Employment Application

Arch Cape Domestic Water Supply District

32065 East Shingle Mill Lane, Arch Cape, OR 97102 | Phone: 503-436-2790 | www.archcapewater.org

The Arch Cape Domestic Water Supply District is an Equal Opportunity Employer and considers applicants for all positions without regard to race, color, religion, national origin, age, sex, marital or veteran status, disability, or any other legally protected status. All selection decisions are based on job related factors. Date of Application: Position Applied For: PLEASE PRINT OR TYPE PERSONAL INFORMATION Last Name First Name Home Phone Message Phone PO Box Address Apt.# **Business Phone** Zip City State Are you legally eligible for employment in the USA? Do you have a high school diploma or GED certificate? Are you over the age of 18? ☐ Yes ☐ No ☐ No **EDUCATION AND TRAINING** Please include any training relative to the position you are applying for: Colleges, Vocational or Technical Schools, Training Centers Course of Study Number of Years Completed Type of Degree or Certificate Received LICENSES AND CERTIFICATES REQUIRED FOR THIS POSITION **Expiration Date** PERTINENT SPECIAL SKILLS Please list experience with machines, office equipment, languages, or other special skills pertinent to the position for which you are applying. ADDITIONAL INFORMATION Do you possess a valid driver's license? State: Driver's License #

			WOR	K EXPE	RIENCE	
В	eginning with you	ur present or last job	(and working backwa	rds) list all Wo		ing Military, Volunteer and Intern Experience.)
Name of Present	or Last Employer				Address	
Starting Date	Leaving Date				Reason for Leaving	
Month/Year	Month/Year	Salary \$ per				
		Full Time	Part Time	hrs/wk		
		☐ Volunteer ☐	Intern	hrs/wk		
Job Title (Presen	t or Last)		Name of Supervisor/	/Title		Phone #
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Job Duties:						
		_				
May we contact t	his employer?	Yes No				
Name of Employe	er				Address	
Starting Date	Leaving Date]			Reason for Leaving	
Month/Year	Month/Year	Salary \$ per				
		☐ Full Time ☐	Part Time	hrs/wk		
		☐ Volunteer ☐	Intern	hrs/wk		
Job Title (Presen	t or Last)		Name of Supervisor/	/Title	· L	Phone #
Job Duties:						
May we contact t	his employer?	Yes No				
Name of Employe	er				Address	
Starting Date	Leaving Date				Reason for Leaving	
Month/Year	Month/Year	Salary \$ per				
		☐ Full Time ☐	Part Time	hrs/wk		
		☐ Volunteer ☐	Intern	hrs/wk		
Job Title (Presen	t or Last)		Name of Supervisor/			Phone #
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Job Duties:						
May we contact t	his employer?	Yes No				
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APPLICANT	ACKNOWL	EDGMENI				
						mployment does not create a contractual obligation upon the Arch
						esentative from the City has any authority to enter into any special or transfer, etc., either prior to commencement of employment or
						ent contrary to the aforementioned.
						ned by me shall be true, complete, and correct. I understand that
						ubject my application to disqualification from further consideration discharge, for falsifying a City record/document, regardless of how
much time has elap	osed since the date	l was employed. In the	e event that I am employ	yed by the City,	I agree to comply with	all its orders, rules, regulations, safety policies, and performance
			i, I will provide proof as re nderstand that I will be te		5 Government, I-9 Forn	n that I am legally eligible for employment in the United States. If I

I understand that the Arch Cape Domestic Water Supply District may complete a background check of finalists. The type and degree of the background check depends on the position, however, it may include a driving history, criminal records check, and/or any other records checks pertinent to the position. Depending on the type of background check, I understand the Arch Cape Domestic Water Supply District may be required to provide me with additional information. My signature on this application serves as my authorization for the City to conduct any background check for the position which I am applying that does not require additional authorization. My signature further serves as my understanding that the Arch Cape Domestic Water Supply District will provide me with the required notice, disclosure, and request for authorization whenever the background check requires additional authorization such as the Fair Credit Reporting Act or any other State or Federal law that requires additional authorization.

I have read and understand all of the provisions of this acknowledgment. By signing this application, I hold the Arch Cape Domestic Water Supply District harmless for any result of the reference check. I hereby authorize and release from liability all former employers, educational institutions, law enforcement agencies, and/or other government history, driver's license violations and motor vehicle records, that may be in their possession. An offer of employment is conditioned upon satisfactorily passing all criteria required by the position. Depending on the position, these criteria may include laboratory test(s) (including drug testing) and/or a background check.

Applicant's Signature:	Date Signed:
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Arch Cape Domestic Water Supply District

EQUAL OPPORTUNITY EMPLOYMENT INFORMATION

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Begii	nning with your pres					perience including Military, Volunteer a	and Intern Experience.
Name of Present or I	Last Employer					Address	
Starting Date	Leaving Date					Reason for Leaving	
Month/Year	Month/Year	Full Time	☐ Part T	ïme	hrs/wk		
		Volunteer	☐ Intern	· 	hrs/wk		
Job Title (Present or	Last)	U volunteer		Name of Supervis			Phone #
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Job Duties:							
	_	_					
	employer?	∐ No					
Name of Employer						Address	
Starting Data	Logying Data	1				Possen for Loguina	
Starting Date Month/Year	Leaving Date Month/Year	┧┌╴┈┈				Reason for Leaving	
		Full Time	☐ Part T		hrs/wk		
11.70.70		☐ Volunteer	☐ Intern		hrs/wk		DI #
Job Title (Present or	Last)			Name of Supervis	sor/Title		Phone #
Job Duties:							
JOD Dulies.							
May we contact this	employer?	□No					
Name of Employer						Address	
Starting Date	Leaving Date	_				Reason for Leaving	
Month/Year	Month/Year	1_	_				
		Full Time	Part T	· 	hrs/wk		
		Volunteer	☐ Intern	. —	hrs/wk		
Job Title (Present or	Last)			Name of Supervi	sor/Title		Phone #
11.5 "							
Job Duties:							
May we contact this	employer?	□No					
Name of Employer		- -				Address	
Starting Date	Leaving Date					Reason for Leaving	
Month/Year	Month/Year	☐ Full Time	☐ Part T	ïme	hrs/wk		
		☐ Volunteer	☐ Intern		hrs/wk		
Job Title (Present or	Last)	<u> </u>		Name of Supervi			Phone #
Ì							
Job Duties:				1			1
	_	_					
May we contact this	employer?	☐ No					

The Arch Cape Domestic Water Supply District is subject to various state and federal rules and regulations requiring non-discrimination in employment. Pursuant to these rules and regulations, the Arch Cape Domestic Water Supply District hereby invites you to voluntarily provide information regarding your race/ethnic composition, gender and age.

The Arch Cape Domestic Water Supply District is an equal opportunity employer. All employment decisions are based on qualifications and are made without regard to race, color, religion, national origin, age, sex, disability status, veteran status, marital status and any other legally protected status. As required by law, any information that you provide on this form will be treated as <u>confidential</u> and will be stored separate from all personnel information. This information will be used only to demonstrate compliance with applicable state and federal rules and regulations.

Position Applied For:	Sex: ☐ Female ☐ Male
	Age:
	RACIAL CATEGORY
☐ WHITE/CAUCASIAN (not of Hispanic origin)	All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
☐ BLACK (not of Hispanic origin)	All persons having origins in any of the racial groups of Africa.
☐ HISPANIC	All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
☐ ASIAN-PACIFIC ISLANDER	All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, Samoa, and India.
☐ AMERICAN INDIAN-ALASKAN NATIVE	All persons having origins in any of the original peoples of North America who maintain cultural identification through tribal affiliation or community recognition as an American Indian or Alaskan Native.

VOLUNTARY COMPLETION BY APPLICANT. NOT FOR INTERVIEW PURPOSES.

RECRUITMENT SOURCE				
How did you become aware of this employment opportunity?				
☐ Newspaper Which newspaper?				
☐ Employment Announcement	☐ Job Information Line			
Employee	☐ Employment Office			
☐ Website	☐ Other Explain:			