

City of Gearhart EMPLOYMENT APPLICATION



Directions: Applications will be accepted that are legibly printed in ink or typed. Incomplete applications will not be considered. If hired, this application will become a part of your personnel record. Please use additional sheets if needed. To submit, follow the directions on Page 4 of this application.

City of Gearhart
698 Pacific Way
PO Box 2510
Gearhart, OR
97138
www.cityofgearhart.com

1. Full Name: _____

2. Street Address: _____

3. City, State, Zip: _____

4. Phone number: _____ Email: _____

5. Are you a veteran? Circle One - Yes - No _____

6. Date available to begin working: _____

7. How did you hear about this position? _____

8. List any specialized training; professional licenses and certifications; job-related skills; or other special skills that you consider relevant to the position (*attach extra sheets if necessary*):

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Education

1. High School & location: _____ Diploma? _____ GED? _____

2. Colleges / Schools attended:

Name & Location

Major

Degree earned

Work Experience

Complete work history: Please begin with most recent employer.

If more space is needed, you may attach additional pages as needed.

Employer name & location: _____

Type of company: _____ Job Title: _____

Supervisor's title & name: _____ Phone number: _____

Full or part-time? _____ Dates: _____ Ending pay: _____

Describe duties: _____

Reason for leaving: _____

If you still work here, may we contact this employer? _____

Employer name & location: _____

Type of company: _____ Job Title: _____

Supervisor's title & name: _____ Phone number: _____

Full or part-time? _____ Dates: _____ Ending pay: _____

Describe duties: _____

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Reason for leaving: _____

Employer name & location: _____

Type of company: _____ Job Title: _____

Supervisor's title & name: _____ Phone number: _____

Full or part-time? _____ Dates: _____ Ending pay: _____

Describe duties: _____

Reason for leaving: _____

Employer name & location: _____

Type of company: _____ Job Title: _____

Supervisor's title & name: _____ Phone number: _____

Full or part-time? _____ Dates: _____ Ending pay: _____

Describe duties: _____

Reason for leaving: _____

Employer name & location: _____

Type of company: _____ Job Title: _____

Supervisor's title & name: _____ Phone number: _____

Full or part-time? _____ Dates: _____ Ending pay: _____

Describe duties: _____

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Applicants may be required to complete an on-site skills test. Final candidates may be subject to a background investigation.

My signature affirms that the information in this application and any attached documentation is true and without omission to the best of my knowledge. I understand that misrepresentation and/or omission of facts are cause for disqualification of this application and/or dismissal from employment.

Signature: _____ Date: _____

To Apply

Required materials:

1. This application, typed or legibly written in ink, and signed
2. Resume
3. Essay about your favorite day of the week. No more than 200 words.

Mail your materials to:

City of Gearhart
City Administrator
PO Box 2510
Gearhart, OR 97138

Or, deliver to:

City of Gearhart
698 Pacific Way
Gearhart, OR 97138

Or, email to:

chadsweet@cityofgearhart.com