City of Elgin

PO Box 128 – 790 S 8th Ave - Elgin OR 97827
Voice: (541)437-2253 Fax: (541)437-0131

Application for Employment
(Pre-Employment Questionnaire)
(AN Equal Opportunity Employer)

Position Applied For:	**Date:**

Name	
Social Security Number	
Current Address	
Phone Number	
Are You 18 Years Or Older?	
Are You Prevented From Lawfully Becoming Employed In This Country Because Of Visa Or Immigration Status?	
Are You Employed Now?	
If So, May We Inquire Of Your Present Employer?	
Ever Applied To This Company?	
Date You Can Start?	
Salary Desired?	
Referred By?	

Education	**Location**	**Years Attended**	**Graduate?**	**Subjects**
College				
Trade School				
High School				
Elementary				

This form has been revised to comply with the provisions of the Americans with Disabilities Act and the final regulations and interpretive guidance promulgated by the EEOC on July 26, 1991.

City of Elgin
PO Box 128 – 790 S 8th Ave - Elgin OR 97827
Voice: (541)437-2253 Fax: (541)437-0131

US Military Status	Branch of Service

Subjects of Special Study or Research Work	
Special Skills	
Current Licenses/Certifications	
Activities: (Civic Athletic Etc.)	

Exclude organization which indicate the race, creed, sex, age, marital status, color, or nation of origin of members.

Former Employers (List Below Last Three Employers, Starting With Last One First)

Date Month And Year	Name, Address & Phone of Employer	Salary	Position	Reason for Leaving
From:				
To:				
From:				
To:				
From:				
To:				

What Did You Like Most About Your Current/Most Recent Job?

This form has been revised to comply with the provisions of the Americans with Disabilities Act and the final regulations and interpretive guidance promulgated by the EEOC on July 26, 1991.

City of Elgin
PO Box 128 – 790 S 8th Ave - Elgin OR 97827
Voice: (541)437-2253 Fax: (541)437-0131

References:

Provide The Names Of Three Person Not Related To You, Whom Have Known You At Least One Year

Name	Address & Phone	Business	Years Acquainted

Signature of Applicant: _____

Date: _____

In Case Of Emergency Notify

Name:

Address:

Phone Number:

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, missions, or misrepresentations are discovered, my application may be rejected and, if I am employed my employment may be terminated at any time.

In consideration of my employment, I agree to conform to the city's rules and regulations and I agree that my employment and compensation can be terminated, with or without cause and without notice at any time at either my or the City's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause and with or without notice, at any time by the city. I understand that no City representative, other than the elected City Administrator, or the Mayor with Council approval when there is no elected City Administrator in office, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the forgoing.

Signature of Applicant: _____

Date: _____

This form has been revised to comply with the provisions of the Americans with Disabilities Act and the final regulations and interpretive guidance promulgated by the EEOC on July 26, 1991.

City of Elgin
PO Box 128 – 790 S 8th Ave - Elgin OR 97827
Voice: (541)437-2253 Fax: (541)437-0131

INTERNAL
(APPLICANTS DO NOT FILL OUT THIS PORTION)

Interviewed By: _____

Date: _____

Remarks: _____

_____

_____

Neatness: _____

_____

_____

Ability: _____

_____

_____

Hired:	Date:	Position:	Department:
Salary/Wage:		Start Date:	
Approved:			
	Supervisor	City Administrator	Mayor

This form has been revised to comply with the provisions of the Americans with Disabilities Act and the final regulations and interpretive guidance promulgated by the EEOC on July 26, 1991.