



CITY OF NEWBERG

**APPLICATION FOR
EMPLOYMENT**

An Equal Opportunity Employer

Employees of the City of Newberg and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard for an individual's race, color, religion, national origin, age, sex, marital status, political affiliation, veterans' status, physical or mental disability, sexual orientation, gender identity or any other status protected by federal, state or local laws.

Notice to Applicants: Screening for illegal drug use will be required before hiring and may be required during your employment here. Fingerprinting and criminal background checks will be required.

INSTRUCTIONS

1. Print in ink or type. Applications are also available on our Web site at <http://www.newbergoregon.gov/citymanager/city-newberg-job-application> in a PDF printable only format.
2. Fill out the application completely. Incomplete applications will not be processed.
3. Sign and date the application.
4. Mail or bring the application to the Human Resources Department at City Hall. Our mailing address is P.O. Box 970, Newberg, OR 97132. We are located at 414 E. First Street. We do not accept E-mailed or faxed applications.
5. Submit your application by the posted closing date. Applications submitted after the closing date will not be considered.
6. All applicants will be notified by letter of their status.

Position Applied for	Date
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PERSONAL INFORMATION

Name	Last			First			Middle				
Home Phone	Business Phone			Message Phone							
E-Mail	Home Address (street)										
City	County										
State	Zip										
Are you legally authorized to work in the USA?				<input type="checkbox"/> Yes <input type="checkbox"/> No		Drivers License No. & State					
Have you ever been convicted of a felony?				<input type="checkbox"/> Yes <input type="checkbox"/> No							
If Yes, please explain:											

MEMBERSHIPS, CERTIFICATIONS, SPECIAL SKILLS

Professional Memberships & Affiliations (List Below)	Computer Technical Skills (List Below)
Trade Licenses/Certifications (List Below)	Equipment Operation (List Below)
If applying for the position of police officer, are you a certified officer?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

Previous Employer

Employing Firm		Employment Dates	
Your Job Title		From	
Employer Address:	(Street)	To:	
	(City) (State) (Zip)	Employment Status	
Supervisor Name & Title		Full Time	<input type="checkbox"/>
Supervisor Telephone		Part Time	<input type="checkbox"/>
May we contact	<input type="checkbox"/> Yes <input type="checkbox"/> No	Volunteer	<input type="checkbox"/>
Reason for Leaving		Salary	
What did you like most about your position:			
What did you like least about your position:			
Your Specific Job Duties: <i>(Use additional paper if necessary)</i>			

Previous Employer

Employing Firm		Employment Dates	
Your Job Title		From	
Employer Address:	(Street)	To:	
	(City) (State) (Zip)	Employment Status	
Supervisor Name & Title		Full Time	<input type="checkbox"/>
Supervisor Telephone		Part Time	<input type="checkbox"/>
May we contact	<input type="checkbox"/> Yes <input type="checkbox"/> No	Volunteer	<input type="checkbox"/>
Reason for Leaving		Salary	
What did you like most about your position:			
What did you like least about your position:			
Your Specific Job Duties: <i>(Use additional paper if necessary)</i>			

SUPPLEMENTAL INFORMATION

Why are you interested in this particular position: <i>(Use additional paper if necessary)</i>

EDUCATION

Name & Location of School	Full Time	Part Time	Principal Field of Study	No. of Years Completed	Degree/Certificate

PERSONAL REFERENCES

(List the names of three persons other than former employers and relatives having knowledge of your character, experience, or ability)

Name	Address	Email (if known)	Occupation	Telephone

To the best of my knowledge all of the above information is accurate. I understand that misrepresentation or omission of facts called for is cause for disqualification or dismissal. Moreover, I authorize all schools that I attended and any former employers to give the City of Newberg information relative to my academic and employment record and I release such person and organization from any legal liability in such statements.

Signature **Date**

As a means of accommodation to persons with specific disabilities that prevent them from completing this application, confidential assistance in filing out this application may be obtained by calling Human Resources (503) 537-1261.

CITY OF NEWBERG Recruitment Tracking Statistics

Please complete this form, which is used for statistical purposes only. The form is voluntary and may be submitted along with your application. At the time of submittal, the form will be separated from your application and information on it **will not** be used to make any employment decision and will be kept strictly confidential.

Position applied for:	
Applicant Name:	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male

How did you learn of this job? Please check all that apply:

<input type="checkbox"/> City's Web site <input type="checkbox"/> GovtJobs.Com <input type="checkbox"/> Jobdango <input type="checkbox"/> Oregonian	<input type="checkbox"/> Oregon Live <input type="checkbox"/> Personal Referral <input type="checkbox"/> Professional Web site or Publication-Specify: _____ <input type="checkbox"/> Other-Specify: _____
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RACE CATEGORY

<input type="checkbox"/> White	(Not of Hispanic origin). All persons having origins in any of the original peoples of Europe, North Africa, or Middle East.
<input type="checkbox"/> Black	(Not of Hispanic origin). All persons having origins in any of the black racial groups.
<input type="checkbox"/> Hispanic	All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
<input type="checkbox"/> Asian or Pacific Islander	All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippines Islands, Samoa and India.
<input type="checkbox"/> American Indian or Alaskan Native	All persons having origins in any of the original peoples of North America who maintain cultural identification through tribal affiliation or community recognition.

DISABLED

Do you consider yourself mentally or physically disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:

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