



CITY OF CLATSKANIE APPLICATION FOR EMPLOYMENT



City of Clatskanie is an equal opportunity employer. All applicants will be considered without regard to age, race, color, national origin, religion, sex, sexual orientation, gender identity, mental or physical disability, or other protected status in accordance with applicable federal and state equal employment opportunity laws. If you require an accommodation to participate in our application process, please contact the City Manager at (503) 728-2622.

NAME: _____ TELEPHONE: (____) _____

ADDRESS: _____

POSITION APPLIED FOR: _____ DATE AVAILABLE FOR EMPLOYMENT: _____

Are you at least 18 years of age? Yes No

Have you ever been employed by City of Clatskanie? Yes No

Are you currently employed? Yes No May we contact your present employer? Yes No

If yes, please give contact name and phone number: _____

Are you eligible to work in the United States? Yes No

For positions that require driving: Do you have a valid driver's license? Yes No

License No.: _____ Has your license been suspended or revoked in the last 3 years? Yes No

Available to work: FULL TIME PART-TIME OVERTIME

EDUCATION

HIGH SCHOOL NAME: _____ YEARS COMPLETED 9 10 11 12

COLLEGE NAME: _____ YEARS COMPLETED 1 2 3 4

COURSE OF STUDY/DEGREE: _____

GRADUATE COLLEGE NAME _____ YEARS COMPLETED 1 2 3 4

COURSE OF STUDY/DEGREE _____

POST-GRADUATE OR OTHER VOCATIONAL, TECHNICAL, OR OTHER EDUCATION AND TRAINING:

YEARS COMPLETED 1 2 3 4

COURSE OF STUDY/DEGREE _____

SPECIAL SKILLS, QUALIFICATIONS, CERTIFICATIONS

List and summarize any special certifications, skills and qualifications, volunteer activities, military training or experience, or other training or other activities related to the job you are seeking. ***For military veterans, please include information on any transferrable skills obtained through military education or experience that relate, directly or indirectly, to the position for which you are applying.***

REFERENCES

List 3 non-relatives who are familiar with your skills, qualifications, work history and work performance.

NAME	OCCUPATION/RELATIONSHIP	YEARS KNOWN	TELEPHONE
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EMPLOYMENT EXPERIENCE

List your five (5) most recent jobs in order, including self-employment, starting with your present or most recent job. If you worked employed under another name, state that name. **DO NOT SKIP ANY JOB.**

EMPLOYER: _____ Supervisor's Name: _____

Address _____

Telephone (____) _____

Your Job Position: _____ From: _____ To: _____

What did you like most about your job? _____

What did you like least about your job? _____

Were you discharged from this job? Yes No

If No, what was your reason for leaving: _____

EMPLOYER: _____ Supervisor's Name: _____

Address _____

Telephone (____) _____

Your Job Position: _____ From: _____ To: _____

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EMPLOYER: _____ Supervisor's Name: _____

Address _____

Telephone (____) _____

Your Job Position: _____ From: _____ To: _____

What did you like most about your job? _____

What did you like least about your job? _____

Were you discharged from this job? Yes No

If No, what was your reason for leaving: _____

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY THOSE APPLICATIONS THAT ARE FULLY COMPLETED, SIGNED AND DATED ARE CONSIDERED VALID. IF YOU HAVE ANY QUESTIONS REGARDING THESE STATEMENTS, PLEASE ASK THEM BEFORE SIGNING.

1. All answers and statements I have made on this application (and resume or other supplementary materials) are true and complete without omissions. I understand that any false, misleading, or incomplete information will be grounds for refusal to hire or for immediate discharge if I am employed. I authorize the City to obtain information about me from any of the prior employers or persons named in this application, including those provided by me as references. I also agree to sign an authorization releasing these prior employers and persons of liability for providing such information.

Please initial: _____

2. I understand that if I am offered employment, I will be required to pass a criminal history check and may also be required to pass a driver's record check, credit check, pre-employment drug screen, and/or physical as a condition of being hired, depending on the position for which I am applying and consistent with applicable laws.

Please initial: _____

3. I understand that if I am hired I will be responsible for complying with all policies and rules of the City as they presently exist or are later modified. I also understand that except as otherwise provided in an applicable collective bargaining agreement, civil service rules, or other written employment agreement signed by the City Manager, my employment with the City will be terminable at-will for any reason and at any time without notice, at the option of the City or myself, except as prohibited by applicable law.

Please initial: _____

4. I also understand that nothing in this application, the interview, or hiring process or in an offer of employment creates a contract for employment or continued employment with the City, and that no representative of the City has any authority to change my at-will employment status or to otherwise 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 stated in a written agreement signed and dated by the City Manager.

Please initial:

I have read, understand and agree with all of the above statements.

By: _____
Signature of Applicant

Date

NOTE: This application is only valid for the job position and job opening applied for. To be considered for other job positions or job openings, you must submit a new application. Completed applications must be received by the personnel office no later than 5:00pm on the closing date.

Veteran's Preference Form

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 applies to you. If you need further explanation or have special circumstances, please call Greg Hinkelman at (503) 729-2622.

IN ORDER TO BE ELIGIBLE TO RECEIVE VETERAN'S PREFERENCE, THIS COMPLETED FORM AND THE REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED TO GREG HINKELMAN. PREFERENCE WILL NOT BE AWARDED WITHOUT THE APPROPRIATE DOCUMENTATION.

A. QUALIFIED VETERAN QUESTIONS: You may claim veteran's preference if you check at least one box below and provide proof of eligibility by submitting a copy of your form DD-214 or DD-215 that includes your discharge status.

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
- 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
- For 178 days or less and was discharged or released from active duty under honorable conditions because of a service-connected disability, or
- 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
- 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 activity duty under honorable conditions; **or**
- I am receiving a nonservice-connected pension from the United States Department of Veterans Affairs.

Please see the next page for applicable definitions.

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

1. A copy of your DD-214 or DD-215, Certificate of Release or Discharge, Copy 4, and
2. A public employment veteran's disability preference letter from the United States Department of Veterans' Affairs (unless the information is included in the DD Form 214/215). To order the letter, call 1-800-827-1000 and request a public employment preference letter.

- I have a disability rating through 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 points 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

Service Number

Signature of Applicant

Date

Position Applied For _____

DEFINITIONS

Armed Forces means the United States Army, Navy, Marine Corps, Air Force, and Coast Guard, including the reserve components thereof. (Title 38 USC Part I Chapter 1 Section 101).

Reserve components mean:

- (a) The Army Reserve;
- (b) The Navy Reserve;
- (c) The Marine Corps Reserve;
- (d) The Air force Reserve;
- (e) The Coast Guard Reserve;
- (f) The Army National Guard of the United States; and
- (g) The Air National Guard of the United States.

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.

Combat zone means an area designated by the President of the United States by executive order in which, on the dates designated by executive order, the Armed Forces of the United States are or have engaged in combat.

Veteran means a person who:

- (a) Served on active duty with the Armed Forces of the United States:
 - (A) For a period of more than 90 consecutive days beginning on or before January 31, 1955, and was discharged or released under honorable conditions;
 - (B) 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;
 - (C) For 178 days or less and was discharged or released from active duty under honorable conditions because of a service-connected disability;
 - (D) For 178 days or less and was discharged or released from active duty under honorable conditions and has a disability rating from the United States Department of Veterans Affairs; or
 - (E) For at least one day in a combat zone and was discharged or released from active duty under honorable conditions;
- (b) 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
- (c) Is receiving a nonservice-connected pension from the United States Department of Veterans Affairs.

Disabled veteran means a person who has a disability rating from the United States Department of Veterans Affairs, a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty or a person who was awarded the Purple Heart for wounds received in combat.