



EMPLOYMENT APPLICATION

The City of Stayton, Oregon makes its employment decisions without regard to race, color, gender, national origin, religion, marital status, age, prior industrial injury, mental or physical disabilities unrelated to job performance, or veterans. The City of Stayton is a drug-free workplace and complies with the Oregon Smoke-Free Workplace law. Candidates who are provided a conditional offer of employment will be subject to a criminal history records check. Those candidates who will be in a safety sensitive position will be subject to a pre-employment drug test. Those candidates who will be required to hold a driver's license will be subject to a pre-employment DMV records check to ensure a safe driving record.

THIS APPLICATION WILL BE CONSIDERED ONLY FOR THIS SPECIFIC JOB POSITION. IT WILL NOT BE RETAINED FOR FUTURE POSITIONS. IF YOU DESIRE TO BE CONSIDERED FOR A POSITION AT A FUTURE TIME, YOU MUST FILE A NEW APPLICATION. IF HIRED, THIS APPLICATION WILL BECOME PART OF YOUR PERMANENT PERSONNEL FILE.

AN INCOMPLETE APPLICATION WILL NOT BE CONSIDERED. USE ADDITIONAL SHEETS IF MORE SPACE IS NEEDED.

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

DRIVER'S LICENSE INFORMATION

IF THE POSITION INVOLVES DRIVING, DO YOU HAVE A VALID LICENSE? YES NO

STATE WHERE ISSUED

CLASS

CERTIFICATES & LICENSES (RELATED TO POSITION)

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

WORK HISTORY

DATES			
From	To	EMPLOYER	
ADDRESS		CITY	STATE
MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>		PHONE NUMBER	SUPERVISOR (NAME & TITLE)
DUTIES			
REASON FOR LEAVING			

DATES			
From	To	EMPLOYER	
ADDRESS		CITY	STATE
MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>		PHONE NUMBER	SUPERVISOR (NAME & TITLE)
DUTIES			
REASON FOR LEAVING			

WORK HISTORY

DATES From	To	EMPLOYER	POSITION TITLE
ADDRESS	CITY		STATE
MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>	PHONE NUMBER	SUPERVISOR (NAME & TITLE)	
DUTIES			

REASON FOR LEAVING

DATES From	To	EMPLOYER	POSITION TITLE
ADDRESS	CITY		STATE
MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>	PHONE NUMBER	SUPERVISOR (NAME & TITLE)	

DUTIES			
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REASON FOR LEAVING

SKILLS

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

SKILL	SKILL LEVEL <input type="checkbox"/> BEGINNER <input type="checkbox"/> SKILLED <input type="checkbox"/> EXPERT	EXPERIENCE (YEARS OR MONTHS)
SKILL	SKILL LEVEL <input type="checkbox"/> BEGINNER <input type="checkbox"/> SKILLED <input type="checkbox"/> EXPERT	EXPERIENCE (YEARS OR MONTHS)
SKILL	SKILL LEVEL <input type="checkbox"/> BEGINNER <input type="checkbox"/> SKILLED <input type="checkbox"/> EXPERT	EXPERIENCE (YEARS OR MONTHS)

EMPLOYMENT OBJECTIVE**ADDITIONAL INFORMATION**

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

ATTACHMENTS

Please list any attachments you are including with your application.

PROFESSIONAL REFERENCES

Please list three to four professional references, other than family, who are familiar with your work experience and job performance.

<i>Name</i>	<i>Address</i>	<i>Phone Number</i>	<i>Occupation</i>

IMMIGRATION AND REFORM AND CONTROL ACT OF 1986

If hired, you will be required to submit identification in accordance with the Immigration and Naturalization Service Requirements. Do you have the legal right to work in the United States?

YES NO

ABILITY TO PERFORM THE ESSENTIAL JOB FUNCTIONS

A job description detailing the essential functions and duties of the job for which you are applying is attached. Are you able to perform the essential job functions or duties listed with or without accommodation?

YES NO

SIGNATURE VERBIAGE

I hereby certify that I understand 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 understand that a background check will be conducted prior to employment with the City of Stayton. 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 Stayton.

I authorize representatives of the City of Stayton 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 Stayton 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 Stayton and will not be returned. I understand that I must notify the Human Resources department of the City of Stayton of any changes in my name, address, or phone number.

I have read and understand the above information.

Signature

Date

Print Name



VETERANS' PREFERENCE FORM

The City of Stayton complies fully with ORS 408.230 regarding Veterans' Preference in Hiring. Please submit your completed form and DD-214 (or 215) and/or other required paperwork with your employment application by the posting deadline.

Under Oregon law, veterans who meet minimum qualifications for a position may be eligible for employment preference. Please read the following checklist carefully, and check the box for each item that is appropriate. If you need further explanation or have special circumstances, please contact the City of Stayton's Human Resources Department at (503) 769-3425.

This completed form and the required documentation must be submitted at the time you submit your application. Preference will not be applied unless you submit the appropriate documentation by the application deadline. The hiring department will be notified of your veteran status, and the form and supporting documentation will be kept in a secure location, separate from your employment application.

Please complete this form and submit along with your application materials.

A. QUALIFIED VETERAN QUESTIONS: You may claim veterans' preference if you check at least one of the boxes below and provide proof by submitting a copy of your DD-214 or 215 (Copy 4):

ORS 408.225(f)

- 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 beginning after January 31, 1955, and was discharged or released from active duty 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.
- I am receiving a nonservice-connected pension from the United States Department of Veterans Affairs.

"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 National Guard unit.

Please turn over and complete next page.

B. QUALIFIED DISABLED VETERAN QUESTIONS: You may claim additional preference if you can check at least one box in the section below and provide proof of eligibility by submitting both of the following documents:

- 1) A copy of your DD-214 or 215, Certificate of Release or Discharge, Copy 4, and
- 2) A public employment preference letter from the United States Department of Veterans Affairs. To order the letter call 1-800-827-1000 and request a public employment preference letter.

ORS 408.225(c)

- I am entitled to disability compensation under laws administered by the US 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 veterans' preference, have attached proof of eligibility (as referenced above), and certify that the above information and supporting documentation is true and correct. I understand that any false statements or misrepresentations made by me may be cause for my disqualification or dismissal, regardless of when discovered.

Print Name

Last 4 digits of your Social Security Number

Signature of Applicant

Date

Position Applied for: _____

Preference may not be awarded without the appropriate documentation. You **must** submit your DD-214 or 215 in all cases. If you are claiming disabled veteran preference you must also submit the public employment preference letter from the Department of Veterans Affairs. You will not receive preference without these accompanying documents.