EMPLOYMENT APPLICATION FOR THE CITY OF IRRIGON

Received: ____________________

QUESTIONS WITH AN * REQUIRE A RESPONSE. YOUR APPLICATION MAY NOT BE CONSIDERED IF INCOMPLETE.

JOB INFORMATION

	* POSITION TITLE:

PERSONAL INFORMATION

* FIRST NAME	MIDDLE INITIAL	* LAST NAME
* ADDRESS		
* CITY	* STATE	* ZIP
HOME PHONE	ALTERNATE PHONE	
* EMAIL ADDRESS	* WHICH METHOD DO YOU PREFER TO BE NOTIFIED ABOUT YOUR APPLICATION STATUS? ☐ EMAIL ☐ PAPER ☐ PHONE	

EDUCATION

WHAT IS YOUR HIGHEST LEVEL OF EDUCATION:

☐ Some High School ☐ Some College ☐ Associate's Degree ☐ Master's Degree
☐ High School ☐ Technical College ☐ Bachelor's Degree ☐ Doctorate

HIGH SCHOOL EDUCATION

DID YOU GRADUATE FROM HIGH SCHOOL OR RECEIVE A G.E.D.? YES ☐ NO ☐

IF NO, WHAT WAS THE HIGHEST LEVEL COMPLETED? 7 ☐ 8☐ 9☐ 10☐ 11☐ 12☐

SCHOOL NAME	CITY	STATE

COLLEGE/UNIVERSITY EDUCATION

SCHOOL NAME		DEGREE RECEIVED
SCHOOL LOCATION (CITY/STATE)	DID YOU GRADUATE? YES ☐ NO ☐	☐ SEMESTER ☐ QUARTER # OF UNITS COMPLETED:
MAJOR		

SCHOOL NAME		DEGREE RECEIVED
SCHOOL LOCATION (CITY/STATE)	DID YOU GRADUATE? YES ☐ NO ☐	☐ SEMESTER ☐ QUARTER # OF UNITS COMPLETED:
MAJOR		

SCHOOL NAME		DEGREE RECEIVED
SCHOOL LOCATION (CITY/STATE)	DID YOU GRADUATE? YES ☐ NO ☐	☐ SEMESTER ☐ QUARTER # OF UNITS COMPLETED:
MAJOR		

DRIVER'S LICENSE INFORMATION

* IF THE POSITION INVOLVES DRIVING, DO YOU HAVE A VALID LICENSE? YES ☐ NO ☐	STATE WHERE ISSUED	CLASS

CERTIFICATES & LICENSES

TYPE	DATE ISSUED (MONTH/YEAR)	EXPIRATION DATE (MONTH/YEAR)
LICENSE NUMBER	ISSUING AGENCY	

TYPE	DATE ISSUED (MONTH/YEAR)	EXPIRATION DATE (MONTH/YEAR)
LICENSE NUMBER	ISSUING AGENCY	

VERTERAN'S PREFERENCE

* ARE YOU A VETERAN? YES ☐ NO ☐ * ARE YOU REQUESTING PREFERENCE? YES ☐ NO ☐	PERIOD SERVED	BRANCH

WORK HISTORY

DATES From To	EMPLOYER	POSITION TITLE	
ADDRESS	CITY		STATE
COMPANY WEBSITE	PHONE NUMBER	SUPERVISOR (NAME & TITLE)	
HOURS WORKED PER WEEK		MAY WE CONTACT THIS EMPLOYER? YES ☐ NO ☐	

DUTIES

REASON FOR LEAVING

DATES From To	EMPLOYER	POSITION TITLE	
ADDRESS	CITY		STATE
COMPANY WEBSITE	PHONE NUMBER	SUPERVISOR (NAME & TITLE)	
HOURS WORKED PER WEEK		MAY WE CONTACT THIS EMPLOYER? YES ☐ NO ☐	

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ADDRESS	CITY		STATE
COMPANY WEBSITE	PHONE NUMBER	SUPERVISOR (NAME & TITLE)	
HOURS WORKED PER WEEK		MAY WE CONTACT THIS EMPLOYER? YES ☐ NO ☐	

DUTIES

REASON FOR LEAVING

REFERENCES

NAME:	RELATIONSHIP:	TIME KNOWN:	PHONE NUMBER: EMAIL ADDRESS:
NAME:	RELATIONSHIP:	TIME KNOWN:	PHONE NUMBER: EMAIL ADDRESS:
NAME:	RELATIONSHIP:	TIME KNOWN:	PHONE NUMBER: EMAIL ADDRESS:

SKILLS

OFFICE SKILLS	TYPING (NET WORDS PER MINUTE)	DATA ENTRY (NET WORDS PER MINUTE)

OTHER SKILLS

SKILL	SKILL LEVEL ☐ BEGINNER ☐ SKILLED ☐ EXPERT	EXPERIENCE (YEARS OR MONTHS)
SKILL	SKILL LEVEL ☐ BEGINNER ☐ SKILLED ☐ EXPERT	EXPERIENCE (YEARS OR MONTHS)
SKILL	SKILL LEVEL ☐ BEGINNER ☐ SKILLED ☐ EXPERT	EXPERIENCE (YEARS OR MONTHS)

LANGUAGES OTHER THAN ENGLISH THAT YOU ARE PROFICIENT IN

LANGUAGE ☐ SPEAK ☐ READ ☐WRITE	LANGUAGE ☐ SPEAK ☐ READ ☐WRITE

ADDITIONAL INFORMATION

Clinical Experience, Honors & Awards, Interests & Activities, Military Service, Personal, Professional Associations, Professional Memberships, Publications, Technical, Volunteer Experience, Other/Miscellaneous

ATTACHMENTS

Please list any attachments you are including with your application.

Signature

I hereby certify that I understand that I will have to produce documentation verifying identity and employment eligibility in the U.S. I understand that I may be required to verify any and all information given on this application.

I certify that all the information provided in this application is true and accurate and I have not withheld any information relative to my application. I understand that any misrepresentation or omission, as well as any misleading statements or omissions of application information, attachments or supporting documents may result in denial of employment or immediate termination.

I have read the job description and believe that I am qualified to the best of my ability.

I understand that the City of Irrigon is a drug free environment and that I may be required to take a pre-employment drug test of which I will successfully pass.

I understand that an in-depth background check may be conducted prior to employment with the City of Irrigon. This may include, but is not limited to, a Criminal History check, a DMV check, education and certification verification, and contact with previous employers and references in order to determine suitability for employment and ability to qualify for employment with the City of Irrigon.

I authorize representatives of the City of Irrigon to contact the employers and references listed in this application (or otherwise provided by me), except as otherwise indicated, and any other person as developed through these contacts in order to determine my suitability for employment. I understand that as the process progresses I may be required to provide additional information in order that a thorough background check can be completed. I understand and agree that, if hired, my employment relationship with the City of Irrigon will be "at-will," meaning for no definite period and the relationship may be terminated at any time and without prior notice by either party. I understand that this completed application is the property of the City of Irrigon and will not be returned. I understand that I must notify the Human Resources department of the City of Irrigon of any changes in my name, address, or phone number.

I have read and understand the above information.

x_____ _____

SIGNATURE OF APPLICANT DATE

SUPPLEMENTAL QUESTIONS

The purpose of the following questions is to provide us with statistics needed to evaluate our recruitment program as well as to prepare statistical reports required by Federal, State and local agencies. The information obtained also includes additional job related information, such as your preference of work hours and locations, to better evaluate you for the position for which you are applying.

QUESTIONS WITH AN * REQUIRE A RESPONSE. YOUR APPLICATION MAY NOT BE CONSIDERED IF INCOMPLETE.

	* MONTH/DAY OF BIRTH:

*1. IN ADDITION TO THE "OTHER NAME" YOU MAY HAVE ALREADY PROVIDED, ARE THERE ADDITIONAL NAMES YOU HAVE WORKED OR ATTEND SCHOOL UNDER? IF SO, UNDER WHAT NAME(S)? IF YOU HAVE NEVER WORKED OR ATTENDED SCHOOL UNDER ANOTHER NAME, PLEASE ENTER "NA."

☐ NA

*2. DATE YOU ARE AVAILABLE TO START.

*3. PLEASE INDICATE WHICH HOURS YOU ARE WILLING TO WORK: (CHECK ALL THAT APPLY)

☐ FULL TIME ☐ PART TIME ☐ TEMPORARY FULL TIME ☐ TEMPORARY PART TIME ☐ VOLUNTEER ☐ INTERNSHIP

IF YOU MARKED THAT YOU ARE NOT AVAILABLE FOR ALL HOURS OR DAYS, YOU ARE WELCOME TO PROVIDE AN EXPLANATION.

* 4. HOW DID YOU LEARN ABOUT OUR JOB OPENING

*5. HAVE YOU PREVIOUSLY WORKED FOR THE CITY OF IRRIGON?

◯ YES

◯ NO

*6. This is a voluntary question; however, if you are interested in veterans hiring considerations, we will need to know your veteran's status. Do you meet the definition of a veteran? A veteran is defined as: (1) A veteran must have served on active duty with the Armed Forces of the United States for a period of more than 90 consecutive days beginning January 31, 1955 or 178 consecutive days beginning after January 31, 1955, and have been discharged under honorable conditions; or (2) A veteran must have served on active duty with the Armed Forces of the United States for 178 days or less and have been discharged under honorable conditions because of a service-connected disability (disabled veteran); or (3) A veteran must have served on active duty with the Armed Forces of the United States for at least one day in a combat zone and have been discharged under honorable conditions; or (4) A veteran must have received a qualifying military decoration for service in the Armed Forces of the United States; or (5) Be receiving a nonservice-connected pension from the US Dept. of Veterans Affairs. A veteran may submit his/her Certificate of Release or Discharge from Active Duty (a federal DD form 214 or 215) with his/her application for employment.

◯ YES

◯ NO

* 7. This is a voluntary question; however, if you are interested in disabled veterans hiring considerations, we will need to know your veteran's status. The definition of a disabled veteran is: (1) Entitled to disability compensation under laws administered by the US Dept. of Veterans Affairs; or (2) Discharged or released from active duty for a disability incurred or aggravated in the line of duty; or (3) Awarded the Purple Heart for wounds received in combat. A disabled veteran may submit a copy of his/her veteran's disability preference letter from the U.S. Department of Veterans Affairs.

◯ YES

◯ NO

*8. ARE YOU WILLING TO RELOCATE?

◯ YES

◯ NO

Veterans' Preference Form

Under Oregon law, veterans who meet the minimum qualifications for a position may be eligible for employment preference. If you think you may qualify, **please read this document carefully**. Check the box for each item that applies to you.

This completed form and the required documentation must be submitted at the time you submit your employment application. Please indicate in your application cover letter that you are requesting veterans' preference and submit this completed form along with proof of eligibility via the reupload spaces available on Step 5 of the Prothman application process. Information submitted on or with this form will be used for the purpose of determining and awarding veterans' preference in accordance with ORS 408.230.

Part 1 Qualified Veteran You may claim veteran's preference if you are able to check at least one of the following seven boxes and provide proof of eligibility by submitting a copy of your DD-214 or 215 and Certificate of Honorable Discharge if the DD-214 or 215 does not specifically indicate such. *"Active duty" does not include attendance at a school under military orders, except schooling incident to an active enlistment or a regular tour of duty, or normal military training as a reserve officer or member of an organized reserve or a National Guard unit.*

ORS 408.225(1)(e)

- ☐ I served on active duty with the Armed Forces of the United States for a period of more than 90 consecutive days beginning on or before January 31, 1955 and was discharged or released under honorable conditions; or
- ☐ I served on active duty with the Armed Forces of the United States for a period of more than 178 consecutive days after January 31, 1955 and was discharged or released under honorable conditions; or
- ☐ I served on active duty with the Armed Forces of the United States for 178 days or less and was discharged or released from active duty under honorable conditions because of a service-connected disability; or
- ☐ I served on active duty with the Armed Forces of the United States for 178 days or less and was discharged or released from active duty under honorable conditions and have a disability rating from the United States Department of Veterans Affairs; or
- ☐ I served on active duty with the Armed Forces of the United States for at least one day in a combat zone and was discharged or released from active duty under honorable conditions; or
- ☐ I received a combat or campaign ribbon or an expeditionary medal for service in the Armed Forces of the United States and was discharged or released from active duty under honorable conditions; or
- ☐ I am receiving a nonservice-connected pension from the United States Department of Veterans Affairs.

Part 2 Qualified Disabled Veteran You may claim additional employment preference if you can check any of the following three boxes and provide proof of eligibility by submitting both (1) a copy of your DD-214 or 215 and Certificate of Honorable Discharge if the DD-214 or 215 does not specifically indicate such, **and** (2) a public employment preference letter from the United Sates Department of Veterans Affairs or other verifiable documentation certifying disabled veteran status.

ORS 408.255(1)(c)

- ☐ I am entitled to disability compensation under laws administered by the United States Department of Veterans Affairs; or
- ☐ I was discharged or released from active duty for a disability incurred or aggravated in the line of duty; or
- ☐ I was awarded the Purple Heart for wounds received in combat.

I hereby claim veteran's preference and certify that the above information is true and correct. I understand that any false statements may be cause for my disqualification or dismissal, regardless of when discovered.

Print Name _____ Position Applied For _____

Signature _____ Date _____

Preference will not be awarded without proper documentation. You must submit your DD-214 or 215 ***and other listed documents*** *prior to the application deadline. Late or incomplete submittals will not be considered.*