



## APPLICATION FOR EMPLOYMENT

An Equal Opportunity/Affirmative Action Employer, the City of Dallas does not discriminate in employment with regard to race, color, sex, marital status, age, religion, national origin, or mental or physical disability.

City of Dallas  
City Manager's Office  
187 SE Court Street  
Dallas, Oregon 97338  
503-623-2338

**DIRECTIONS:** Answer each question as completely as possible. If a question is not applicable to you, write NA (not applicable). Resumes may be attached to the application form, but please be sure that all requested information is provided. If additional space is needed, attach a supplemental sheet.

Position Applied for: \_\_\_\_\_

How did you hear about this position? \_\_\_\_\_

### FOR AQUATIC CENTER POSITIONS ONLY:

**What days/times are you available to work?**

Monday:  Morning  Afternoon  Evening

Tuesday:  Morning  Afternoon  Evening

Wednesday:  Morning  Afternoon  Evening

Thursday:  Morning  Afternoon  Evening

Friday:  Morning  Afternoon  Evening

Saturday:  Morning  Afternoon  Evening

Sunday:  Morning  Afternoon  Evening

Continue to Application...



## EMPLOYMENT HISTORY

Beginning with your present or most recent job, list all jobs separately, including on-the-job training, volunteer work, and military experience. Please be sure you describe completely in the section below, the duties you performed which demonstrate that you have the knowledge and skills to perform the duties of the job for which you are applying. If in doubt about listing a particular job, it may be to your advantage to list it. Supplemental pages listing additional work experience may be attached if allotted space is not adequate.

EMPLOYER:

ADDRESS:

YOUR TITLE:

SUPERVISOR'S NAME:

DATES EMPLOYED - FROM:

TO:

FULL TIME

PART TIME

HOURS PER WEEK:

STARTING SALARY:

ENDING SALARY:

DUTIES (PLEASE BE SPECIFIC):

REASON FOR LEAVING:

EMPLOYER:

ADDRESS:

YOUR TITLE:

SUPERVISOR'S NAME:

DATES EMPLOYED - FROM:

TO:

FULL TIME

PART TIME

HOURS PER WEEK:

STARTING SALARY:

ENDING SALARY:

DUTIES (PLEASE BE SPECIFIC):

REASON FOR LEAVING:

**EMPLOYMENT HISTORY (Continued)**

EMPLOYER:			
ADDRESS:			
YOUR TITLE:		SUPERVISOR'S NAME:	
DATES EMPLOYED - FROM:	TO:	FULL TIME	PART TIME
HOURS PER WEEK:	STARTING SALARY:	ENDING SALARY:	
DUTIES (PLEASE BE SPECIFIC):			
REASON FOR LEAVING:			

EMPLOYER:			
ADDRESS:			
YOUR TITLE:		SUPERVISOR'S NAME:	
DATES EMPLOYED - FROM:	TO:	FULL TIME	PART TIME
HOURS PER WEEK:	STARTING SALARY:	ENDING SALARY:	
DUTIES (PLEASE BE SPECIFIC):			
REASON FOR LEAVING:			

**EMPLOYMENT HISTORY (Continued)**

EMPLOYER:			
ADDRESS:			
YOUR TITLE:		SUPERVISOR'S NAME:	
DATES EMPLOYED - FROM:	TO:	FULL TIME	PART TIME
HOURS PER WEEK:	STARTING SALARY:	ENDING SALARY:	
DUTIES (PLEASE BE SPECIFIC):			
REASON FOR LEAVING:			

EMPLOYER:			
ADDRESS:			
YOUR TITLE:		SUPERVISOR'S NAME:	
DATES EMPLOYED - FROM:	TO:	FULL TIME	PART TIME
HOURS PER WEEK:	STARTING SALARY:	ENDING SALARY:	
DUTIES (PLEASE BE SPECIFIC):			
REASON FOR LEAVING:			

**REFERENCES**

List the names of three people other than former supervisors or relatives having knowledge of your character, experience, or ability:

NAME	BUSINESS	ADDRESS	TELEPHONE NUMBER
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CUSTOMER SERVICE IS VERY IMPORTANT TO THE CITY OF DALLAS. DESCRIBE ANY EXPERIENCE YOU HAVE PROVIDING EXCEPTIONAL CUSTOMER SERVICE.

LIST ANY SKILLS YOU HAVE WHICH ARE PERTINENT TO THE JOB FOR WHICH YOU ARE APPLYING. USE THE SPACE BELOW TO PROVIDE ADDITIONAL DETAILS OR CLARIFICATION OF ANY PORTION OF THE APPLICATION FORM:

I hereby certify that this application contains no misrepresentations or falsifications and that the information given is true and complete to the best of my knowledge and belief. I authorize the City of Dallas to take any necessary and appropriate investigations to verify the information I provide in my employment application and to investigate my personal and professional background, including any criminal records and past employment records. I also release the City of Dallas and any persons, companies, or corporations supplying the above information from all liability pertaining to information concerning my background.

SIGNATURE:

DATE:

\_\_\_\_\_

PLEASE NOTE: ONLY COMPLETE, SIGNED APPLICATIONS WILL BE CONSIDERED