



EMPLOYMENT APPLICATION

PO Box 1070, Canby, OR 97013

Telephone: 503-266-1156

www.canbyutility.org

Position Applied for:	Application Date:
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Please Print or Type

Last Name	First Name	Middle
Address		Apt #/PO Box
City	State	Zip
		Phone
		Cell
Email		

GENERAL INFORMATION

How did you hear about this opening?		
Are you legally eligible for employment in the USA? <input type="checkbox"/> YES <input type="checkbox"/> NO	Have you ever applied for employment at Canby Utility? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Are you currently employed? <input type="checkbox"/> YES <input type="checkbox"/> NO	Have you ever been dismissed or forced to resign from any position? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Do you have a valid driver's license? <input type="checkbox"/> YES <input type="checkbox"/> NO	State:	License No.: Class:
Are you related to any person now employed by Canby Utility? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Why do you want to work for Canby Utility?		

EDUCATION, TRAINING and SPECIALIZED SKILLS

High School:	Graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO	If no, GED? <input type="checkbox"/> YES <input type="checkbox"/> NO
Name and Location of College, Vocation or Technical Schools and Training Centers:	Course of Study: (Major)	Degree:
List or describe any specialized training, apprenticeships, certifications:		

List experience with equipment, machinery, tools, office equipment, software programs or other special skills that show your ability to perform the job for which you are applying: Attach additional pages if needed.

THIS SECTION IS OPTIONAL

List any foreign language(s) that you read, write or speak with proficiency or fluency. Candidates may receive preference in the hiring process for this skill and ability depending on the position applied for.

EMPLOYMENT/WORK EXPERIENCE

Beginning with your current or most recent position. Include any military, volunteer, and intern experience.

Name of Employer:		Employer's Address:		Phone #:
Your Job Title:		Name of Supervisor/Title:		Supervisor's Phone #:
From: (Mo/Yr)	To (Mo/Yr)		Avg. Hours Worked Per Week:	
		Reason for Leaving:		
Job Duties:				
May we contact this employer: <input type="checkbox"/> YES <input type="checkbox"/> NO (If no, please explain)				
Name of Employer:		Employer's Address:		Phone #:
Your Job Title:		Name of Supervisor/Title:		Supervisor's Phone #:
From: (Mo/Yr)	To (Mo/Yr)		Avg. Hours Worked Per Week:	
Job Duties:				
May we contact this employer: <input type="checkbox"/> YES <input type="checkbox"/> NO (If no, please explain)				

Name of Employer:		Employer's Address:	Phone #:
Your Job Title:		Name of Supervisor/Title:	Supervisor's Phone #:
From: (Mo/Yr)	To (Mo/Yr)		Avg. Hours Worked Per Week:
		Reason for Leaving:	
Job Duties:			
May we contact this employer: <input type="checkbox"/> YES <input type="checkbox"/> NO (If no, please explain)			
Name of Employer:		Employer's Address:	Phone #:
Your Job Title:		Name of Supervisor/Title:	Supervisor's Phone #:
From: (Mo/Yr)	To (Mo/Yr)		Avg. Hours Worked Per Week:
		Reason for Leaving:	
Job Duties:			
May we contact this employer: <input type="checkbox"/> YES <input type="checkbox"/> NO (If no, please explain)			
Name of Employer:		Employer's Address:	Phone #:
Your Job Title:		Name of Supervisor/Title:	Supervisor's Phone #:
From: (Mo/Yr)	To (Mo/Yr)		Avg. Hours Worked Per Week:
		Reason for Leaving:	
Job Duties:			
May we contact this employer: <input type="checkbox"/> YES <input type="checkbox"/> NO (If no, please explain)			

REFERENCES

List the names of at least three persons other than former employers/relatives having knowledge of your character, experience or ability.

Name	Years Known:	Phone:
Address:		
Email Address:		

Name	Years Known:	Phone:
Address:		
Email Address:		

Name	Years Known:	Phone:
Address:		
Email Address:		

Name	Years Known:	Phone:
Address:		
Email Address:		

PLEASE READ CAREFULLY AND SIGN:

I certify that the information contained in this application and all other information otherwise furnished by me shall be true, complete and correct. I understand that incorrect, incomplete, deliberately omitted, false or misleading statements, answers or information furnished by me either verbally or in writing will subject my application to disqualification from further consideration and/or if already employed by the Canby Utility Board, when the aforementioned is detected, I will be subject to discipline up to and including discharge, for falsifying a document regardless of how much time has elapsed since the date I was employed.

It is my understanding that the Canby Utility Board may make a thorough investigation of my entire work and personal history and may verify data given in my application (unless otherwise noted) for employment, related papers, or oral interview. I specifically authorize any of the persons or organizations referenced in this application to give you any and all information they may have, personal or otherwise with regard to any subjects covered by this application and release all such parties from all liability for any damage that may result from furnishing such information to you. I authorize you to request and receive such information. I also understand that I may be asked to submit to a pre-employment drug test, a criminal history background check and credit check as a condition of employment.

If I am offered employment with such offer conditioned upon the successful completion of a physical examination, I agree to undergo said physical examination, which may include but not limited to drug screen, physical abilities/capabilities testing, x-rays, examination, and laboratory tests at the time of such offer of employment, or anytime thereafter, to determine if I am physically fit for the job(s) I am to perform, or to determine if I meet the standards required of the position applied for. In addition, I also expressly authorize any physician, hospital or other institution to release any pertinent medical records or information with respect to my physical status, either concurrent or with subsequent to my employment with Canby Utility, in the event such medical records or information are related to any claim made against the Canby Utility Board.

I understand that this is an application for employment and that no employment contract is being offered or implied. I further understand that if an employment offer is made such offer may be withdrawn with or without prior notice, at any time, at the option of either the Canby Utility Board or me.

This application will remain valid for ninety (90) days from the date I signed. If I want to be considered for additional job openings, I will submit a new application.

Applicant's Signature: _____ **Date:** _____

Completed applications may be mailed, emailed, faxed or hand delivered as long as they are received by the job closing date and time. Applicants are strongly encouraged to verify that any electronic submission is verified received prior to closing.

Finalists for Canby Utility positions must successfully pass a criminal background check, motor vehicle record check, and depending on the position applied for, a pre-employment medical exam and drug-screening.

All new employees and employees changing job positions are considered to be on a trial period of no less than six (6) months before being eligible to transition to regular status.

All newly hired employees will be required to complete and sign an Employment Eligibility Verification Form and present documentation verifying identity and employment eligibility.

EQUAL OPPORTUNITY EMPLOYER

Canby Utility is an equal employment opportunity employer. We are dedicated to a policy of nondiscrimination in employment on the basis of race, color, religion, sex, national origin, age or mental and or physical disability. The information requested is used for the purpose of maintaining records required by the Federal government and will not be considered in making any employment decision. The completion of this section is optional.

Race: <input type="checkbox"/> White (not of Hispanic origin) <input type="checkbox"/> Black (not of Hispanic origin) <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
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The information provided on this page will not be used to evaluate your qualifications for employment.