



# City of Rainier Application for Employment

**Rainier Police Department <> P.O. Box 399 <> Rainier, OR 97048**  
**503.556.3644 <> 503.556.2839 fax <>**

Position applying for \_\_\_\_\_

Last name	First Name	Middle Initial
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Address	City	State	Zip (plus four)
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Military Veteran Yes <input type="checkbox"/> No <input type="checkbox"/>	Home phone	Cell phone	E-mail address
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Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a United States citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No (applies only to Civil Service positions)
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Are you now or have you ever been employed by the City of Rainier? <input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, give Job Title	Department	Dates of employment
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Do you have relatives working for the City of Rainier? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, give name, relationship and department)	Name(s)	Relationship(s)

Will you accept: <input type="checkbox"/> Regular <input type="checkbox"/> Temporary	Shifts you will accept: <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Night <input type="checkbox"/> Weekend	Date available to start work
Will you accept: <input type="checkbox"/> Full time <input type="checkbox"/> Part time		

Have you been convicted or released from prison within the last ten years?  Yes  No  
 Have you ever been convicted, plead guilty or not contested, or forfeited bond or bail for any crime other than traffic violations  Yes  No  
 (If yes, explain below. Do NOT list any conviction for which the date of conviction or prison release, whichever is more recent, is more than ten years old.) *A conviction will not necessarily bar you from employment.*

Date	Charge	Sentence	Remarks

**EDUCATION/TRAINING**

Are you a high school graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Or do you have a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Colleges Attended (Name and Location)	Credits	Major	Type of Degree

Other Courses/Training (Name and Location)	Length	Certification

**Other special/ professional licenses:**

Check areas of experience:  Microsoft Windows  Microsoft Outlook  Microsoft Excel  Microsoft Power Point  
 Other software programs (please list): \_\_\_\_\_

**EMPLOYMENT HISTORY**

List your work experience, starting with most recent first, including seof-employment, military service and volunteer work. Attach additional sheets if necessary. Be as complete as possible in outlining the duties of each position. Failure to do so may affect the ability to accurately evaluate your work experience.  
 An incomplete application or an application that states "See Resume" may disqualify you from further consideration. A resume will not substitute for the information required in this section.

**Most Recent Position (attach additional pages if necessary):** \_\_\_\_\_ Employment Information

Employer	Position Title	From	To
Address		Hours per week	
Supervisor	Phone	No. employees supervised	Final salary

Specific duties \_\_\_\_\_

Reason for leaving or considering change	May we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
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**Rainier is an Equal Opportunity Employer**

Employer	Position Title	From	To
Address		Hours per week	
Supervisor	Phone	No. employees supervised	Final salary
Specific duties			
Reason for leaving or considering change		May we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Other Work Experience (attach additional pages if necessary):** Employment Information

Employer	Position Title	From	To
Address		Hours per week	
Supervisor	Phone	No. employees supervised	Final salary
Specific duties			
Reason for leaving or considering change		May we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Other Work Experience (attach additional pages if necessary):** Employment Information

Employer	Position Title	From	To
Address		Hours per week	
Supervisor	Phone	No. employees supervised	Final salary
Specific duties			
Reason for leaving or considering change		May we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Other Work Experience (attach additional pages if necessary):** Employment Information

Employer	Position Title	From	To
Address		Hours per week	
Supervisor	Phone	No. employees supervised	Final salary
Specific duties			
Reason for leaving or considering change		May we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Agreement, Certification and Authorization**

I hereby certify, under the penalty of perjury in the State of Oregon, that this application contains no wilful misrepresentation and that the information given is true and complete to the best of my knowledge and belief. I am aware that should an investigation at any time disclose any such misrepresentation or falsification, my application may be rejected, my name may be removed from consideration, or I may be discharged from my employment.

I authorize my current or former employers and all schools or educational and technical institutions which I have attended to provide City representatives any information regarding my current or former employment, scholastic records or ratings. I hereby release any such current or former employers or institutions, their agents or employees from any and all liability resulting from the release of such information. My authorization and release from liability are knowing, intelligent and voluntary acts.

I am willing to submit to a pre-employment drug screen if required.

I understand that as a condition of employment I must provide documentation to prove my eligibility to obtain employment along with personal identification information as required by the Immigration Reform and Control Act of 1986.

I understand that this application is not intended to be a contract of employment. Many City positions are governed by collective bargaining agreements and/or Civil Service Regulations, which specify terms of employment. Employment for all positions not covered under collective bargaining agreements is "at will." This means that either party can terminate the employment relationship at any time, with or without cause or advanced notice.

Signature of applicant	Date
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Digital Signature: Yes    No