City of Sumpter, OR P.O. Box 68 Sumpter Oregon 97877 541-894-2314

Email: cityofsumpteror@gmail.com
Website: cityofsumpteror.com

| | APPLICA | NT'S INFORMATION | |
|------------------------------|----------|---|-------------|
| Position Title Applying For: | | | |
| Date of Application: | POSITION | lalify for Veteran's preference (POLI NS ONLY) No □ | CE AND FIRE |
| First Name: | | Last Name: | |
| Address: | | | |
| City: | | State: | Zip Code: |
| Email Address: | | | |
| Home Phone: | | Daytime Phone: | |
| Other names known by: | | | |

EMPLOYMENT HISTORY

- Be sure to describe in this section the duties you have performed which demonstrate that you have and skills to perform the duties of the job for which you are applying. You may include on-the-job training, internship, volunteer activity, self-employment, and military experience.
- Begin with your most recent job or assignment first and list each job separately, extending for a period of 10 years.
- Additional pages of work history may be attached if necessary.
- A resume, while strongly encouraged, is not a substitute for this application unless otherwise noted in the job announcement.

| Current or Most Recent Job Title: | | Start Date: | End Date: |
|--|----------------|------------------------------|------------------------|
| Employer: | | Phone: | |
| Employer Address: | | | |
| If this is your current employer, may we conta | act them if yo | ou become a finalist for the | nis position? Yes∏ No∏ |
| Supervisor: | Number of | people you supervised i | n this position: |
| Starting Salary: | Ending Sal | ary: | |
| Reason for Leaving: | | | |
| Duties and Responsibilities: | | | |
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| Job Title: | | Start Date: | End Date: | |
|---|---|--------------------------|------------------|--|
| Employer: | | Phone: | | |
| Employer Address: | | | | |
| May we contact this employer? Yes ☐ No ☐ | | | | |
| Supervisor: | Number of | people you supervised ir | n this position: | |
| Starting Salary: | Ending Sala | ary: | | |
| Reason for Leaving: | | | | |
| Duties and Responsibilities: | | | | |
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| Job Title: | | Start Date: | End Date: | |
| Employer: | | Phone: | | |
| Employer Address: | | | | |
| May we contact this employer? | | | | |
| Yes No | _ | | | |
| Supervisor: | Number of people you supervised in this position: | | | |
| Starting Salary: | Ending Sala | ary: | | |
| Reason for Leaving: | | | | |
| Duties and Responsibilities: | | | | |
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| Job Title: | | Start Date: | End Date: |
|---|-----------------------|------------------------------------|------------------|
| Employer: | | Phone: | |
| Employer Address: | | | |
| May we contact this employer? | | | |
| Yes□No□ | | | |
| Supervisor: | Number of | people you supervised in | n this position: |
| Starting Salary: | Ending Sala | ary: | |
| Reason for Leaving: | | | |
| Duties and Responsibilities: | | | |
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| Job Title: | | Start Date: | End Date: |
| Job Title: Employer: | | Start Date: Phone: | End Date: |
| | | | End Date: |
| Employer: | | | End Date: |
| Employer: Employer Address: May we contact this employer? Yes□No□ | | Phone: | |
| Employer: Employer Address: May we contact this employer? Yes \[\] No \[\] Supervisor: | | Phone: people you supervised in | |
| Employer: Employer Address: May we contact this employer? Yes \[\] No \[\] Supervisor: Starting Salary: | Number of Ending Sala | Phone: people you supervised in | |
| Employer: Employer Address: May we contact this employer? Yes No Supervisor: Starting Salary: Reason for Leaving: | | Phone: people you supervised in | |
| Employer: Employer Address: May we contact this employer? Yes \[\] No \[\] Supervisor: Starting Salary: | | Phone: people you supervised in | |
| Employer: Employer Address: May we contact this employer? Yes No Supervisor: Starting Salary: Reason for Leaving: | | Phone: people you supervised in | |
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| Employer: Employer Address: May we contact this employer? Yes No Supervisor: Starting Salary: Reason for Leaving: | | Phone: people you supervised in | |
| Employer: Employer Address: May we contact this employer? Yes No Supervisor: Starting Salary: Reason for Leaving: | | Phone: people you supervised in | |

| Do you expect be gage Yes No Please explain: | | y other busine | ess or (| employr | ment while | workii | ng for th | ne City of Sumpter? |
|---|------------|-----------------|-----------|---------------|-------------|--------|-----------|---------------------------------|
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| ED | UCATIO | ON, TRAININ | G, CE | RTIFICA | ATES & LI | CENS | ES | |
| Do you have a high school of | diploma, | , GED or equ | ivalent | ? Yes□ | No□ | | | |
| Colleges, Universities, Milita | ıry, Trad | le, Business | or othe | r schoo | ls attended | ł | | |
| | | | | | Credits (| Compl | eted | |
| | | Maj | | • | | - | | Specify Degree or |
| Name of School | Locatio | n of School Sub | | oject | hours | hours | | Certificate Earned |
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| Note: A valid driver's license job function. | e is requ | uired for posit | ions w | here ve | hicle or eq | uipme | nt opera | ation is an essential |
| List driver's license or othe | r certific | ates required | d for thi | is positi | on | | | |
| Title of License or Certific | cate | ate Number | | Issuing Agenc | | | | e Issued/ Date of Expiration |
| | | | | | | | | |
| If a driver's license is requiremoving violations? Please | | • | • | | • | | | |
| | | PERSON | AL RF | FEREN | CES | | | |
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| Name | | Address | and P | hone N | umber | F | | ship and Years equainted |
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Are you now, or have you ever been employed/ a volunteer at the City of Sumpter? Yes No□ If yes, please select the appropriate employment status: Regular □ Temporary □ Seasonal □ College Intern □ Volunteer □ Please give job title, department, and dates worked: Do you have relatives employed by the City? Yes □ No□ If yes, please give name, relationship and department: Are you at least 18 years old? Yes □ No□ Note: Due to occupational safety guidelines, some positions may have a minimum age requirement, which is noted on the job announcement if applicable. Are you able to safely perform the essential job functions of this position, as noted on the job announcement, with or without reasonable accommodation? Yes □ No□

- Are you U.S. citizen, resident alien or do you have a Visa permitting you to work in the United States? Yes \(\) No \(\) (Documentation of authorization to work in the U.S. will be required if an offer of employment is made and accepted).
- Documentation in accordance with Federal law proof of identity and proof of authorization to work in the United States is required upon employment. This may also include individuals who have the right to work under an employment visa or similar document.
- Have you been convicted of a crime or served time in prison during the last 10 years? Yes□ No□ If yes, attach additional page with explanation of conviction(s) to this application. Please include the date, exact charge, jurisdiction and disposition. Note: A conviction is not an automatic bar to employment. Each case is considered separately based upon its relation to the duties of the position.

CERTIFICATION OF INFORMATION, AUTHORIZATION & RELEASE

BY MY SIGNATURE BELOW, I:

- Understand that as required by the Health Insurance Portability and Accountability Act of 1996, the City may not use or disclose my health information, except as provided in the City's Notice of Privacy
- Practices, without my authorization. My signature on this form indicates that I am giving permission for the uses and disclosures of protected health information as described in the City's published Notice. I may revoke this authorization at any time by contacting the City Recorder;
- Certify that all information I provide as part of this application process is true and complete to the best
 of my knowledge and that I understand that any misstatement of fact may result in my disqualification
 from consideration for City employment or in the termination of my City employment;

- Agree that I will be responsible for familiarizing myself with all rules and regulations of the Employer as they presently exist or are later modified;
- Understand that if I apply for a safety sensitive position, a conditional job offer will be contingent upon successful completion of a drug screening and I could be subject to random testing after hire;
- Authorize the City of Sumpter to contact my prior employers, educational institutions, references, and any institution or organization with whom I have been associated to give the City of Sumpter any pertinent information about my employability;
- Release the individual, company, institution or organization and all individuals connected therewith
 from all liability whatsoever incurred in giving such information; and further release the City of
 Sumpter from all liability whatsoever incurred in obtaining and/or using such information;
- Release the City of Sumpter, its employees, and agents from all liability and/or claims whatsoever related to obtaining and/or using such information.
- I understand that if I receive a Conditional Offer of Employment for a position where I will have unsupervised access to children, developmentally disabled persons, or vulnerable adults, the City of Sumpter is required to complete a thorough background check as required by the Child/-Adult Abuse Information Act.

| Signature of Applicant: _ | | _Date: | |
|---------------------------|-----------------------------------|--------|--|
| | AN ORIGINAL SIGNATURE IS REQUIRED | | |

OPTIONAL APPLICANT SURVEY

| Position Title Applying For: Date of Application: |
|---|
| The City of Sumpter is continually evaluating our recruitment efforts. We are therefore requesting your assistance in completing the following survey so we may improve our recruiting efforts. Please specifically indicate how you learned of this position. The Baker County Press Baker City Herald The Record Courier Other advertisement or publication (specify): |
| Other advertisement or publication (specify): |
| |
| Organization, School or Group, If so, please provide agency name: |
| organization, ocnoor or oroup. It so, picase provide agoney name. |
| Referred by current City employee. If so, who? |
| □City's Human Resources Department |
| EQUAL EMPLOYMENT OPPORTUNITY The City of Sumpter is an equal opportunity employer. To assist in our record keeping, reporting, and other legal requirements, please complete the following survey. |
| Race |
| ☐ African-American (not of Hispanic origin) - All persons having origins in any of the African-American racial groups. |
| ☐ Hispanic — All persons of Cuban, Mexican, Puerto Rican, Central or South American or other Spanish culture or origin regardless of race. |
| ☐ White (Not of Hispanic origin) - All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East. |
| ☐ American Indian or Alaskan Native - All persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition. |
| □ Asian or Pacific Islander - All persons having origins in any of the original peoples of the Far East, Southeast Asia, Indian Subcontinent or the Pacific Islands. This area includes for example, China, Japan, Korea, the Philippine Islands, Samoa and India. Gender Male□ Female□ Date of Birth |
| Disability - Are you an individual with a disability? Yes ☐ No ☐ |

Revised 8/24/22