High School attended:			
Do you have a high school diploma?	Yes No Dates/y	ears attended:	
Do you participate in any school acti	vities that may require us to	adjust your work schedule in A	ugust? Yes No
If yes, please list dates and times you	expect to be unavailable to	work:	
Do you have a college degree? Y	es No		
Name of college/university attended:		School Address:	
Dates/years attended:	Major course of stud	dy: Mi	nor course of study:
Do you plan to return to school for th	e Fall semester? Yes	No If yes, will it affect your w	vork schedule? Yes No
Please list the last date you are availa	ble to work:		
Other schools or training attended:		Dates	attended:
			attended:
List any pertinent job skills/training/o			

**REFERENCES:** Please list three (3) employment, personal and/or educational references we may contact for the purposes of obtaining information relating to your previous employment, educational accomplishments, and/or personal character.

Name	Phone#	Email
Name	Phone#	Email
Name	Phone#	Email

**WORK EXPERIENCE:** Beginning with your current/most recent job, provide the info listed below for your last three places of employment <u>OR</u> attach an employment resume to this application and indicate resume is attached.

Employment resume attached? Yes No

Name of Employer	Address	Phone#	Supervisor's Name
Employment Start/End Date	Reason for Leaving		Starting/Ending Pay Rate
Job Title	Work Performed		
Name of Employer	Address	Phone#	Supervisor's Name
Employment Start/End Date	Reason for Leaving		Starting/Ending Pay Rate
Job Title	Work Performed		
Name of Employer	Address	Phone#	Supervisor's Name
Employment Start/End Date	Reason for Leaving		Starting/Ending Pay Rate
Job Title	Work Performed		

By signing below, I certify that all of the answers and statements given are true and correct. I hereby authorize all of my previous employers or references listed above to furnish any information concerning my personal character, work habits, or employment records. I hereby release all such persons from liability or damages incurred as a result of inquiry and furnishment of this information. In the event of employment, I understand that any false or misleading information I provide in my application or interview(s) may result in termination of my employment.

Signature	of	Ap	plicant:

Date:

## NOTICE TO APPLICANTS AND EMPLOYEES:

The City of Oregon is proud to be a drug-free workplace. Screening tests for alcohol and illegal drug use may be required without notice before hiring and during your employment here.

**EOE/ADA STATEMENT:** It is the policy of the City of Oregon to ensure equal employment opportunity for all applicants. This commitment includes a mandate to promote and afford fair and equal treatment and services to all City residents, City representatives, employees, and applicants to assure to all persons equal employment opportunity based upon ability and fitness regardless of race, religion, color, creed, national origin, sex, marital status, age, sexual orientation, or the presence of any sensory, mental, or physical disability unless such disability effectively prevents the performance of essential duties required of the position and which are bonafide occupational qualifications which cannot be accommodated without undue hardship.

## Return application AND copies of any relevant certifications to:

Mail: Bill Covell Director of Public Works 115 N. 3rd Street Oregon, IL 61061 Email: bcovell@cityoforegon.org