



**Part 2. Background Information**

Do you have a valid driver's license? Yes  No  State of Issue:

Provide a full listing of state certification and operator licenses, including license number, expiration date and state of certification:

| Type of License, Certificate or Registration | State of Issue/<br>License Number | Expiration Date |
|--|-----------------------------------|-----------------|
| 1.   |                                   |                 |
| 2.   |                                   |                 |
| 3.   |                                   |                 |
| 4.   |                                   |                 |

If you have been licensed in another state in the last three years, the name of the state is:

Provide details on your Emergency Medical Training status:

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|--|
|  |
|--|

**Part 3. Education and Training**

Did you graduate from high school or receive a G.E.D.? Yes  No  Location:

List college, business school, military training, and other **relevant** education.

| School Name and Location | Dates<br>From To | # Sem<br>Hours | # Qtr<br>Hours | Major | Degree<br>Earned | Year<br>Degree<br>Received |
|--------------------------|------------------|----------------|----------------|-------|------------------|----------------------------|
| 1.                       |                  |                |                |       |                  |                            |
| 2.                       |                  |                |                |       |                  |                            |
| 3.                       |                  |                |                |       |                  |                            |
| 4.                       |                  |                |                |       |                  |                            |
| 5.                       |                  |                |                |       |                  |                            |

List other specialized training, seminars or correspondence courses or similar education which is pertinent to the position for which you are applying:

List computer software programs you have used:

List the specific equipment or machinery you can operate which is related to the job you are applying for:

List those special skills or abilities which you believe make you qualified for the position for which you are applying:

**Part 4. Employment History**

List your work history for the last 10 years, including self-employment, volunteer work, military service and any periods of unemployment. Begin with your most recent position in block 1 and list each position separately. Include experience beyond 10 years if it is related to the job for which you are applying. Attach additional employment history sheets in the same general format if needed. Please describe each major part of your job duties in as much detail as possible.

May we contact this employer?  Yes  No  Contact me first.

|  |                            |                         |  |
|--|----------------------------|-------------------------|--|
| 1. Most Recent Position Title                | Employer Name and Location | Employer's Phone Number | Dates Worked (Month and Year)<br>From: |
| Primary Duties:                              |                            |                         | To:                                    |
|  |                            |                         | Total Years/Months Worked              |
|  |                            |                         | # Hours Worked per Week                |
|  |                            |                         |  |
| Name and Title of Immediate Supervisor:      |                            |                         |  |
| Number and Type of Employees You Supervised: |                            |                         |  |
| Reason for leaving/considering change:       |                            |                         |  |

May we contact this employer?  Yes  No  Contact me first.

|  |                            |                         |  |
|--|----------------------------|-------------------------|--|
| 2. Most Recent Position Title                | Employer Name and Location | Employer's Phone Number | Dates Worked (Month and Year)<br>From: |
| Primary Duties:                              |                            |                         | To:                                    |
|  |                            |                         | Total Years/Months Worked              |
|  |                            |                         | # Hours Worked per Week                |
|  |                            |                         |  |
| Name and Title of Immediate Supervisor:      |                            |                         |  |
| Number and Type of Employees You Supervised: |                            |                         |  |
| Reason for leaving/considering change:       |                            |                         |  |

May we contact this employer?  Yes  No  Contact me first.

|  |                            |                         |  |
|--|----------------------------|-------------------------|--|
| 3. Most Recent Position Title                | Employer Name and Location | Employer's Phone Number | Dates Worked (Month and Year)<br>From: |
| Primary Duties:                              |                            |                         | To:                                    |
|  |                            |                         | Total Years/Months Worked              |
|  |                            |                         | # Hours Worked per Week                |
| Name and Title of Immediate Supervisor:      |                            |                         |  |
| Number and Type of Employees You Supervised: |                            |                         |  |
| Reason for leaving/considering change:       |                            |                         |  |

May we contact this employer?  Yes  No  Contact me first.

|  |                            |                         |  |
|--|----------------------------|-------------------------|--|
| 4. Most Recent Position Title                | Employer Name and Location | Employer's Phone Number | Dates Worked (Month and Year)<br>From: |
| Primary Duties:                              |                            |                         | To:                                    |
|  |                            |                         | Total Years/Months Worked              |
|  |                            |                         | # Hours Worked per Week                |
| Name and Title of Immediate Supervisor:      |                            |                         |  |
| Number and Type of Employees You Supervised: |                            |                         |  |
| Reason for leaving/considering change:       |                            |                         |  |

May we contact this employer?  Yes  No  Contact me first.

|  |                            |                         |  |
|--|----------------------------|-------------------------|--|
| 5. Most Recent Position Title                | Employer Name and Location | Employer's Phone Number | Dates Worked (Month and Year)<br>From: |
| Primary Duties:                              |                            |                         | To:                                    |
|  |                            |                         | Total Years/Months Worked              |
|  |                            |                         | # Hours Worked per Week                |
| Name and Title of Immediate Supervisor:      |                            |                         |  |
| Number and Type of Employees You Supervised: |                            |                         |  |
| Reason for leaving/considering change:       |                            |                         |  |

**Part 5. References**

Please provide the name, address, occupation and telephone number of three individuals, OTHER THAN RELATIVES OR FORMER EMPLOYERS, who know you well enough to provide information about you:

| NAME | ADDRESS | OCCUPATION | TELEPHONE # |
|------|---------|------------|-------------|
| 1.   |         |            |             |
|      |         |            |             |
| 2.   |         |            |             |
|      |         |            |             |
| 3.   |         |            |             |
|      |         |            |             |

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY THOSE APPLICATIONS THAT ARE SIGNED AND DATED ARE CONSIDERED VALID. IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK THEM BEFORE SIGNING.

I hereby certify that the information contained in this application is true and correct and without omission, and agree to have any of the statements checked by the City of Hermiston unless I have indicated to the contrary. I authorize the references listed above to provide the City any and all information concerning my previous employment and any pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to the City as well as from the use or disclosure of such information by the City or any of its agents, employees or representatives. I understand that any misrepresentation, falsification or material omission of the information on this application may result in my failure to receive an offer or, if I am hired, in my dismissal from employment.

In consideration of my employment, I agree to conform to the rules and standard of the City and agree that my employment can be terminated at any time. I understand that no employee or representative of the City other than the city manager has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. I also understand that all offers of employment are conditioned on the provision of satisfactory proof of an applicant's identity and legal authority to work in the United States. I understand that my employment may be subject to the satisfactory results of any pre-employment examinations required including testing for illegal drugs.

I have read and understand the above.

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Signature of Applicant

Date

**AUTHORIZATION FOR RELEASE OF INFORMATION TO  
THE HERMISTON POLICE DEPARTMENT**

TO: Any registrar, dean, principal or other authorized person at a school (university, college, high school, trade school or other); or  
Any past or present employer; or  
Any law enforcement agency or any department or agency of a city, county, state or federal government; or  
Any doctor, hospital, clinic, sanitarium or psychologist; or  
Any landlord, real estate or rental agency, mortgage institution, public utility or neighbor; or  
Any person having knowledge of my conduct or activities

I, \_\_\_\_\_, born \_\_\_\_\_ (date) also known as \_\_\_\_\_ (nicknames, aliases and maiden name, if applicable) hereby authorize the Hermiston Police Department or authorized representative bearing this release or copy thereof, to conduct inquiries, including but not limited to personal interviews and records checks, for determination of my eligibility to be granted for employment at the Hermiston Police Department. I authorize all persons who may have information or documents relevant to these inquiries to disclose and/or provide copies of it to the Hermiston Police Department or its agent, and I hereby release all persons from liability on account of such disclosures.

The information obtained from these inquiries is for the official use of the Hermiston Police Department and will not be disclosed to other parties except as permitted by me or as may be required by law.

This authorization is valid for a period of two years form the date given below.

A photocopy of this authorization is to be considered as valid as the original. Should there be any questions as to the validity of this authorization, I may be contacted as indicated below. Questions may also be directed to the Chief of Police, Hermiston Police Department, 330 S First Street, Hermiston, OR 97838 (541) 567-5519.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone # (optional): \_\_\_\_\_  
\_\_\_\_\_

THIS FORM MUST BE WITNESSED .....OR ..... NOTARIZED TO BE VALID

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Printed Name of Witness

\_\_\_\_\_  
Address of Witness

\_\_\_\_\_  
Date

State of \_\_\_\_\_  
County of \_\_\_\_\_

Subscribed and sworn to before me by  
\_\_\_\_\_ on this \_\_\_\_\_  
day of \_\_\_\_\_, 20\_\_.

Notary Public for \_\_\_\_\_

Commission Expires \_\_\_\_\_

(Seal)