

Position Applied for:

 **The City of Sodaville Application Form**

## THE INFORMATION YOU SUPPLY ON THIS FORM WILL BE TREATED IN CONFIDENCE.

**Please be aware that forms with missing information WILL NOT be considered.**

# Section 1 Personal details

Last Name: First Name:

Address:

|  |
| --- |
|  |
|  |
|  |

Zip Code:

Home Telephone No:

Daytime Telephone No:

Mobile Telephone No:

E-mail address:

re slected for interview you are required to provide evidence of the above details. Please bring with you:

Proof of eligibility to work in Ireland (Passport/Birth Certificate/Work Permit/Visas)

# Section 2 Present Employment

**Present Employment** (If now unemployed give details of last employer)

Name of Employer:

Address:

|  |
| --- |
|  |
|  |
|  |

Zip Code:

Position Title:

Date of Appointment: Salary:

Department / Section:

Brief description of duties:

Period of Notice Last day of service

(if no longer employed)**:**

Reason for leaving

(if no longer employed)**:**

# Section 3 Previous Employment

**Previous Employment** (most recent employer first).

Name of Employer:

Address:

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|  |

Position Held:

Summary of duties:

Reason for leaving:

Name of Employer:

Address:

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Position Held:

Summary of duties:

Reason for leaving:

# Section 4 Education

Qualifications obtained from Schools, Colleges and Universities. Please list highest qualification first:

|  |  |  |
| --- | --- | --- |
| College or University | Course | Qualifications and grades obtained |
|  |  |  |
| School | **Subjects** | Qualifications and grades obtained |
|  |  |  |

# Professional, Technical or Management Qualifications

Please give details:

|  |  |
| --- | --- |
| Professional/Technical/Management Qualifications | Course Details |
|  |  |
| Membership of any Professional / Technical Associations- Please state level of Membership: |

# Section 5 Training and Development

Please give details of any training and development courses or non-qualifications courses which support your application. Include any on the job training as well as formal courses.

|  |  |
| --- | --- |
| Title of Training Program me or Course | Duration of Course |
|  |  |

# Section 6 References

Please give the names and addresses of your two most recent employers (if applicable). If you are unable to do this, please clearly outline who your references are. ***Forms with no referees given WILL NOT be considered***.

Reference 1 Reference 2

Name: Name:

Position (job title):

Work Relationship:

Position (job title):

Work Relationship:

Organization: Organization:

Address: Address:

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|  |
|  |
| Zip code |  |

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|  |
|  |
|  |
| Zip Code |  |

Telephone No: Telephone No:

E-mail: E-mail:

Are you willing for this reference to be approached prior to the interview?

 Yes No

Are you willing for this reference to be approached prior to the interview?

 Yes No

# Section 8 Declaration

## Statement to be Signed by the Applicant

Please complete the following declaration and sign it in the appropriate place below. If this declaration is not completed and signed, your application will not be considered.

I hereby certify that:

* all the information given by me on this form is correct to the best of my knowledge
* all questions relating to me have been accurately and fully answered
* I possess all the qualifications which I claim to hold
* I understand that any omissions or misrepresentations of information on this application form may, in the event of my obtaining employment, result in disciplinary action, up to and including dismissal.

Signed: Date:

**Return Form with Cover Letter and Resume:**

**City of Sodaville**

**30723 Sodaville Road**

**Lebanon, OR 97355**

**Email Form with Cover Letter and Resume:**

**Sodaville@cityofsodaville.org**

**Inquiries Call:**

**541-258-8882 Office**

**or**

**541-905-2590**

 **cell of Current City Administrator Judy Smith**

City of Sodaville

City Administrator Position

R E T U R N I N G T H I S F O R M

By E-Mail:

:

Telephone: +353 (0) 47 38285

Fax: +353 (0) 47 72050