Application for Employment



The 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.

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.

Position										
Position Applying For				Available Start Date			Desired Pay			
Personal Infor	mati	on								
Name										
ddress City							State Zip			
Phone Number Mobile Number Email Ad			Email Add	dress						
Are you able, at the time of (Proof of identity will be re				ification of y	/our	legal right to work in	the L	Inited State	s? Yes 🗆	No 🗆
Education	List any colleges, military, trade, business or other schools attended.									
Do you have a high school	diploma d	or GED Certifi	icate?	Yes□ No						
School Name	School Name Locati			ion	Diploma/Degree Major/Minor				d you duate?	
Certificates &	Licen	ises		ny professio osition.	nal li	cense, registration, or	certif	icate require	ed or prefer	red for
Туре	Issuing Agency Date Issued Date E				Expires					

References					
Name	Title	Company			Phone
Employment History					
This information in this section will be used to or List ONLY the job(s) (paid, military or volunteer your duties, starting with your most recent job accepted in place of a completed application. If) where you obtained the exp	erience that qualifies only if required on t	you for he job a	the job. Clea	rly describe all of
Employer (1)	Jol	Title		Dates Emp	oloyed
Address	Cit	у	State		Zip
Supervisor Name	Ph	one Number	May w	e contact? Yes No	
Reason for leaving					
Duties					
Employer (2)	Jol	Title		Dates Emp	oloyed
	611		G		T →·
Address	Cit	У	State		Zip
Supervisor Name	Ph	one Number	May w	e contact?	_
Reason for leaving				Yes 🗆 No) U
_					
Duties					

Employer (3)	Job Title		Dates Employed		
Address	City	State		Zip	
Supervisor Name	Phone Number	May we contact?		No □	
Reason for leaving	,				
Duties					
Employer (4)	Job Title	Dates Emp		oloyed	
Address	City	State		Zip	
Supervisor Name	Phone Number	May we contact? Yes □ No □			
Reason for leaving					
Duties					
Certification & Signature					
I hereby certify that all statements made in this application are true, fraudulent, or misleading in this application or attached material, do course of any employment-related process (post hire) may result in	uring the interview or scr	eening _l	process , or d	iscovered in the	
 I certify that all statements contained herein are true and c I understand that I must provide proof I am authorized to w am hired. 		in acco	ordance with	federal law, if I	
 I authorize the employing agency to verify the employmen application. 				employment	
 I authorize my driving record to be checked if the position f I understand and agree to be subjected to a pre-employme applicable. 				round check, if	
Signature:	Dat	te:			

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-connected 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; or
For at least one day in a combat zone and was discharged or released from active duty under honorable conditions;
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
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:

This form and supporting documentation must be received by the City no later than the closing time and date of the job posting. If you have any specific questions please contact Melissa Bethel.