



Employment Application

City of North Plains, 31360 NW Commercial Street, North Plains, Oregon 97133
 (503) 647-5555, www.northplains.org

Position for which you are applying: _____

Name:	Email:
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Address:

Phone 1:	Phone 2:
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What kind of employment are you seeking? Full-time Part-time Temporary

Are you over the age of 18? Yes No

Are you licensed to drive in Oregon? Class A B C Yes No

Are you eligible for legal employment in the United State of America? Yes No

Have you ever been discharged or requested to resign from any position for misconduct or unsatisfactory service? Yes No

EDUCATION

High School:	Highest Year completed: <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12
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Colleges or Other Schools, City	Area of study	Degree or Certificate

WORK EXPERIENCE

Provide information for past 10 yrs

Title:	Employer:
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Address:	Dates: / thru - /
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Supervisor:	Phone:	Email:
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Description of duties:

Final Pay rate:	Reason for leaving:
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Title:	Employer:
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Address:	Dates: / thru - /
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Supervisor:	Phone:	Email:
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Description of duties:

Final Pay rate:	Reason for leaving:
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Applicant Name:

Position:

WORK EXPERIENCE Continued

Title:		Employer:	
Address:		Dates: / thru - /	
Supervisor:	Phone:	Email:	
Description of duties:			
Final Pay rate:		Reason for leaving:	
Title:		Employer:	
Address:		Dates: / thru - /	
Supervisor:	Phone:	Email:	
Description of duties:			
Final Pay rate:		Reason for leaving:	
Title:		Employer:	
Address:		Dates: / thru - /	
Supervisor:	Phone:	Email:	
Description of duties:			
Final Pay rate:		Reason for leaving:	
Title:		Employer:	
Address:		Dates: / thru - /	
Supervisor:	Phone:	Email:	
Description of duties:			
Final Pay rate:		Reason for leaving:	
Title:		Employer:	
Address:		Dates: / thru - /	
Supervisor:	Phone:	Email:	
Description of duties:			
Final Pay rate:		Reason for leaving:	

I hereby certify that all statements made in this application are true, and I agree and understand that any misstatement of facts herein may cause forfeiture of employment. I authorize the employing agency to make any necessary and appropriate investigations to verify the information contained herein.

Signature: _____ Date: _____