

# CITY OF ROSEBURG EMPLOYMENT APPLICATION

**DIRECTIONS:** **DO NOT SUBMIT OR ATTACH A RESUME.** Please print or use a typewriter. Answer all questions. If the question does not apply to you or the position you are applying for, mark it "N/A".

1. Position Applying For: Police Officer (Entry Level / Lateral) Date: \_\_\_\_\_  
*Circle One*

2. Name: \_\_\_\_\_  
Last First Middle

Is any additional information relative to change of name, assumed name or nickname necessary to enable a check on your work or education history?

Yes \_\_\_\_\_ No \_\_\_\_\_ Explain \_\_\_\_\_

3. Physical Address: \_\_\_\_\_  
Street City State Zip Code

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

4. Are you eligible to work in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

5. Employees of the City of Roseburg must be at least 18\* years of age. Are you able to meet this requirement? Yes \_\_\_\_\_ No \_\_\_\_\_ \* Police Officer positions require a minimum age of 21 years. Can you meet this requirement? Yes \_\_\_\_\_ No \_\_\_\_\_

6. List any relatives currently employed by the City of Roseburg: \_\_\_\_\_  
\_\_\_\_\_

7. If the position for which you are applying requires a valid Oregon Driver's License, can you meet this requirement? Yes \_\_\_ No \_\_\_ Oregon License No. \_\_\_\_\_

8. EDUCATION RECORD: If now in school, include present term.  
1 2 3 4 5 6 7 8 9 10 11 12 (circle highest grade completed.)

NAME OF SCHOOL \_\_\_\_\_

CITY AND STATE \_\_\_\_\_

List other schooling including college, technical school, correspondence courses and other relevant experience. \_\_\_\_\_  
\_\_\_\_\_

SCHOOL

MAJOR SUBJECT

UNITS COMPLETED

DEGREE


9. **EMPLOYMENT HISTORY:** Beginning with your present or most recent job, describe your work history and experiences related to the position for which you are applying. INCLUDE ALL MILITARY, NON-PAID OR VOLUNTEER WORK RELATED TO THE POSITION. If additional space is needed to complete the question, attach a separate sheet of paper; ***not a resume.***

Present or Last Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Your Job Title: \_\_\_\_\_ Hours Per Week: \_\_\_\_\_  
Employment Dates: From \_\_\_\_\_ to \_\_\_\_\_  
Specific Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
May We Contact Your Employer? Yes \_\_\_ No \_\_\_ If no, why? \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Your Job Title: \_\_\_\_\_ Hours Per Week: \_\_\_\_\_  
Employment Dates: From \_\_\_\_\_ to \_\_\_\_\_  
Specific Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Your Job Title: \_\_\_\_\_ Hours Per Week: \_\_\_\_\_  
Employment Dates: From \_\_\_\_\_ to \_\_\_\_\_  
Specific Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Your Job Title: \_\_\_\_\_ Hours Per Week: \_\_\_\_\_  
Employment Dates: From \_\_\_\_\_ to \_\_\_\_\_  
Specific Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

10. Please explain any interruptions in your employment record as described in Question 9.
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
11. List any special training, licenses, certificates, machine skills, office equipment or other skills you may have that are pertinent to the position for which you are applying. \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
12. Have you ever been convicted of a crime? Yes \_\_\_\_ No \_\_\_\_\_. If so, please explain fully (exclude cases contained within an expunged juvenile record and minor traffic violations). Conviction does not necessarily disqualify you from further consideration for employment.
- \_\_\_\_\_
- \_\_\_\_\_

*All of the information included in this application or supplied by me during the application process is true and complete. I understand that any false or misleading statement or omission of fact in this application or during the application process will disqualify me from further consideration for employment or will result in termination of my employment.*

*If I am hired, I agree to conform to all rules and regulations of the City. I understand that any offer of employment will not be enforceable unless it is in writing. If hired, I am able to present documents proving my identity and eligibility to work as required by federal law.*

*I understand that, as part of the City's employment procedures, I may be required to undergo testing carried out by a laboratory designated by the City. I consent to undergo any required drug testing. Finally, I understand that any offer of employment I might receive from the company may be made contingent upon, among other things, satisfactory completion of a post-offer medical examination and a determination by the City that I am capable of performing the essential functions of the position that has been offered, with or without reasonable accommodation.*

*I authorize investigation of all statements contained in this application and any other information about me relevant to my qualifications for employment. I hereby release and agree to indemnify and defend the City of Roseburg, its employees, officers, agents and representatives, from all liability, claims or damage resulting from this investigation.*

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

**APPLICANT:** The following information is requested purely for statistical purposes. Responding to these questions is voluntary. Whether or not you choose to respond to the questions will not affect the status of your application.

Gender:                    \_\_\_\_ Male                    \_\_\_\_ Female

Race/Ethnic Group:    \_\_\_\_ White                    \_\_\_\_ Black                    \_\_\_\_ Hispanic

                                  \_\_\_\_ American Indian/Alaskan Native                    \_\_\_\_ Asian/Pacific Islander

Check if any of the following are applicable:

\_\_\_\_ Veteran                    \_\_\_\_ Disabled Veteran                    \_\_\_\_ Handicapped Individual

\_\_\_\_ Eligible for Veteran's Preference

**SPACE BELOW FOR OFFICE USE ONLY**

Applicant Screening

- Certificate
- Incomplete Application
- Physical
- Work History

- Education
- Interview
- Reference
- Other

- Experience
- Licenses
- Test Scores