

SAMPLE APPLICATION NOTE: This is a sample application preview. Please complete the actual online application by clicking the "Apply For This Job" button at the bottom of the recruitment announcement.



City of Springfield
Human Resources Department
225 Fifth Street
Springfield, Oregon 97477
Ph: (541)726-3705 Fax: (541)726-3782
www.ci.springfield.or.us
An Affirmative Action/Equal Opportunity Employer

**EMPLOYMENT
APPLICATION APPLICATIONS
MUST BE RECEIVED BY THE
POSTED CLOSING DATE AT 5PM**

Date:

Position Applying For: Plans Examiner / Building Inspector

Last Name: First Name: Middle Name:
Street Address: City: State: Zip:
Phone: Business: Cell: Other:
Email Address: Preferred method for immediate contact:
Please Confirm Email Address:

Instructions: Answer each question and section completely. Please complete all sections.

Education and Training: Highest Education Level Completed:

School Type:	Name Of School:	Degree or Diploma:
High School	<input type="text"/>	<input type="text"/>
College/University	<input type="text"/>	<input type="text"/>
College/University	<input type="text"/>	<input type="text"/>
College/University	<input type="text"/>	<input type="text"/>
Technical or Trade School	<input type="text"/>	<input type="text"/>
Technical or Trade School	<input type="text"/>	<input type="text"/>

List any languages you can speak/read/write other than English:

HAVE YOU EVER BEEN EMPLOYED BY THE CITY? *Yes No
ARE YOU CURRENTLY OR HAVE YOU PREVIOUSLY BEEN A MEMBER OF OREGON PERS? Yes No

* If yes, list dates of service, department, etc.:

HOW DID YOU LEARN ABOUT THIS RECRUITMENT? Please help us to evaluate the effectiveness of our advertising. Select the source where you first learned about this employment opportunity from one of the drop down boxes:

Publication
Website
Other

If you answered "other", please identify the source:

If employee referral, please list name:

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IMMIGRATION REFORM AND CONTROL ACT

(Successful applicants will be required to prove identity and eligibility for employment):
Are you authorized to work in the United States?

Yes
No

WORK EXPERIENCE:

Complete this section for work experience in the most recent ten (10) years. List most recent employment first. You MUST complete this section fully. Do NOT refer to an attached resume. Include volunteer work if related.

Start Date End Date
Employer Still Employed? Yes No
City State Zip Code
Ending Job Title Full Time Part Time

Most Important Duties

Supervisor Phone Reason for Leaving

Upload your **Cover Letter** (we accept Word, WordPerfect, PDF or Text files):

UPLOAD

Upload your **Resume** (we accept Word, WordPerfect, PDF or Text files):

UPLOAD

I hereby certify the information in this application and attachments are true and complete to the best of my knowledge. If employed, I agree to provide proof of identity, relevant licensure or credentials, and authorization for employment in the United States. I have reviewed the essential job functions of the position for which I am applying for and I certify that I can perform these essential functions with or without accommodations. I am aware that any falsification, misrepresentation or omission may result in my disqualification for employment or discharge from employment. I authorize my present and previous employers to release information regarding my job performance. I hereby waive my rights to claims or damages against any employer and the City of Springfield, its officers, agents, and employees, in regard to this exchange of information concerning my past employment. I understand I may be required to submit to "conditional offer of employment" physical examinations and/or urinalysis testing for the presence of drugs and/or alcohol. I agree to such examinations and/or testing at the City's expense. I authorize release of the results to the City for the use in evaluating my suitability for employment. I release the City from all liability arising out of or connected with the examinations and/or testing.

I agree Yes No

CONTINUE **CANCEL**