



City Of Heppner

Gateway to the Blues

111 N. Main Street – P.O. Box 756

Heppner, Oregon 97836-0756

541-676-9618 – manager@cityofheppner.org

Application for Employment

The City of Heppner is an equal opportunity employer. We do not use personal information in our hiring process and are dedicated to hiring the person who is best suited for our jobs without any knowledge or consideration to any individual's membership in any protected class. Any personal information found on this application or any supporting documentation will be removed as soon as it is discovered. All applications received by the City will be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

Date: _____

Position applied for: _____

Date you can start: _____

Name: _____
Last First Middle

Other names used: _____

Street Address: _____

Mailing Address: _____

Phone: _____

Are you legally able to work in the United States: _____
(Proof will be required upon hire)

Have you ever applied with the City of Heppner before: Yes _____ No _____

Have you ever worked for the City of Heppner before: Yes _____ No _____

If you answered yes, when and in what position: _____

THE CITY OF HEPPNER

111 North Main Street – PO Box 756, Heppner, OR 97836

Phone: (541) 676-9618 – FAX: (541) 676-9650 – E-Mail: heppner@cityofheppner.org – Website: <https://cityofheppner.org>

Previous Work Experience

List below your last three employers – Start with the most recent.

(1) Employer Name: _____

Address: _____

Date Hired: _____ To: _____

Supervisors Name: _____ Phone: _____

Position: _____ Salary/Wage: _____

Previous positions held with this employer: _____

Duties: _____

Reason for leaving: _____

May we contact this employer: Yes ____ No ____

(2) Employer Name: _____

Address: _____

Date Hired: _____ To: _____

Supervisors Name: _____ Phone: _____

Position: _____ Salary/Wage: _____

Previous positions held with this employer: _____

Duties: _____

Reason for leaving: _____

May we contact this employer: Yes ____ No ____

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(3) Employer Name: _____

Address: _____

Date Hired: _____ To: _____

Supervisors Name: _____ Phone: _____

Position: _____ Salary/Wage: _____

Previous positions held with this employer: _____

Duties: _____

Reason for leaving: _____

May we contact this employer?: Yes ____ No ____

Other job-related skills, education, and/or training that is directly related to the position you are applying for: (if you need additional space, please continue on a separate sheet of paper.)

References: Give name, address phone number of three references who are not related to you and are not previous employers.

1. _____

2. _____

3. _____

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If you are applying for any position that requires driving, please fill out this section:

Do you possess or have the ability to obtain a valid Oregon Driver's License: Yes ____ No ____

Current License#: _____

How many reportable accidents have you had in the past 5 years: _____

Certification and Agreement

I certify all information given on this application and any supporting information is true and complete and I authorize a complete investigation.

I do hereby authorize the City of Heppner to conduct a thorough background check including DMV records and Police criminal background check, I understand that the information will be held confidential, but may affect by employment eligibility.

I agree that, if hired, I may be discharged if the City of Heppner at any time, learns of an falsification or material omission in any information I have provided and if discovered prior to hire, I would be ineligible for consideration for not only this position but future positions as well.

I authorize the City of Heppner to contact all former and current employer references listed and all educational institutions. All references are authorized to release to the City of Heppner all information requested which they might have about me.

I hereby release all references and the City of Heppner from any liability which might be claimed because of information provided by such references.

I agree that, if hired I will submit to drug screening and pass a pre-employment physical exam.

Applicant Signature

Date

Social Security #

Note: No consideration of employment will be given to any applicant that does not sign the above statement.

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