

CITY OF HOOD RIVER

An Equal Opportunity Employer

APPLICATION FOR EMPLOYMENT

POSITION: SHIFT INTERN

INSTRUCTIONS: Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application blank. **PLEASE PRINT**, except for signature on back of application. All information you give on this application will be held in strict confidence. **NOTE: Application will be rejected if not signed.**

PERSONAL DATA

Last Name

First Name

Middle Name

Present Street Address

City

State

Zip Code

Telephone Number

E-Mail

Social Security Number _____

When are you available for employment?

What is your desired salary range? \$ _____

Are you between 18 and 70 years old? Yes _____ No _____

How did you hear about this position? _____

GENERAL INFORMATION

Do you have a valid driver's license? Yes _____ No _____

Driver's License Number _____ State _____

Are you legally eligible for employment in this country? Yes _____ No _____

Type of employment desired ___ Full-Time ___ Part-Time ___ Temporary

Have you ever been convicted of any law violation (except a minor traffic violation)?

Yes _____ No _____ If yes, give particulars _____

Are you now or do you expect to be engaged in any other business or employment?

Yes _____ No _____ If yes, explain _____

EDUCATION

Name, address and location of school	Highest grade completed	Did you graduate?
High School: _____ _____		
College or University: _____ _____ Major: _____ Degree: _____		
College or University: _____ _____ Major: _____ Degree: _____		
Additional Educational/Vocational/Technical Training	Courses	Completed
School _____		
School _____		
School _____		

WORK HISTORY

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. If you worked in any position under another name, please give name(s).

Please give month and year. Attach additional details as needed – indicate volunteer/career.

Name of Employer, Address, City, State, Zip Code	Name of last supervisor	Employed From To
Title:	Telephone:	Pay Start Final
Reason for leaving:		
Duties:		
Name of Employer, Address, City, State, Zip Code	Name of last supervisor	Employed From To
Title:	Telephone:	Pay Start Final
Reason for leaving:		
Duties:		
Name of Employer, Address, City, State, Zip Code	Name of last supervisor	Employed From To
Title:	Telephone:	Pay Start Final
Reason for leaving:		
Duties:		

Name of Employer, Address, City, State, Zip Code	Name of last supervisor	Employed From To
Title:	Telephone:	Pay Start Final
Reason for leaving:		
Duties:		

REFERENCES			
Give three references, not relatives or former employers.			
Name	Address	Phone	Occupation

I certify the information in this application and attachments are true and complete to the best of my knowledge. I am aware that any falsification, misrepresentation or omission may result in my disqualification for employment or discharge from employment. I authorize my present and previous employers to release information regarding my job performance. I also authorize the hiring agency to obtain information of any past criminal activities through a police background investigation. I hereby waive my rights to claims or damages against any employer, police agency and the hiring agency, its officers, agents and employees, in regard to this exchange of information concerning my past history and employment.

Signature _____ Date _____