City of Adams P. O Box 20 190 N. Main St. Adams, Oregon 97810

The City of Adams is an Equal Opportunity Employer

Employment Application

Full Name:			
Mailing Address:			
City:	Sate:		Zip:
Phone:		Email Address:	
Position Applied For:			
		No Branch of Service:	
		Education	
High Schol:			
Did you graduate?			
Business/ Trade School?			
Did you graduate?		Degree:	
Did you Graduate?		Degree:	
	Previ	ious Employment	
Most Recent			
Employer:		Address:	
Supervisor:		Type of Business:	
Dates of Employment:			
Reason for Leaving:			
Previous Employer			
Employer:		Address:	
Supervisor:			
Dates of Employment:			

Reaso	n for Leaving:	
Previo	ous Employer	
Emplo	oyer:	Address:
Super	visor:	Type of Business:
Dates	of Employment:	
Reaso	n for Leaving:	
	e furnish the names and addresses of t	References wo people to whom you are not related and by whom
-	ave not been employed.	
1)	Name:	
	Address:	
2)	Name:	
Summ	narize your specific skills or qualificat	

I certify that my answers are true and complete to the best of my knowledge.

I authorize the City of Adams to make such investigations and inquiries of my personal, employment, or educational history and other related matter as may be necessary for an employment decision. I hereby release employers, schools, or persons from all liability in responding to inquiries in connection with my application.

In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant:	Date:
The City of Adams is an at-will employer. Both ememployment relationship at any time, for any reaso	
For Departmen	at Use Only
Notes:	