



City of Harrisburg
120 Smith Street
PO Box 378
Phone: (541) 995-6655
Fax: (541) 995-9244

APPLICATION FOR EMPLOYMENT

(Pre-employment Questionnaire) (AN EQUAL OPPORTUNITY EMPLOYER)

Personal Information

Name: _____ Date: _____
 Last First Middle

Current Address:

If you have lived at your current address for less than one (1) year, please provide your prior address:

Phone Number: _____ Email: _____

Are you at least 18 years old: Yes No

Are you prevented from lawfully becoming employed in this country because of visa or immigration status: Yes No

Employment Desired

Position: _____ Date Available: _____

Are you currently employed: Yes No May we contact your current employer: Yes No

Education

Name & Address	# of Years Attended	Graduate (Y/N)	Major
High School			
College / University			
Trade, Business, or Tech. School			

General

Subjects of special
study or research
work:

Special Skills:

Activities (Civic,
Organizations):

*Exclude organizations whose name indicates the race, creed, sex, age, marital status, color or nation of origin of its members.

US Military Service: Rank: Are you active reserve: Yes No

In order to prove your eligibility for Veterans preference, you must submit a Harrisburg Veterans preference Form, with your DD214 or DD215 (Copy 4) form, with your application permit, prior to the job posting deadline.

Employment (List at least three employers, starting with the most recent)

Dates Mo/Yr	Name & Address	Position Held	Reason for Leaving
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From / To

From / To

From / To

From / To

Which of these
jobs did you like
the best and why:

References (Provide three references not related to you, who have known you at least one year)

Name	Address & Daytime Phone Number	How You're Acquainted	Years Acquainted
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1.

2.

3.

In case of emergency, notify:

Name	Address	Phone
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"I CERTIFY THAT ALL INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE CITY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE CITY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE CITY. I UNDERSTAND THAT MY APPLICATION FOR EMPLOYMENT DOES NOT CONSTITUTE AN EMPLOYMENT CONTRACT OR AGREEMENT FOR EMPLOYMENT."

Signature:

Date: