

City of Brownsville

EMPLOYMENT APPLICATION ***** EQUAL OPPORTUNITY EMPLOYER

P.O. Box 188, 255 N. Main St., OR 97327 Telephone (541) 466-5666 Fax (541) 466-5118 www.ci.brownsville.or.us

Position Applied For:

- 1. PLEASE PRINT OR TYPE
- 2. Answer all questions completely.
- 3. Resumes will not be accepted in lieu of applications. Applications will be kept on file for six (6) months from date signed.
- 4. At the time of employment with the City, you must submit proof of U.S. citizenship or authorization to work in the United States.
- 5. At the time of employment with the City, you must submit to a full background check. You may be asked additional related questions.
- 6. False statements or omission of material facts will result in rejection of your application or removal from employment after hire.

		PERS		MATION	J			
Last Name	First Name	Middle	E-Mail Address				Date of App	plication
Address		Apt. #	P.O. E	Box			Home Pho	ne
City	State		Zip				Work Phon	ne
Are you legally eligil ☐ Yes ☐ No	ble for employment in the USA?	Other name	es known by:		Do you l	have a high ☐ No	school diplon	na or GED certificate?
			ATION AND T					
Colleges, Vocationa	al or Technical Schools, Training C		lative to the position you Major Subject		Units	Туре с	f Degree rtificate	Date
LICE	ENSES AND CERTIFIC	ATES RE		R, OR R	ELATE		THIS PO	
	Description		Issued by			ID #		Expiration Date
	Please list experience with machines, of	fice equipment,	languages, or other spec	cial skills pertir	nent to the p	osition for whic	ch you are apply	<i>r</i> ing.
		ADDIT	IONAL INFOR	MATIO	Ν			
Have you ever beer	n employed by the City of Brownsvi	ille? 🗌 Yes	🗌 No					
If job required, do yo	ou possess a valid driver's license	? 🗌 Yes	No State:	<u> </u>	Class:			
If a driver's license is required for this job, have you received any tickets in the last three years for moving violations? Yes No Date: Violation: Date: Violation:								
Do you have relatives employed by the City of Brownsville? 🗌 Yes 🛛 No If yes, please list their full name:								



			INCE	
Beginning with your Present or most recent employer, describe all Work Experience including Military, Volunteer and Intern Experience. (Attach additional sheets if necessary)				
Name of Present or M	ost Recent Employer		Address	
Starting Date Month/Year	Leaving Date		Reason for Leaving	
Month/Year	Month/Year			
Job Title (Present or N	lost Recent)	Name of Supervisor/Title	e I	Phone #
Job Duties:				
May we contact this e	mployer? 🗌 Yes 🔲 N			
Name of Employer		0	Address	
Starting Date	Leaving Date		Reason for Leaving	
Month/Year	Month/Year		······································	
Job Title (Present or N	Nost Recent)	Name of Supervisor/Title	e	Phone #
Job Duties:				
Name of Employer	mployer? 🗌 Yes 🔲 N	0	Address	
Starting Date Month/Year	Leaving Date Month/Year		Reason for Leaving	
Job Title (Present or N	lost Recent)	Name of Supervisor/Title	e	Phone #
Job Duties:				
-	mployer? 🗌 Yes 🔲 N	0		
Name of Employer			Address	
Starting Date Month/Year	Leaving Date Month/Year		Reason for Leaving	
	Month, Four			
Job Title (Present or N	Nost Recent)	Name of Supervisor/Title	9	Phone #
Job Duties:				
May we contact this en	mployer? 🗌 Yes 🗌 N	0		



WORK EXPERIENCE					
(Attach additional sheets if necessary)					
Name of Employer				Address	
Starting Date	Leaving Date			Reason for Leaving	
Month/Year	Month/Year				
Job Title (Present or Most Recent)		Name of Supervisor/Title		Phone #	
Job Duties:					
May we contact this employer? Yes No					

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY THOSE APPLICATIONS THAT ARE SIGNED AND DATED ARE CONSIDERED VALID. IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK THEM BEFORE SIGNING.

I certify that all answers and statements I have made on this application (and resume or other supplementary materials) are true and complete without omissions. I understand that any false information will be grounds for refusal to hire or could result in immediate discharge if I am employed. I authorize and release from liability any of the persons or organizations named in this application to give you complete information and records regarding my employment, education, character and qualifications.

🗌 Yes	🗌 No
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I will be responsible for familiarizing myself with all rules and regulations of the Employer as they presently exist or are later modified. I 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.

🗌 Yes	🗌 No
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I understand that newly hired and newly promoted employees serve a probationary period of fixed duration (typically six months) as the final step in the selection process as Regular Employees to show their ability to perform the work. Probationary employees are at will.

🗌 Yes		No
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I HAVE READ, UNDERSTAND AND AGREE WITH THE ABOVE.

SIGNATURE: _____

DATE:	



City of Brownsville AFFIRMATIVE ACTION INFORMATION

This information is voluntary and will be kept separate and confidential.

The following information is necessary for the City of Brownsville to evaluate its hiring practices and to prepare reports required by law for the State and Federal governments.

Position Applied For:

Sex: Female Male

Date of Application:

Date of Birth / / Month Day Year

	RACIAL CATEGORY
WHITE / CAUCASIAN (not of Hispanic origin)	All persons having origins in any of the original peoples of Europe, North Africa, or Middle East.
AFRICAN AMERICAN (not of Hispanic origin)	All persons having origins in any of the African American racial groups.
	All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture of origin, regardless of race.
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 Philippine Islands, Samoa, and India.
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.

EQUAL EMPLOYMENT OPPORTUNITY: We are an Equal Opportunity/Affirmative Action Employer. We are dedicated to a policy of nondiscrimination in employment on the basis of race, color, religion, sex, national origin, age, or mental and/or physical disability.

APPLICATION PROCESS: Submit a completed City of Brownsville employment application to City Hall, City of Brownsville, PO Box 188, 255 N. Main St., Brownsville, OR 97327, by the closing date.

DRUG SCREENING: If you apply for a safety sensitive position, a conditional job offer will be contingent upon successful completion of a drug screening, and subject to random testing after hire.

PROBATIONARY PERIOD: Newly hired and newly promoted employees serve a probationary period of fixed duration as the final step in the selection process to show their ability to perform the work.

SALARIES AND BENEFITS: The City of Brownsville offers competitive salaries and a comprehensive benefits program provided to regular full-time employees; paid vacation, holidays, and sick leave; medical and dental coverage to employees and dependents; life insurance, retirement plan and the opportunity to participate in deferred compensation programs.

IMMIGRATION LAW: In accordance with the Immigration Reform and Control Act of 1986 (IRCA), all newly hired employees will be required to complete and sign an Employment Eligibility Verification Form and present documentation verifying identity and employment eligibility.



VOLUNTARY COMPLETION BY APPLICANT. NOT FOR INTERVIEW PURPOSES.

	RECRUITMENT SOURCE	
How did you become aware of this employment opportunity?		
Newspaper Which newspaper?		
City Employment Announcement	Other Web Site Which Web Site?	
City Employee	State Employment Office	
City Web Site	Other Explain:	

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