

EMPLOYMENT APPLICATION			
CITY OF JOHN DAY			
		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? <input type="checkbox"/> EMAIL <input type="checkbox"/> PAPER <input type="checkbox"/> PHONE	
EDUCATION			
WHAT IS YOUR HIGHEST LEVEL OF EDUCATION:			
<input type="checkbox"/> Some High School		<input type="checkbox"/> Some College	<input type="checkbox"/> Associate's Degree
<input type="checkbox"/> High School		<input type="checkbox"/> Technical College	<input type="checkbox"/> Bachelor's Degree
			<input type="checkbox"/> Master's Degree
			<input type="checkbox"/> Doctorate
HIGH SCHOOL EDUCATION			
DID YOU GRADUATE FROM HIGH SCHOOL OR RECEIVE A G.E.D.? YES <input type="checkbox"/> NO <input type="checkbox"/>			
IF NO, WHAT WAS THE HIGHEST LEVEL COMPLETED? 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/>			
SCHOOL NAME		CITY	STATE
COLLEGE/UNIVERSITY EDUCATION			
SCHOOL NAME		DEGREE RECEIVED	
SCHOOL LOCATION (CITY/STATE)		DID YOU GRADUATE? YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> SEMESTER <input type="checkbox"/> QUARTER # OF UNITS COMPLETED:
MAJOR			
SCHOOL NAME		DEGREE RECEIVED	
SCHOOL LOCATION (CITY/STATE)		DID YOU GRADUATE? YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> SEMESTER <input type="checkbox"/> QUARTER # OF UNITS COMPLETED:
MAJOR			
SCHOOL NAME		DEGREE RECEIVED	
SCHOOL LOCATION (CITY/STATE)		DID YOU GRADUATE? YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> SEMESTER <input type="checkbox"/> QUARTER # OF UNITS COMPLETED:
MAJOR			
DRIVER'S LICENSE INFORMATION			
* IF THE POSITION INVOLVES DRIVING, DO YOU HAVE A VALID LICENSE? YES <input type="checkbox"/> NO <input type="checkbox"/>		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	

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


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

DUTIES
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## WORK HISTORY

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

## DUTIES

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

## DUTIES

SKILLS		
OFFICE SKILLS	TYPING (NET WORDS PER MINUTE)	DATA ENTRY (NET WORDS PER MINUTE)
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)
LANGUAGES OTHER THAN ENGLISH THAT YOU ARE PROFICIENT IN		
LANGUAGE <input type="checkbox"/> SPEAK <input type="checkbox"/> READ <input type="checkbox"/> WRITE	LANGUAGE <input type="checkbox"/> SPEAK <input type="checkbox"/> READ <input type="checkbox"/> WRITE	
EMPLOYMENT OBJECTIVE		
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.		
EQUAL EMPLOYMENT OPPORTUNITY		
<p>City of John Day provides equal employment opportunity to all qualified employees and applicants, without regard to race, color, religion, gender, sexual orientation, national origin, age, disability, genetic information, veteran's status, or any other status protected by applicable federal, Oregon, or local law. Our Equal Employment Opportunity policy applies to all aspects of the employment relationship including, but not limited to, recruitment, hiring, compensation, promotion, demotion, transfer, disciplinary action, layoff, recall, and termination of employment. To claim veterans' preference in hiring, complete the Veteran's Preference Form and submit it with the required documentation at the time you submit this application.</p> <p>THIS APPLICATION WILL BE CONSIDERED FOR THIS SPECIFIC JOB. 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 BE COME PART OF YOUR PERMANENT PERSONNEL FILE. PLEASE PRINT OR TYPE. YOUR APPLICATION MAY NOT BE CONSIDERED IF INCOMPLETE OR SUBMITTED PAST AN ESTABLISHED DEADLINE.</p>		

**Signature Verbiage**

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 understand that an in-depth background check may be conducted prior to employment with City of John Day. 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 City of John Day.

I authorize representatives of City of John Day 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 City of John Day 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 City of John Day and will not be returned. I understand that I must notify the Human Resources department of City of John Day 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. HAVE YOU PREVIOUSLY WORKED FOR CITY OF JOHN DAY?

☐ YES

☐ NO

\*5. 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

\* 6. 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

\*7. ARE YOU WILLING TO RELOCATE?

☐ YES

☐ NO

## **Veterans' Preference Form (ORS 408.230)**

Veterans who meet the minimum qualifications for a position open for recruitment may be eligible for preference in employment under Oregon law. If you are a Qualified Veteran or Qualified Disabled Veteran and would like to be granted preference in the selection and hiring process for a specific posted job, please fill out this Veterans' Preference Form and provide proof of eligibility by submitting a copy of form DD-214 or 215 (copy 4). This completed form and required supporting documentation must be submitted with your application in order for consideration for Veterans' Preference.

**Qualified Veteran Questions:** *Veterans' preference may be claimed if you check at least one of the boxes below and provide proof via form 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
- ☐ 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
- ☐ For a period of 178 days or less and was discharged or released from active duty under honorable conditions because of a service due to a service-related disability
- ☐ For a period of 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
- ☐ For at least one day in a combat zone and was discharged or released from active duty under honorable conditions
- ☐ And 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
- ☐ And am receiving a nonservice – connected pension from the United States Department of Veterans Affairs

**Qualified Disabled Veteran Questions:** *Additional preference may be claimed if you check at least one box below and provide proof of eligibility via a copy of DD214 or 15, Copy 4, and a public employment preference letter from the United States Department of Veteran's Affairs (letter may be requested by calling 800-827-1000)*

- ☐ 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 Veterans' Preference, have attached proof of eligibility as directed 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.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Position Applied For:** \_\_\_\_\_