City of Dayton
Application for Employment

The City of Dayton provides equal employment opportunity to all qualified employees and applicants, without regard to race, color, religion, gender, sexual orientation, national origin, age, disability, genetic information, veteran status, or any other status protected by applicable federal, Oregon, or local law. Our Equal Employment Opportunity policy applies to all aspects of the employment relationship including, but not limited to, recruitment, hiring, compensation, promotion, demotion, transfer, disciplinary action, layoff, recall, and termination of employment. To claim veterans' preference in hiring, complete the Veterans Preference Form and submit it with the required documentation at the time you submit this application.

THIS APPLICATION WILL BE CONSIDERED FOR THIS SPECIFIC JOB. IT WILL NOT BE RETAINED FOR FUTURE POSITIONS. IF YOU DESIRE TO BE CONSIDERED FOR A POSITION AT A FUTURE TIME, YOU MUST FILE A NEW APPLICATION. IF HIRED, THIS APPLICATION WILL BECOME PART OF YOUR PERMANENT PERSONNEL FILE. PLEASE PRINT OR TYPE. YOUR APPLICATION MAY NOT BE CONSIDERED IF INCOMPLETE OR SUBMITTED PAST AN ESTABLISHED DEADLINE.

Position

Position Applying For	Available Start Date	Desired Pay

Personal Information

Name				
Address	City		State	Zip
Phone Number	Mobile Number	Email Address		

Are you able, at the time of employment, to submit verification of your legal right to work in the United States? **Yes ☐   No ☐** (Proof of identity will be required upon employment)

Education — **List any colleges, military, trade, business or other schools attended.**

Do you have a high school diploma or GED Certificate? **Yes ☐   No ☐**

School Name	Location	Diploma/Degree	Major/Minor	Did you Graduate?

Certificates & Licenses — **List any professional license, registration, or certificate required or preferred for the position.**

Type	Issuing Agency	Date Issued	Date Expires

References

Name	Title	Company	Phone

Employment History

This information in this section will be used to determine if you meet the minimum qualifications as outlined in the job announcement. List ONLY the job(s) (paid, military or volunteer) where you obtained the experience that qualifies you for the job. Clearly describe all of your duties, starting with your most recent job. Resumes will be accepted only if required on the job announcement and will not be accepted in place of a completed application. If you need additional space, attach a separate sheet.

Employer (1)	Job Title	Dates Employed

Address	City	State	Zip

Supervisor Name	Phone Number	May we contact? Yes ☐ No ☐

Reason for leaving

Duties

Employer (2)	Job Title	Dates Employed

Address	City	State	Zip

Supervisor Name	Phone Number	May we contact? Yes ☐ No ☐

Reason for leaving

Duties

Employer (3)		Job Title		Dates Employed	
Address		City	State		Zip
Supervisor Name		Phone Number	May we contact? **Yes ☐ No ☐**		
Reason for leaving					
Duties					

Employer (4)		Job Title		Dates Employed	
Address		City	State		Zip
Supervisor Name		Phone Number	May we contact? **Yes ☐ No ☐**		
Reason for leaving					
Duties					

Certification & Signature

I hereby certify that all statements made in this application are true, and I agree and understand that any statement that is false, fraudulent, or misleading in this application or attached material, during the interview or screening process, or discovered in the course of any employment-related process (post hire) may result in the revoking of a job offer or termination of employment.

- I certify that all statements contained herein are true and complete.
- I understand that I must provide proof I am authorized to work in the United States, in accordance with federal law, if I am hired.
- I authorize the employing agency to verify the employment and education information provided in this employment application.
- I authorize my driving record to be checked if the position for which I am applying requires driving.
- I understand and agree to be subjected to a pre-employment drug screening and criminal history background check, if applicable.

Signature: _____   Date: _____