

CITY OF LAKESIDE

Lakeside City Hall, 915 North Lake Road, Lakeside Oregon, 97449

Applicants Authorization to Release Information

As an applicant for a position with the City of Lakeside, I am required to furnish information for use in determining my qualifications and suitability to fill the position. I understand that any or all information contained in my application for employment may be subject to verification or investigation by the City of Lakeside. I also understand that criminal history, credit reports and driving reports will be checked if, in the judgement of the City of Lakeside, such are relevant to the position for which my application for employment is made.

For these purposes, I consent to the release of information concerning my qualifications and suitability by employers, educational institutions, law enforcement agencies, financial institutions, reporting agencies and other relevant individuals and agencies to any duly authorized agent of the City of Lakeside. I understand that I may be required to submit proof of education, driving status/restrictions and other documentation.

I further consent to allow a photocopy, fax or electronic scan of this release form, when presented by a duly authorized agent of the City of Lakeside to serve as a valid release even though the photocopy does not contain an original writing of my signature.

This release expires one year after the date it is signed.

Applicant's Signature:

Date Signed:

Applicants Printed or

Typed Name:

Social Security Number:

Driver's License Number

and Issuing State:

CITY OF LAKESIDE APPLICATION FOR EMPLOYMENT

Lakeside City Hall, 915 North Lake Road, Lakeside Oregon 97449

An Equal Opportunity Employer

Social Security Number - -

Name _____ Job applied For _____
Last First M.I.

Address _____ Title _____
City State Zip

Telephone Home () - _____
 Cell () - _____
 Message () - _____

Federal Regulations: Are you authorized to work in the United States? Yes No

The Federal Immigration Reform and control Act requires individuals to provide, to an employer, documented proof that they are authorized to work in the United States. The proof must be provided to, and verified by, hiring authorities at the time of hire or no later than three bussiness days after the date of hire.

Do You Have a High School diploma or GED certificate? Yes No

Colleges, Nursing, Military, Trades, Bussiness, or Other Schools Attended

Name of School and Location	Total No. of Hours	Type of Training or Major	Certificate or Degree Received

Certification of Clerical Skills (complete only if you are applying for a clerical position)

Net Typing Speed _____

Net shorthand/brief hand speed _____

Check if you are trained and /or experienced in:

<input type="checkbox"/> Data Entry	<input type="checkbox"/> Word Processing
<input type="checkbox"/> Fund Accounting	<input type="checkbox"/> Mail Merging
<input type="checkbox"/> 10 Key Machine	<input type="checkbox"/> Notary Certificate
<input type="checkbox"/> Transcription	<input type="checkbox"/> Spread Sheets

Availability

Date you could report to work: _____

Position you are interested in:

(check as many as apply):

<input type="checkbox"/> Full-Time	<input type="checkbox"/> Job
<input type="checkbox"/> Part-Time	<input type="checkbox"/> Any
<input type="checkbox"/> Temporary	

Language Skills (other than English)

Language: _____

	<input type="checkbox"/>	Speak	<input type="checkbox"/>	Read/Write
	<input type="checkbox"/>	Speak	<input type="checkbox"/>	Read/Write

Licenses/Certificates

List drivers license and other licenses or certificates required by the job announcement.

Title of License or certificate	Number	Issuing Agency	Date Issued	Date of Expiration

Work Experience

Describe all work experience: a) that may be related to the position you are applying for and b) to meet the requirements for the position as specified in the recruiting announcement. Include related unpaid and volunteer work. If you need to list more than five employers, attach additional sheets.

Present or Last Employer _____ Kind of Business _____
 Address _____ Phone _____
 Starting Date (mo/yr) _____ Leaving Date (mo/day/yr) _____
 Job Title _____ Reason for leaving _____
 Name of Supervisor _____ Supervisors Job Title _____ contact ___yes___no
 Job Duties _____

Next previous employer _____ Kind of business _____
 Address _____ Phone _____
 Starting Date (mo/yr) _____ Leaving Date (mo/day/yr) _____
 Job Title _____ Reason for leaving _____
 Name of Supervisor _____ Supervisors Job Title _____ contact ___yes___no
 Job Duties _____

Next previous employer _____ Kind of business _____
Address _____ Phone _____
Starting Date (mo/yr) _____ Leaving Date (mo/day/yr) _____
Job Title _____ Reason for leaving _____
Name of Supervisor _____ Supervisors Job Title _____ contact ___yes___no
Job Duties _____

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Job Title _____ Reason for leaving _____
Name of Supervisor _____ Supervisors Job Title _____ contact ___yes___no
Job Duties _____

I certify and affirm that I have read the notice below, personally completed this application or requested its completion, and that all statements contained herein are true and complete.
notice: Any oral or written statement that is false, fraudulent or misleading contained in this application or made in the course of any related employment process whether made by me or by others at my request will result in rejection of my application, denial of employment, and/or dismissal from the City of Lakeside, if discovered after employment, and in many circumstances prosecution for a crime. Criminal conviction and driving records will be checked if, in the judgement of the City of Lakeside such are relevant to the position for which this application is made, and may be grounds for rejection or termination of employment. Revised 03/17/09

Signature _____

Date _____