

City of Independence

Employment Application

Received: _____

Job Information

Position Applying for: _____

Personal Information

First Name	Middle Initial	Last Name
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Address _____

City	State	Zip
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Home Phone	Alternate Phone
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Email Address _____

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 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
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College University Education

School Name	Degree Received
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School Location (City/ State)	Did you Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Semesters <input type="checkbox"/> Quarters # Of Units Completed:
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Major _____

School Name	Degree Received
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School Location (City/ State)	Did you Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Semesters <input type="checkbox"/> Quarters # Of Units Completed:
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Major _____

School Name	Degree Received
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School Location (City/ State)	Did you Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Semesters <input type="checkbox"/> Quarters # Of Units Completed:
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Major _____

Driver's License Information

If the position involves driving, do you have a valid driver's license	Date Issued (Month/ Year)	Expiration Date
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License Number	State
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Additional Information

Have you ever been employed by the City of Independence? Yes NO

Work History

Date From	To	Employer	Position Title
Address		City	State
Company Website	Phone		Supervisor (Name & Title)
Hours Worked Per Week	Monthly Salary	May we Contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Duties

Date From	To	Employer	Position Title
Address		City	State
Company Website	Phone		Supervisor (Name & Title)
Hours Worked Per Week	Monthly Salary	May we Contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Duties

Date From	To	Employer	Position Title
Address		City	State
Company Website	Phone		Supervisor (Name & Title)
Hours Worked Per Week	Monthly Salary	May we Contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Duties

Please Use an additional paper for work experience if needed.

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)
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.

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 the City of Independence. This may include, but is not limited to, a Criminal History check, a DMV check, Drug Screening, 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 Independence.

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

I have read and understand the above information.

X _____
SIGNATURE OF APPLICANT

DATE

Veteran's Preference Form

Under Oregon law, veterans who meet the minimum qualifications for a position may be eligible for employment preference. If you think you qualify, **please read this document carefully**. Check each box that applies to you. If you need further explanation or have special circumstances, call Amanda Rice HR Analyst 503-838-1212.

This completed form and the required documentation must be submitted at the time you submit your employment application. Information submitted on or with this form will be used solely to determine your veteran's preference.

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 Certification of Honorable Discharge if the DD-214 or 215 does not specifically indicate the type of discharge) or a letter from the United States Department of Veterans Affairs indicating you receive a nonservice-connected pension. "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 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; 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 veteran's preference if you can check any of the following three 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 the type of discharge) and a public employment preference letter from the United States Department of Veterans Affairs or other verifiable documentation certifying disabled veteran status.

ORS 408.225(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 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. Late or incomplete submittals will not be considered.

Qualified veterans receive 5 preference points and qualified disabled veterans receive 10 preference points, applied at each step of the application process that would result in a disqualification.

AFFIRMATIVE ACTION INFORMATION

This information is voluntary and will be kept separate and confidential.

The City of Independence is dedicated to a policy of equal opportunity in employment without regard to race, color, gender, age, religion, national origin, disability, marital status, veteran status or any other legally protected status.

The following information is necessary for the City of Independence to evaluate its hiring practices consistent with its commitment to further the principle of Equal Employment Opportunity and to prepare reports required by law for the State and Federal governments.

Position Applied For: _____ Gender Female Male

Date of Application: _____ Date of Birth _____

Racial Category (More than one may be selected)

<input type="checkbox"/> White Caucasian (not of Latino origin)	All persons having origins in any of the original peoples of Europe, North America, or Middle East.
<input type="checkbox"/> Black or African American (not of Latino origin)	All persons having origins in any of the African American racial groups.
<input type="checkbox"/> American Indian or Alaskan Native	All persons having origins in any of the original peoples of North America who maintain cultural identification through tribal affiliation of community recognition.
<input type="checkbox"/> Native Hawaiian or other Pacific Islander	This area includes, for example The Hawaiian Islands, the Philippine Islands, Guam or Samoa.
<input type="checkbox"/> Other	

Ethnic Category

<input type="checkbox"/> Latino	All persons of Mexico, Puerto Rican, Cuban, Central or South America, or other Spanish culture of origin, regardless of race.
<input type="checkbox"/> Non-Latino	