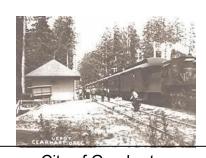
City of Gearhart EMPLOYMENT APPLICATION

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.	1. Full Name:		
2.	2. Street Address:		
3.	3. City, State, Zip:		
4.	4. Phone number: ———— Email: ——		
5.	5. Are you a veteran? Circle One - Yes - No		
6.	6. Date available to begin working:————————————————————————————————————		
7.	7. How did you hear about this position?————————————————————————————————————		
8.	8. List any specialized training; professional licenses and certification skills that you consider relevant to the position (attach extra sheet	 •	al
8.	· ·	 •	al
8.	· ·	 •	al
8.	· ·	 •	
8.	8. List any specialized training; professional licenses and certification skills that you consider relevant to the position (attach extra sheet	 •	— — —
8.	· ·	 •	
8.	· ·	 •	— — — — — — —

Gearhart Employment Application

Education

1.	High School & location:		Diploma?	GED?		
2.	Colleges / Schools attended:					
	Name & Location	Major	Degree earn	ed		
rk	Experience					
	Please begin with most recent employ	/er.				
	If more space is needed, you may atta	• •				
	Employer name & location:					
	Type of company:	Job Title:				
	Supervisor's title & name:		Phone number	:		
	Full or part-time? Dates	s:				
	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? Date:	s:				
	Describe duties:					
	Describe duties:					

Gearhart Employment Application

Reason for leaving:			
Employer name & location:			
Type of company:		Job Title:	
Supervisor's title & name:			Phone number:
Full or part-time?	Dates:		
Describe duties:			
Reason for leaving:			
Employer name & location:			
Type of company:		Job Title:	
Supervisor's title & name: _			Phone number:
Full or part-time?	Dates:		
Describe duties:			
Reason for leaving:			
Employer name & location: _			
Type of company:		Job Title:	
Supervisor's title & name:			Phone number:
Full or part-time?	Dates:		
Describe duties:			

Gearhart Employment Application

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:
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To Apply

Required materials:

This application, typed or legibly written in ink, and signed; current resume.

Mail your materials to:

City of Gearhart PO Box 2510 Gearhart, OR 97138

Or, deliver to drop-box outside:

City of Gearhart 698 Pacific Way Gearhart, OR 97138

Or, email as an attachment to:

gearhartpd@cityofgearhart.com