



# City of Klamath Falls, Oregon EMPLOYMENT APPLICATION

HR USE ONLY	
_____ Vet Verified	_____ Education
_____ Experience	_____ References

Physical Address - 226 S. Fifth Street  
Mailing Address - P.O. Box 237  
Klamath Falls, Oregon 97601

Applications must be typed or printed in ink. **SUBMIT APPLICATION and FULL RESUME.** This application will be considered only for the specific position for which you have applied. If you wish to be considered for any other position, you must re-apply. For electronic submittal, an **electronic signature is required.** A completed application with resume may be emailed to [tthompson@klamathfalls.city](mailto:tthompson@klamathfalls.city) or delivered directly to the Human Resources Office.

Position applied for:		
Name:		
Current Address:		
City:	State:	Zip:
Phone Number:		
Email Address:		
Current Position:		Current Supervisor:
<p>1. In our business, some errors that are small at first glance are truly catastrophic. Describe something you've done that shows your commitment to getting something right the first time.</p>		

2. Good problem solving includes a careful review of the facts and weighing of options before making a decision. Give me an example and explanation of how you reached a practical decision to a problem by organizing the available facts and reviewing your potential solutions.

3. It can sometimes be challenging to deliver quality work especially in a difficult work environment (foul smell, wet, cold, loud equipment, repetitive tasks, etc.) Provide examples of when you were faced with difficult working conditions and how you managed to cope with the situations.

4. Give an example of an important personal or professional goal that you set in the past. Tell us about your success in reaching it. What are your short and long term goals?

# APPLICANT STATEMENT

In the event of my employment to a position with the City of Klamath Falls, I will comply with all rules and regulations of the City. I understand that the City of Klamath Falls reserves the right to require me to submit to a test for the presence of drugs in my system prior to employment and at any time during my employment, to the extent permitted by law. I also understand that any offer of employment may be contingent upon the passing of a physical examination. I consent to the disclosure of the results of any physical examination and related tests to the City of Klamath Falls.

I understand that the City of Klamath Falls may obtain and may investigate my driving record and my criminal record and may prepare a background report. I further understand that the City of Klamath Falls may contact my previous employers and I authorize those employers to disclose to the City of Klamath Falls all records and information pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, I hereby fully waive any rights or claims I have or may have against my former employers, their agents, employees, and representatives, as well as other individuals who release information to the City of Klamath Falls, and release them from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me. I authorize the persons named herein as personal references to provide the City of Klamath Falls with any pertinent information they may have regarding myself.

I hereby state that all the information that I provided on this application or any other documents filled out in connection with my employment, and in any interview, is true and correct. I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that if I am employed and any such information is later found to be false or incomplete in any respect, I may be dismissed.

If hired, I agree to conform to all rules and regulations of the City of Klamath Falls as they presently exist or are later modified. **I recognize that, if employed, my employment can be terminated, at the discretion of the Employer or at my option, at any time, except as specifically set forth in writing in a current collective bargaining agreement or City policy.** I also understand that only the City Manager or his/her authorized designee may make an offer of employment, and that no other representative of the Employer has any authority to enter into any employment agreement for any specified period of time, or to assure me of any future position, benefits, or terms and conditions of employment, except as specifically approved, in writing, by the City Manager or his/her authorized designee.

**Note:** If you, the applicant, have any questions regarding this statement, please ask them of the City of Klamath Falls Human Resources representative before signing.

## **DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT & AGREEMENT**

I hereby acknowledge that I have read the above statements and understand the same. I certify that all of the information that I have provided on this application is true and complete without omissions, and that I am eligible for employment in the United States. Valid digital signature is accepted in lieu of handwritten signature.

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Print Name

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Signature

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Date