CITY OF WOODBURN APPLICATION OF EMPLOYMENT

| Select all departments from | n which you are seeking employn | nent: |
|---|--|-----------------------------|
| Police Department | City Hall Other | If Other, describe |
| | Applicant Inforr | mation |
| | | |
| Full Name: | | |
| Physical Address: | | |
| · | | |
| | | |
| Mailing Address: | | |
| (If different) | | |
| | | |
| lf yes, when did you cease Have you ever been convid | this company? YES NO employment? ted of a crime? YES NO Current/Previous En | |
| Current Employer (Fill o | ut as many employment description | |
| Name of Comp | any: | |
| Company Addr | ess: | May we contact your |
| Supervisor's Na | | supervisor for a reference? |
| Supervisor's Ph | one: | YES NO |
| Job Title: | | |
| Responsibilitie | ;: | |
| Starting Salary | | |
| Ending Salary: | | |
| Start Date: | | |
| End Date: | | |
| Reason for Lea | ving: | |

Past Employer

| Name of Company: Company Address: Supervisor's Name: Supervisor's Phone: Job Title: Responsibilities: Starting Salary: Ending Salary: | May we contact your supervisor for a reference? YES NO |
|--|--|
| Start Date: End Date: Reason for Leaving: | |
| Past Employer | |
| Name of Company: Company Address: Supervisor's Name: Supervisor's Phone: Job Title: Responsibilities: Starting Salary: Ending Salary: Start Date: End Date: | May we contact your supervisor for a reference? YES NO |
| Reason for Leaving: | |
| Past Employer | |
| Name of Company: Company Address: Supervisor's Name: Supervisor's Phone: | May we contact your supervisor for a reference? YES NO |
| Job Title: Responsibilities: Starting Salary: Ending Salary: | |
| Start Date: End Date: Reason for Leaving: | |

Personal/Professional References

| Full Name: | | |
|-------------------------|------|------|
| Nature of Relationship: | | |
| Phone Number: | | |
| Mailing Address: | | |
| Years Known: | | |
| Full Name: | | |
| Nature of Relationship: | | |
| Phone Number: | | |
| Mailing Address: | | |
| Years Known: | | |
| Full Name: | | |
| Nature of Relationship: | | |
| Phone Number: | | |
| Mailing Address: | | |
| Years Known: | | |
| Teals KIIUWII. | | |

Employment Questions

| Desired position: | |
|---------------------|--|
| Desired salary: | |
| Desired start date: | |

Is there anything else that you wish to share before having an interview?

Disclaimer and Signature

I understand that by simply submitting this application, the City of Woodburn is under no obligation to interview or hire said individual described within, and furthermore that any information obtained will be used soley for that purpose.

By signing below, I certify that all information provided is accurate and true to the best of my knowledge. I also understand that intentionally falsifying this document may result in immediate dismissal of my position after discovery.

| Signature: | | |
|--------------|-----------------|--|
| Date Signed: | | |
| | Office Use Only | |
| Received By: | Date Received: | |