



APPLICATION FOR EMPLOYMENT

325 E Currant Street
PO Box 686
Athena, OR 97813
Telephone (541) 566-3862
Fax (541) 566-2781
www.cityofathena.com

Date of application: _____

Position Applied For _____

Name _____
LAST FIRST MIDDLE INITIAL

Address: _____
Number Street City State Zip Code

Telephone _____

Email _____

Have you been employed by the City of Athena? _____ If yes, give dates/positions: _____

Are you legally eligible for employment in this country? _____

On what date would you be available to start work? _____

Type of employment desired: Full-time Part-time Temporary Seasonal

Are you able to meet the attendance requirements of the position? Yes No

Driver's license number if driving is an essential job function _____ State: _____

References (Other than relatives and employers already listed)

1.	_____	_____	_____
	Name	Phone Number	Years Known
2.	_____	_____	_____
	Name	Phone Number	Years Known
3.	_____	_____	_____
	Name	Phone Number	Years Known

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify City Hall/Personnel Dept.

WORK HISTORY

Provide the following information on your past four (4) employers, assignments, or volunteer activities for the past ten years, starting with the most recent. (if applicable)

EMPLOYER: _____	TELEPHONE: _____
ADDRESS: _____	
Starting Job title: _____	Final/Present Title: _____
Name & Title Of Supervisor: _____	
May we contact for reference?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later
Dates Employed: From _____ To _____	
Summarize the Nature of work performed and job responsibilities:	

Reason for Leaving: _____	

EMPLOYER: _____	TELEPHONE: _____
ADDRESS: _____	
Starting Job title: _____	Final/Present Title: _____
Name & Title Of Supervisor: _____	
May we contact for reference?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later
Dates Employed: From _____ To _____	
Summarize the Nature of work performed and job responsibilities:	

Reason for Leaving: _____	

EMPLOYER: _____ TELEPHONE: _____
ADDRESS: _____
Starting Job title: _____ Final/Present Title: _____
Name & Title Of Supervisor: _____
May we contact for reference? Yes No Later
Dates Employed: From _____ To _____
Summarize the Nature of work performed and job responsibilities:

Reason for Leaving: _____

EMPLOYER: _____ TELEPHONE: _____
ADDRESS: _____
Starting Job title: _____ Final/Present Title: _____
Name & Title Of Supervisor: _____
May we contact for reference? Yes No Later
Dates Employed: From _____ To _____
Summarize the Nature of work performed and job responsibilities:

Reason for Leaving: _____

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Skills and Qualifications

Summarize any training, skills, licenses, and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying:

Education Background (job related)

High School: _____ City/State _____

Diploma Received: Yes No

College: Name _____ City/State _____

Major: _____ # Yrs. Completed: _____ Graduate? Yes No

Other: _____

Major: _____ # Yrs. Completed: _____ Graduate? Yes No

APPLICANT STATEMENT

- I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.
- I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.
- I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume' or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.
- I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.
- I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.
- If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the Council's Mayor.
- I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ Date: ____/____/____

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