

APPLICATION FOR EMPLOYMENT



207 NW PLEASANT, P.O. Box 940,
MYRTLE CREEK, OR 97457
PHONE 541-863-3171,
FAX 541-863-6851
WWW.CITYOFMYRTLECREEK.COM

The City of Myrtle Creek is an Equal Opportunity employer and considers applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, mental or physical disability, or any other legally protected status.

This application **MUST** be completed for employment consideration. Resumes may be attached, but are **NOT** acceptable as a substitute for completing this application.

File a separate application for each position desired.

Position Applied For: _____ Date of Application: _____

Last Name: _____ First Name: _____ Middle Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone Number(s): _____

Email Address: _____

DL#: _____ State Exp. Date: _____ Class: _____

How Did You Learn About Us? Newspaper Employment Agency Walk - In Website
Other (please identify): _____

Are you 18 years of age or older? Yes _____ No _____

Have you ever filed an application with us before ? Yes _____ No _____

If yes, give date _____

Are you currently employed? Yes _____ No _____

May we contact your present employer? Yes _____ No _____

Have you ever been employed under another name? Yes _____ No _____

If yes, please explain:

Do you have the legal right to work in the U.S.? (Proof of identity and eligibility will be required upon employment) Yes _____ No _____

On what date would you be available for work? _____

Are you available to work: Full time _____ Part Time _____ Temporary _____

Are you currently on "lay-off" and subject to recall? Yes _____ No _____

WORD PROCESSING/EXCEL PROGRAMS _____

EMPLOYMENT HISTORY

List your last four (4) employers, assignments, or volunteer activities, starting with the most recent, including military experience. Explain any gap in employment.

| #1 Employer | Dates Employed | FROM | TO |
|--------------------|----------------|------|----|
|--------------------|----------------|------|----|

Summarize the nature of the work performed and job responsibilities

| Address | City | State | Zip | Phone |
|---------|------|-------|-----|-------|
|---------|------|-------|-----|-------|

Job Title

Reason for Leaving

Immediate Supervisor and Title

| | | | |
|--------------------|----------------|------|----|
| #2 Employer | Dates Employed | FROM | TO |
|--------------------|----------------|------|----|

Summarize the nature of the work performed and job responsibilities

| | | | | |
|---------|------|-------|-----|-------|
| Address | City | State | Zip | Phone |
|---------|------|-------|-----|-------|

Job Title

Reason for Leaving

Immediate Supervisor and Title

| | | | |
|--------------------|----------------|------|----|
| #3 Employer | Dates Employed | FROM | TO |
|--------------------|----------------|------|----|

Summarize the nature of the work performed and job responsibilities

| | | | | |
|---------|------|-------|-----|-------|
| Address | City | State | Zip | Phone |
|---------|------|-------|-----|-------|

Job Title

Reason for Leaving

Immediate Supervisor and Title

| | | | |
|--------------------|----------------|------|----|
| #4 Employer | Dates Employed | FROM | TO |
|--------------------|----------------|------|----|

Summarize the nature of the work performed and job responsibilities

| | | | | |
|---------|------|-------|-----|-------|
| Address | City | State | Zip | Phone |
|---------|------|-------|-----|-------|

Job Title

Reason for Leaving

Immediate Supervisor and Title

EDUCATIONAL BACKGROUND

List last three (3) schools attended, starting with last one; List number of years completed; Indicate degree or diploma earned, if any; Grade Point Average or Class Rank; Major and Minor field of study (if applicable).

| SCHOOL | # YEARS | DEGREE | GPA | MAJOR | MINOR |
|--------|---------|--------|-----|-------|-------|
| | | | | | |
| | | | | | |
| | | | | | |

Do you have a GED certificate? _____ Date _____

List any Foreign Language(s) and check the box that best describes your skill level.

| LANGUAGE | READ AND WRITE | READ AND SPEAK | READ ONLY | SPEAK ONLY |
|----------|----------------|----------------|-----------|------------|
| | | | | |
| | | | | |

RERERENCES

List name and telephone number of three business/work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you.

NAME TELEPHONE YEARS KNOWN

NAME TELEPHONE YEARS KNOWN

NAME TELEPHONE YEARS KNOWN

ORGANIZATIONS AND OFFICES HELD

List professional, trade, business or civic association and any offices held. (Exclude memberships which would reveal sex, race, religion, national origin, age, ancestry or other protected status.)

List special accomplishments, publications, awards. (Exclude memberships which would reveal sex, race, religion, age, ancestry or other protected status.)

SKILLS AND QUALIFICATIONS

Summarize special skills and qualifications acquired from employment or other experiences that may qualify you for work with our Company.

APPLICANT'S STATEMENT

I certify that all the information provided in this application is true and correct and that 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 the application information, attachments, and supporting documents may result in denial of employment or immediate termination. I authorize my current and previous employers to provide any and all information regarding my employment, and I release City of Myrtle Creek officers, agents and employees from any and all liability and from any damage that may result from the release of such information. I agree to execute any additional release forms requested by the City or my former employers. If hired, I agree to conform to all the rules and policies of Myrtle Creek. I understand and acknowledge that employment relationships with Myrtle Creek are of an 'at-will' nature, except for positions within any executed collective bargaining agreement or unless otherwise designated by applicable law. This means that any employee may resign at any time and the City may discharge the employee at any time with or without cause. It is further understood that this 'at-will' employment relationship may not be changed by any written document or by conduct of any officer, employee, agent, or office of Myrtle Creek unless such change is specifically authorized by the Myrtle Creek City Council. I understand and acknowledge that if offered employment, hiring will be contingent upon a criminal background check, successful passing of a drug test, and I may be required to pass a physical exam. Additionally, I hereby authorize the release of the results of such a background check and/or drug test to Myrtle Creek for its use in evaluating my suitability for employment. Further, I release the examining facilities and Myrtle Creek and their respective officers, agents and employees from any and all liability and claims for damages from the release of such information. NOTICE: THE EMPLOYMENT FOR WHICH YOU ARE APPLYING MAY BE SUBJECT TO FINGERPRINTING AND CRIMINAL RECORDS CHECK (as required by Oregon law, permitted by City policy, or both.) You must also consent to the following: I hereby give consent to the City to arrange for, and obtain the results of, a statewide criminal background check relating to me, a nationwide criminal background check relating to me pursuant to 1997 Oregon Laws, chapter 753 (Enrolled B-Engrossed Senate Bill 443.) or both. I authorize Myrtle Creek to arrange for, and obtain the results of, a statewide and nationwide criminal background check relating to me.

Print Full Legal Name

Sign Date

List any additional information you wish us to consider in this space.



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VETERAN'S PREFERENCE FORM

The City of Myrtle Creek will grant preference in hiring and promotion to Veterans and Disabled Veterans who qualify under the provisions of ORS 408.230, OAR 839-006-435 and OAR 839-006-0470. To assist in determining whether you qualify for Veteran's Preference, please complete the following checklist. You may be eligible for 5 preference points as a qualified veteran, or 10 preference points as a qualified disabled veteran. Veteran's Preference Points will be added to your score for each phase of a hiring or promotional process.

This form and the required documentation must be submitted to the City of Myrtle Creek along with your completed City Employment Application and/or any other required supplemental materials.

CHECK THE BOX FOR EACH ITEM THAT FITS YOUR CIRCUMSTANCES:

Veteran Qualifications

You may claim 5 POINTS Veteran's Preference if you check **at least one box** below and provide **proof of eligibility** by submitting a copy of your certificate of release or discharge from active duty DD-214 or DD-215.

- I served on active duty* with the armed forces of the United States for period of more than 178 consecutive days and was discharged or released 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 because of a service-connected disability; **OR**
- I served on active duty* 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 for service in the armed forces of the United States.

** Attendance at a school under military orders, except schooling incident to an active enlistment or regular tour of duty, or normal military training as a reserve officer or member of an organized reserve or National Guard unit is not considered active duty.*

Disabled Veteran Qualifications

You may claim 10 POINTS Veteran's Preference if you can check **at least one box in each of the sections** below and provide **proof of eligibility** by submitting both of the documents listed below:

- 1) A copy of your DD-214, **and**
 - 2) A copy of your Veteran's Administration letter stating your disability.
-
- I am entitled to disability compensation under laws administered by the United States Department of Veteran's Affairs; **OR**
 - I was discharged or released from active duty for a disability incurred or aggravated in the line of duty; **OR**
 - I am officially certified as having service connected disabilities; **OR**
 - I was awarded the Purple Heart for wounds received in combat.

I hereby claim Veteran's Preference Points and certify 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: _____ Signature: _____

Date: _____ Title of Position Applied For: _____

Points will not be awarded without the appropriate documentation. A copy of your Certificate of Release or Discharge from Active Duty DD-214 or DD-215 must be submitted in all cases. If you are claiming Disabled Veteran Points, you must also submit an official letter from the Veteran's Affairs stating your disabled status. The City cannot recognize your status as a veteran without the appropriate documentation. The Civil Rights Division of the Bureau of Labor and Industries enforces the provisions of ORS 408.230. A person claiming a violation of ORS 408.230 may file a written complaint with the Civil Rights Division in accordance with ORS 659A.820.