

CITY OF EUGENE - PRE-EMPLOYMENT BACKGROUND CHECK



POSITION FOR WHICH YOU ARE APPLYING: _____

NAME: _____
Last First Middle (full name-not initial)

(Other names you have used or been known by)

DATE OF BIRTH: _____ **GENDER:** MALE FEMALE

SOCIAL SECURITY NUMBER: _____

CURRENT DRIVER'S LICENSE NUMBER: _____ **STATE:** _____

OTHER STATES RESIDED IN AS AN ADULT:

It is important that we have current telephone number information from you should we need to contact you during the course of the pre-screen background investigation. Please indicate below the best times of day to reach you at your home, work (if you're able to receive calls), message or cellular/pager phone numbers:

Home _____ Best time to call _____
Do you have an answering machine or voice mail on your home phone? YES / NO

Work _____ Best time to call _____
(NOTE: If you are unable to receive calls at work, please do not list a work number)

Message _____ Best time to call _____

Cellular/Pager _____ Best time to call _____

CITY OF EUGENE PRE-EMPLOYMENT BACKGROUND REVIEW

The information you provide on this pre-employment background review will be used to assist the City of Eugene in determining your eligibility for employment. Please fill out the questionnaire completely and accurately. Keep in mind that all statements are subject to verification and deliberate inaccuracies or incomplete statements may bar or remove you from further consideration.

It is to your advantage to respond openly. Any negative factor in your background will be evaluated in terms of the circumstances and facts surrounding its occurrence, and its degree of relevance to the job. An evaluation will be made of the relevance of these facts to the requirements of the job.

You need not list an arrest and/or conviction when the record of such an incident has been sealed or expunged in accordance with ORS 137.225 and/or ORS 419.800-840.

Please print your responses to this questionnaire. If a question does not apply to you, write "N/A" (not applicable) in the space provided for your answer.

1. Have you ever been convicted of a crime or are you presently under indictment or awaiting trial on a crime? _____ (YES/NO) If yes, when, where, and a brief explanation.
2. Has your driver's license ever been suspended or revoked? _____ (YES/NO) If yes, when, where, and a brief explanation.
3. Are you awaiting trial/disposition on any traffic enforcement matter? _____ (YES/NO) If yes, when, where, and a brief explanation.
4. Describe your driving record for the past five (5) years--e.g. accidents, citations. Please give details including date(s) and type(s) of infraction(s) and circumstances of the accident(s).

The information on this form is true and accurate to the best of my knowledge. I acknowledge that any falsehoods or misrepresentation of facts will be grounds for disqualification from consideration and/or employment.

Signature

Date