



## City of Talent

110 East Main St. / PO Box 445  
Talent, OR 97540  
(541) 535-1566 Phone  
(541) 535-7423 Fax  
talent@cityoftalent.org

## EMPLOYMENT APPLICATION

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**The City of Talent is a non-discriminatory, equal opportunity employer.** All applicants are considered without regard to their race, color, religion, gender, age, marital status, national origin, status as an individual with a disability, or other protected status in accordance with applicable federal, state and local equal employment opportunity laws.

No one shall be employed by the City of Talent unless a complete, signed employment application and other required employment documentation have been submitted to the City of Talent prior to the posted closing date and time. Completing and submitting an employment application does not guarantee an interview or employment. Applications will be accepted only for currently posted positions.

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- All information about the position and application process can be found on the City's website at [www.cityoftalent.org](http://www.cityoftalent.org).
- Late applications will not be accepted.
- Unsigned or incomplete applications may be rejected. Supplemental forms and documents identified as required must be submitted in addition to the application form in order for your application to be considered complete.
- The only information considered in the initial screening of applications is the information you provide in the application packet. Be specific about your skills and experience, i.e., "office work" or "people skills" can mean something different to you than to the person reviewing your application.
- Review your application for completeness and accuracy before submitting it.
- Employment applications and all associated documents become the property of the City of Talent and will not be returned to the applicant. Make a copy of your application materials prior to submitting them.
- If your contact information changes after you submit your application, please contact the City of Talent with the updated information.
- Our selection process takes time, sometimes up to two months from the initial vacancy posting.
- Applications may be reviewed before the position closes (see posting for closing date).
- All applicants will be notified of the final status of their application as soon as practical. Until a final selection is made, all inquiries will normally be told the position is "in the screening process."

**Submit completed and signed application and any other required documentation to:**

City of Talent  
Attn: Human Resources  
110 East Main St. (for drop off)/PO Box 445 (for mailing)  
Talent, OR 97540  
Fax 541-535-7423



PRINT YOUR NAME HERE: \_\_\_\_\_

DATE SUBMITTED: \_\_\_\_\_

POSITION APPLIED FOR: \_\_\_\_\_

**EMPLOYMENT APPLICATION**  
*Equal Opportunity Employer*

**PERSONAL INFORMATION:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Information: Primary Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

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

Do you have a legal right to work in the United States?  Yes  No  
*If selected, proof of eligibility to work will be required.*

Have you ever been employed by the City of Talent?  Yes, in \_\_\_\_\_ (year/s)  No

Do you have a high school diploma or GED?  Yes  No  
If Yes, list name and location (city and state) of issuing authority (i.e., high school, branch of military, etc.): \_\_\_\_\_

If No, list highest grade of school you completed: \_\_\_\_\_

*Some positions require possession of a driver's license or ability to operate vehicles.*

Do you have a Driver's License?  Yes  No State: \_\_\_\_\_ CDL? "A"  "B"

*Some positions may require night, evening and/or weekend work.*

Are you available to work: Nights?  Yes  No Evenings?  Yes  No Weekends?  Yes  No

**EDUCATION/SPECIALIZED TRAINING:** List any education beyond high school. Attach additional page(s) if necessary. Note: For positions requiring a college degree and/or minimum education or certification, any job offer will be contingent upon receipt of official college transcripts and/or proof of certification.

Name of School	Location (City & State)	Major/Course of Study	Credits Completed	Degrees Completed

**EMPLOYMENT HISTORY:** Starting with your current or most recent job, provide an accurate and complete record of your work history. At a minimum, you must list ALL full-time, part-time, paid and unpaid work history a)!for at least 10 years **and** b) with sufficient support to qualify you for the position. Attach additional pages if! necessary. A résumé (or "see résumé") will **not** be accepted as a substitute for completing this section.

➤ **CURRENT or MOST RECENT EMPLOYMENT**

Dates of Employment: Mo/Yr began: _____ Mo/Yr ended: _____	<input type="checkbox"/> Still working here
Employer/Company: _____	<input type="checkbox"/> Full Time
Your Job Title: _____ Average hours/week: _____	<input type="checkbox"/> Part Time
Employer's Address: _____ Phone #: _____	
City: _____ State: _____ Zip: _____	
Direct Supervisor's Name & Title: _____	
Reason for Leaving (or considering leaving): _____	
Describe the specific duties and responsibilities you performed:	

➤ **PREVIOUS EMPLOYMENT** (List jobs from most to least recent)

Dates of Employment: Mo/Yr began: _____ Mo/Yr ended: _____	<input type="checkbox"/> Full Time
Employer/Company: _____	<input type="checkbox"/> Part Time
Your Job Title: _____ Average hours/week: _____	
Employer's Address: _____ Phone #: _____	
City: _____ State: _____ Zip: _____	
Direct Supervisor's Name & Title: _____	
Reason for Leaving: _____	
Describe the specific duties and responsibilities you performed:	

Dates of Employment: Mo/Yr began: \_\_\_\_\_ Mo/Yr ended: \_\_\_\_\_

Employer/Company: \_\_\_\_\_  Full Time

Your Job Title: \_\_\_\_\_ Average hours/week: \_\_\_\_\_  Part Time

Employer's Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Direct Supervisor's Name & Title: \_\_\_\_\_

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

Describe the specific duties and responsibilities you performed:

Dates of Employment: Mo/Yr began: \_\_\_\_\_ Mo/Yr ended: \_\_\_\_\_

Employer/Company: \_\_\_\_\_  Full Time

Your Job Title: \_\_\_\_\_ Average hours/week: \_\_\_\_\_  Part Time

Employer's Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Direct Supervisor's Name & Title: \_\_\_\_\_

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

Describe the specific duties and responsibilities you performed:

Dates of Employment: Mo/Yr began: \_\_\_\_\_ Mo/Yr ended: \_\_\_\_\_

Employer/Company: \_\_\_\_\_  Full Time

Your Job Title: \_\_\_\_\_ Average hours/week: \_\_\_\_\_  Part Time

Employer's Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Direct Supervisor's Name & Title: \_\_\_\_\_

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

Describe the specific duties and responsibilities you performed:

If you need more space, attach page(s) using this format to list additional jobs.

Are you a veteran of the US Armed Forces?  Yes  No (If desiring to use Veterans' Preference, a copy of your DD214/DD215 will be required before hire – DO NOT SUBMIT WITH APPLICATION.)

Do you have a service-connected disability?  Yes  No (If desiring to use Veterans' Preference, a copy of your Veterans' Preference Letter will be required before hire – DO NOT SUBMIT WITH APPLICATION.)

Please describe any transferrable skills obtained through military education or experience that substantially relate to the position being applied for:

**Write or type** a paragraph here describing why you would be a good fit for this job.

**READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY SIGNED AND DATED APPLICATIONS WILL BE CONSIDERED. IF YOU HAVE ANY QUESTIONS REGARDING THESE STATEMENTS, PLEASE ASK THEM BEFORE SIGNING.**

I certify that all answers and statements I have made on this application, résumé, and/or any other supplementary materials are true and complete without omissions, and that I am eligible for employment in the United States. I understand that any false information given in my application, supplemental materials, or interview(s) will be grounds for refusal to hire or for immediate discharge if I am employed, regardless of when discovered. I authorize any of the persons or organizations named in this application or referred by those named to give the City of Talent complete information and records regarding my employment, education, character and qualifications. I understand that, pursuant to Municipal Code 2.54 and Oregon Administrative Rule 257-10-025, I will be subject to a criminal records check, DMV background check, and reference checks if I am considered a finalist for the position I have applied for.

Yes  No

I agree to conform to all rules and regulations of the City of Talent as they presently exist or are later modified. **I recognize that, if employed, my employment can be terminated, at the discretion of the employer or at my option, at any time, except as specifically set forth in writing in a current collective bargaining agreement or City policy.** I also understand that only the City Manager or his/her authorized designee may make an offer of employment, and that no other representative of the employer has any authority to enter into any employment agreement for any specified period of time, or to assure me of any future position, benefits, or terms and conditions of employment, except as specifically approved, in writing, by the City Manager or his/her authorized designee.

Yes  No

This application and its attachments become the official property of the City of Talent and will not be returned reused, photocopied, or made available to the applicant after being submitted. The applicant should retain a copy of the application and any attachments for future use or reference.

A complete, signed application is required to be considered for any position, and a separate application is required for each position for which the applicant wishes to be considered.

**I have read, understand and agree with the above.**

\_\_\_\_\_  
Signature of Applicant (Type or Sign Name)\*

\_\_\_\_\_  
Date

\*By signing this application, electronically or otherwise, I affirm that all information included is true and accurate to the best of my knowledge.