CITY OF BAY CITY
PO BOX 3309
BAY CITY, OR 97107
PH: (503) 377-2288
FAX: (503) 377-4044

CITY OF BAY CITY - EMPLOYMENT APPLICATION

POSITION TITLE: Code Enforcement Officer	
RECRUITMENT OPEN DATE: **02/11/2016**	RECRUITMENT CLOSED DATE: **Open until position is filled.**

DATE/TIME APPLICATION RECEIVED:_____**BY:**_____

The City of Bay City provides employment opportunity to all qualified employees and applicants, without unlawful regard to race, color, religion, gender, sexual orientation, national origin, age, disability, genetic information, veteran's status, or any other status protected by applicable federal, Oregon, or local law. Our EEO 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.

Your application may be considered incomplete, if you do not answer all of the questions, submit any required supplemental documentation, and sign your application.

How did you learn about this job opening? _____

PERSONAL INFORMATION		
FIRST NAME	MIDDLE INITIAL	LAST NAME
ADDRESS		
CITY	STATE	ZIP
HOME PHONE	ALTERNATE PHONE	
EMAIL ADDRESS	*Where information regarding this application may be sent.*	

EDUCATION			
WHAT IS YOUR HIGHEST LEVEL OF EDUCATION:			
☐ High School Diploma/GED	☐ Some College	☐ Associate's Degree	
☐ Technical College	☐ Master's Degree	☐ Bachelor's Degree	☐ Doctorate

COLLEGE/UNIVERSITY EDUCATION		
SCHOOL NAME		DEGREE RECEIVED
SCHOOL LOCATION (CITY/STATE)	DID YOU GRADUATE? YES ☐ NO ☐	☐ SEMESTER ☐ QUARTER IF NO, # OF UNITS COMPLETED:
MAJOR		
SCHOOL NAME		DEGREE RECEIVED
SCHOOL LOCATION (CITY/STATE)	DID YOU GRADUATE? YES ☐ NO ☐	☐ SEMESTER ☐ QUARTER IF NO, # OF UNITS COMPLETED:
MAJOR		

PROFESSIONAL CERTIFICATES & LICENSES		
TYPE	DATE ISSUED (MONTH/YEAR)	EXPIRATION DATE (MONTH/YEAR)
LICENSE NUMBER	ISSUING AGENCY	
TYPE	DATE ISSUED (MONTH/YEAR)	EXPIRATION DATE (MONTH/YEAR)
LICENSE NUMBER	ISSUING AGENCY	

Please list your current or most recent job first; then go backwards, for up to 10 years of employment. Use as many blocks as needed for your work history. If more blocks are needed, please provide an attachment. If you have volunteer work, or other unpaid work that is directly relevant to the position you are applying for, you are welcome to include that information. Please do not substitute "See Resume."

WORK HISTORY – #1			
DATES From To	EMPLOYER	POSITION TITLE	
ADDRESS	CITY		STATE
COMPANY WEBSITE	PHONE NUMBER	SUPERVISOR (NAME & TITLE)	
HOURS WORKED PER WEEK	MONTHLY SALARY OR HOURLY RATE	MAY WE CONTACT THIS EMPLOYER? YES ☐ NO ☐	
DUTIES			
REASON FOR LEAVING			

WORK HISTORY – #2			
DATES From To	EMPLOYER	POSITION TITLE	
ADDRESS	CITY		STATE
COMPANY WEBSITE	PHONE NUMBER	SUPERVISOR (NAME & TITLE)	
HOURS WORKED PER WEEK	MONTHLY SALARY OR HOURLY RATE	MAY WE CONTACT THIS EMPLOYER? YES ☐ NO ☐	
DUTIES			
REASON FOR LEAVING			

WORK HISTORY – #3			
DATES From To	EMPLOYER	POSITION TITLE	
ADDRESS	CITY		STATE
COMPANY WEBSITE	PHONE NUMBER	SUPERVISOR (NAME & TITLE)	
HOURS WORKED PER WEEK	MONTHLY SALARY OR HOURLY RATE	MAY WE CONTACT THIS EMPLOYER? YES ☐ NO ☐	
DUTIES			
REASON FOR LEAVING			

WORK HISTORY – #4			
DATES From To	EMPLOYER	POSITION TITLE	
ADDRESS	CITY		STATE
COMPANY WEBSITE	PHONE NUMBER	SUPERVISOR (NAME & TITLE)	
HOURS WORKED PER WEEK	MONTHLY SALARY OR HOURLY RATE	MAY WE CONTACT THIS EMPLOYER? YES ☐ NO ☐	
DUTIES			
REASON FOR LEAVING			

WORK HISTORY – #5			
DATES From To	EMPLOYER	POSITION TITLE	
ADDRESS	CITY		STATE
COMPANY WEBSITE	PHONE NUMBER	SUPERVISOR (NAME & TITLE)	
HOURS WORKED PER WEEK	MONTHLY SALARY OR HOURLY RATE	MAY WE CONTACT THIS EMPLOYER? YES ☐ NO ☐	
DUTIES			
REASON FOR LEAVING			

WORK HISTORY – #6		
DATES From To	EMPLOYER	POSITION TITLE
ADDRESS	CITY	STATE
COMPANY WEBSITE	PHONE NUMBER	SUPERVISOR (NAME & TITLE)
HOURS WORKED PER WEEK	MONTHLY SALARY OR HOURLY RATE	MAY WE CONTACT THIS EMPLOYER? YES ☐ NO ☐
DUTIES		
REASON FOR LEAVING		

OFFICE SKILLS:		
COMPUTER SKILLS – Windows Programs		
* MICROSOFT WORD EXPERIENCE	☐ NO EXPERIENCE ☐ BEGINNER (Typing letters/memos) ☐ INTERMEDIATE (Mail merge, tables, forms) ☐ ADVANCED (Styles, graphics, publications)	BRIEFLY EXPLAIN HOW YOU GAINED YOUR EXPERIENCE:
* OTHER:	☐ NO EXPERIENCE ☐ BEGINNER ☐ INTERMEDIATE ☐ ADVANCED	BRIEFLY DESCRIBE OTHER COMPUTER SKILLS:

LANGUAGES OTHER THAN ENGLISH THAT YOU ARE PROFICIENT IN:	
LANGUAGE ☐ SPEAK ☐ READ ☐ WRITE	LANGUAGE ☐ SPEAK ☐ READ ☐ WRITE

SUPPLEMENTAL QUESTIONS
1. **Date you are available to start:**
2. **Are you willing and able to travel occasionally?** ☐ YES ☐ NO

3. **Do any of your friends or relatives work for the City of Bay City?** ☐ YES ☐ NO

If yes, please list:

_____

4. **What do you feel are your strengths you can bring to this position?**

5. **What do you feel are your weaknesses that may require extensive training?**

6. **Ability to perform the essential job functions.**

A job description detailing the essential functions and duties of the job for which you are applying is attached.

Are you able to perform the essential job functions or duties listed with or without accommodation?

☐ YES ☐ NO

If accommodations are needed please explain.

* ATTACHMENTS TO THE JOB APPLICATION FORM

- ☐ Cover Letter (not required)
- ☐ Resume (not required)
- ☐ Authorization to Release Information

List other attachments you are providing (please limit your attachments to documents relevant to the job you are applying for):

UNDERSTANDING AND ASSURANCES

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED.

1. I understand that any misrepresentation or omission, as well as any misleading statements or omissions of application information, attachments, or supporting documents may result in denial of employment or if already hired, then termination. And, I understand that I may be required to verify any and all information submitted.
2. I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the U.S.
3. I understand that as allowed by law and/or policy, the City of Bay City may check my criminal background information, DMV information, references, education, certification, licenses, and/or any other source of information that might provide information about my suitability and qualifications for employment with the City of Bay City. I understand that as the recruitment progresses I may be required to provide additional information in order that a thorough background check can be completed.
4. As allowed by law and/or policy, I agree to undergo any drug and/or alcohol testing that the City of Bay City may require.
5. I certify that I have fully, accurately, and completely answered all questions, and have given all information requested in the application materials. I certify that I have not withheld any information relative to my application for employment. I understand that any wrong or incomplete information in my application materials may disqualify me for further consideration of employment, or, if discovered after I am hired, may be grounds for my dismissal.
6. I understand that all application-related information is subject to verification by the City of Bay City, and hereby give my consent to the City of Bay City to investigate my background and qualifications using any means, sources, and outside investigators at its disposal.
7. I understand that submission of this application does not necessarily mean that I will be hired. I understand and agree that, if hired, my employment relationship with the City of Bay City will be "at-will". That means that either I or the City of Bay City may terminate this relationship at any time, for any reason, with or without cause or notice.
8. I authorize any of the persons or organizations referenced in this application, otherwise provided by me, otherwise provided by any person as developed through my employers and/or references, or otherwise provided by any other source, to give you any and all information concerning my previous employment, education, character, or any other information they might have, personal or otherwise, with regards to any of the subjects covered in my application materials. I release all such parties from all liability from any damages which may result from furnishing such information.

I understand that this completed application, and any other materials submitted, are the property of the City of Bay City and will not be returned. I understand that I must notify the City of Bay City of any changes to my contact information.

I have read and understand the above information.

X_____ _____

Applicant's Signature Date

AUTHORIZATION TO RELEASE INFORMATION

I understand that this document, signed by me, authorizes the City of Bay City, or its representative, to investigate my background information, employment records, and any other records necessary to determine job-related qualifications for a position within the City of Bay City.

I hereby release all parties and persons from all liability and/or claims, now or in the future, arising from the furnishing of any information concerning my employment history, work performance, background information, character, education, training and any other employment investigation information, including good faith expressions of opinion, to the City of Bay City, or its representative, as requested.

I further agree not to sue the City of Bay City, or any and all other persons providing information for my suitability to perform the job I have applied for, as a result of the furnishing of any information, including good faith expressions of opinion, to the City of Bay City.

I understand and agree that any information released to the City of Bay City is done so in strictest confidence and shall not be released to me, unless required by law to do so, even if I am rejected for employment.

_____

Applicant's Name (PRINT)

_____

Other Last Names Used

_____

Applicant's Signature

_____

Date