



EMPLOYMENT APPLICATION

Equal Opportunity Employer

ADDITIONAL RESOURCES

Please contact the Human Resources Office if you require assistance completing the application form.

City of Forest Grove
Human Resources Office
P.O. Box 326
1924 Council Street
Forest Grove, OR 97116
PHONE: (503) 992-3200
FAX: (503) 992-3207

PRINT OR TYPE. THIS APPLICATION IS A PART OF THE SELECTION PROCESS. REFER TO THE JOB ANNOUNCEMENT FOR QUALIFICATIONS AND INCLUDE ALL RELEVANT INFORMATION. USE ADDITIONAL SHEETS IF MORE SPACE IS REQUIRED. THIS APPLICATION MUST BE COMPLETED FOR EMPLOYMENT CONSIDERATION.

POSITION APPLIED FOR

NAME
LAST FIRST MIDDLE

MAILING ADDRESS
NUMBER STREET
CITY STATE ZIP

TELEPHONE NUMBER
RESIDENCE BUSINESS MESSAGE

SOCIAL SECURITY NO. DRIVER'S LICENSE
NUMBER STATE

OFFICE USE ONLY
Log #
Test
Int
Notification

Have you ever been discharged or requested to resign from any position for misconduct or unsatisfactory service? (circle one) Yes No
If yes, explain:

Have you ever been convicted of a felony? (circle one) Yes No (NOTE: Conviction does not necessarily disqualify you from employment.)
If yes, explain:

EDUCATION AND TRAINING

Circle Highest Year Completed: 1 2 3 4 5 6 7 8 9 10 11 12 Did you graduate? Yes No If "No", received GED? Yes No
High School attended (include location): _____ Location of GED _____

List your education or training related to the position, including colleges, business, technical, trade, correspondence, and military service schools.

SCHOOL NAME AND LOCATION	PROGRAM OR COURSE	DATES ATTENDED	HOURS		DEGREE/ CERTIFICATE
			QTR	SEM	

LIST SPECIAL SKILLS AND CURRENTLY VALID LICENSES, CERTIFICATES, OR REGISTRATIONS RELEVANT TO THIS POSITION:

EMPLOYMENT HISTORY

EMPLOYMENT HISTORY MUST BE COMPLETED IN FULL. DO NOT STATE 'REFER TO RESUME'. BEGINNING WITH YOUR PRESENT OR MOST RECENT JOB, DESCRIBE YOUR PREVIOUS WORK EXPERIENCE. INCLUDE VOLUNTEER OR UNPAID WORK IF RELEVANT TO THIS POSITION. LIST ALL JOBS SEPARATELY. THIS APPLICATION MUST BE RETURNED TO THE HUMAN RESOURCES DEPARTMENT BY THE RECRUITMENT CLOSING DATE.

Employer Name and Address:		Job Title
Name		Supervisor's Name
Street		Duties
City/State		
Phone		
Reason for Leaving		
From	To	Last Salary \$ Hrs. Per/Wk

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IF YOU ARE CURRENTLY WORKING, MAY WE CONTACT YOUR PRESENT EMPLOYER? YES___ NO___

SIGNATURE REQUIRED BELOW

I hereby certify that all answers and statements made in this application are true and complete and I understand that any untruthful or misleading facts will subject me to disqualification or dismissal. I hereby authorize the City of Forest Grove to make any necessary inquiries to verify the information contained herein. My signature below authorizes the release of information to a representative of the City of Forest Grove from any individual or organization having knowledge about me, my work record, my reputation and my financial status.

CONSENT FORM FOR DRUG TESTING

I, _____ (PRINT NAME), understand that I may be required to submit to a blood or urine test to detect the presence of controlled substances as a condition of employment. I understand that if I decline to sign this consent and thereby decline to take a test, no medical examination will be conducted and my application for employment will be rejected. I further understand that if I give my consent to submit to such tests, the test results will be released to authorized City personnel for appropriate review. I agree to allow release of such information.

SIGNATURE _____

DATE _____

FOREST GROVE AQUATIC CENTER SUPPLEMENTAL APPLICATION

This form must be completed when applying for aquatic staff positions with the City of Forest Grove. Return this form and the completed City of Forest Grove application to the Human Resources Office, 1924 Council Street, PO Box 326, Forest Grove, OR 97116.

TRAINING

Have you obtained the following certifications?

	<u>NO</u>	<u>YES</u>	<u>EXP. DATE</u>	<u>LOCATION WHERE CERT. WAS OBTAINED</u>
Lifeguard Training	_____	_____	_____	_____
Water Safety Instructor (WSI)	_____	_____	_____	_____
First Aid	_____	_____	_____	_____
CPR/PR (professional rescuer)	_____	_____	_____	_____
AED	_____	_____	_____	_____
Oxygen Administration Preventing Disease Transmission	_____	_____	_____	_____
Other: (Aerobics, Head Guard, Scuba, etc.)	_____	_____	_____	_____

AVAILABILITY

I am available to work as follows:

Weekdays: _____

Weekends: _____

Signature: _____ **Date:** _____

*Certification will be verified prior to any offer of employment. Applicants must provide cert. documents.

ADDITIONAL REQUIREMENTS

In addition to a completed application, qualified applicants may be required to demonstrate the following skills:

*Swim 500 yards continuously in the following order:

- (a) 200 yards front crawl using rhythmic breathing
- (b) 100 yards of breaststroke
- (c) 200 yards of either front crawl or breaststroke or mixture of both

*Swim 20 yards using front crawl or breaststroke, surface dive to a depth of 7-10 feet, retrieve a 10 pound object, return to surface and swim 20 yards back to starting point.

*Demonstrate shallow & deep end rescues along with in-line stabilization & backboarding procedures.

*CPR scenarios

