

## City of Cannon Beach Application for Employment

### READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING

- Answer all questions completely and accurately. Incomplete or illegible applications may be rejected.
- False or misleading statements on this form and/or during an interview are grounds for terminating the application process, or if discovered after employment, are grounds for terminating employment.
- If you feel that you have need for special testing arrangements due to physical limitations, call (503) 436-1581
- Return your completed, signed and dated application, along with any other requested materials by the advertised deadline to:  
**City of Cannon Beach, P.O. Box 368, Cannon Beach, OR 97110**

Position Applied For:			Date of Application:		
Where Did you Hear About the Job?					
Name:					
Address:		Apt #:		Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	
City:		State:		Zip:	
				Do you have a valid Oregon driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No # _____	
Telephone (Day):		Telephone (Message):		Email:	
Have you been convicted of a felony within the last 7 years (excluding any sealed or expunged convictions)? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Conviction will not necessarily disqualify an applicant from employment</i> If yes, please explain:					
<b>EDUCATION</b> Did you graduate from high school? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED					
College or University	Major	Minor	Units Completed Semester      Quarter		Year Received
Licenses, Certificates, Other Courses or Training					
Description		Issued by	Number		Expiration Date



**EMPLOYMENT HISTORY**

Please list your employment history for the past ten years. Begin with your most recent position. **Attach extra sheets if necessary.**  
**Do not substitute a resume for the information requested.**

Job Title	Supervisor	Dates Employed	
		From	To
Employer	Telephone #		
Address		Hourly Rate/Salary	
		Starting	Final
Reason for Leaving:			
Description of Job Duties/Work Performed:			
Job Title	Supervisor	Dates Employed	
		From	To
Employer	Telephone #		
Address		Hourly Rate/Salary	
		Starting	Final
Reason for Leaving:			
Description of Job Duties/Work Performed:			
Job Title	Supervisor	Dates Employed	
		From	To
Employer	Telephone #		
Address		Hourly Rate/Salary	
		Starting	Final
Reason for Leaving:			
Description of Job Duties/Work Performed:			

<b>COMPUTER SKILLS</b> – List software programs and/or hardware and level of proficiency	
Software Applications	Proficiency
Hardware:	Proficiency
List other skills, abilities or other relevant experience that would help you in performing this job:	

<b>REFERENCES</b> -- Please list three people who have knowledge of your skills and abilities.		
Name:	Relationship:	Telephone:
Name:	Relationship:	Telephone:
Name:	Relationship:	Telephone:
Do you authorize the City to obtain information regarding your job performance from previous employers? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Exceptions:		
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

I hereby certify that all statements made in this application are true and complete to the best of my knowledge. I agree with and understand that any misstatement of material fact contained in this application may cause me to forfeit all rights to employment with the City of Cannon Beach.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

<b>THIS SPACE FOR PERSONNEL USE ONLY</b>					
Application:	<input type="checkbox"/> Accepted	<input type="checkbox"/> Rejected			
Reason for Rejection:	<input type="checkbox"/> Experience	<input type="checkbox"/> Filing Period Closed	<input type="checkbox"/> Education	<input type="checkbox"/> Incomplete	<input type="checkbox"/> Other
Reviewer's Initials: _____	Date Reviewed: _____				
Reviewer's Comments:					