

CITY OF ROSEBURG EMPLOYMENT APPLICATION

DIRECTIONS: Please print or type. Answer all questions. If the question does not apply to you or the position you are applying for, mark it "N/A". Resumes are accepted in addition to application.

1. Position Applying For: _____ Date: _____

2. Name: _____
Last First Middle

Is any additional information relative to change of name, assumed name or nickname necessary to enable a check on your work or education history?

Yes No Explain _____

3. Physical Address: _____
Street City State Zip Code

Mailing Address: _____

Phone Number: _____ Cell Phone Number: _____

Email Address: _____

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

5. Employees of the City of Roseburg must be at least 18* years of age. Are you able to meet this requirement? Yes No

6. List any relatives currently employed by the City of Roseburg: _____

7. Oregon License No. _____ If the position for which you are applying requires a valid Oregon Driver's License, can you meet this requirement? Yes No

8. EDUCATION RECORD: If now in school, include present term. What is the highest grade completed from 1 to 12 _____.

NAME OF SCHOOL CITY AND STATE

List other schooling including college, technical school, correspondence courses and other relevant experience. _____

<u>SCHOOL</u>	<u>MAJOR SUBJECT</u>	<u>UNITS COMPLETED</u>	<u>DEGREE</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

9. **EMPLOYMENT HISTORY:** Beginning with your present or most recent job, describe your work history and experiences related to the position for which you are applying. INCLUDE ALL MILITARY, NON-PAID OR VOLUNTEER WORK RELATED TO THE POSITION. If additional space is needed to complete the question, attach a separate sheet of paper.

Present or Last Employer: _____ Phone: _____
Address: _____ Supervisor's Name: _____
Your Job Title: _____ Hours Per Week: _____
Employment Dates: From _____ to _____

Reason for Leaving: _____
May We Contact Your Employer? Yes ___ No ___ If no, why? _____

Employer: _____ Phone: _____
Address: _____ Supervisor's Name: _____
Your Job Title: _____ Hours Per Week: _____
Employment Dates: From _____ to _____

Reason for Leaving: _____

Employer: _____ Phone: _____
Address: _____ Supervisor's Name: _____
Your Job Title: _____ Hours Per Week: _____
Employment Dates: From _____ to _____

Reason for Leaving: _____

Employer: _____ Phone: _____
Address: _____ Supervisor's Name: _____
Your Job Title: _____ Hours Per Week: _____
Employment Dates: From _____ to _____

Reason for Leaving: _____

10. Please explain any interruptions in your employment record as described in Question 9.

11. List any special training, licenses, certificates, machine skills, office equipment or other skills you may have that are pertinent to the position for which you are applying.

All of the information included in this application or supplied by me during the application process is true and complete. I understand that any false or misleading statement or omission of fact in this application or during the application process will disqualify me from further consideration for employment or will result in termination of my employment.

If I am hired, I agree to conform to all rules and regulations of the City. I understand that any offer of employment will not be enforceable unless it is in writing. If hired, I am able to present documents proving my identity and eligibility to work as required by federal law.

I understand that, as part of the City's employment procedures, I may be required to undergo testing carried out by a laboratory designated by the City. I consent to undergo any required drug testing. Finally, I understand that any offer of employment I might receive from the company may be made contingent upon, among other things, satisfactory completion of a post-offer medical examination and a determination by the City that I am capable of performing the essential functions of the position that has been offered, with or without reasonable accommodation.

I authorize investigation of all statements contained in this application and any other information about me relevant to my qualifications for employment. I hereby release and agree to indemnify and defend the City of Roseburg, its employees, officers, agents and representatives, from all liability, claims or damage resulting from this investigation.

SIGNATURE OF APPLICANT

DATE

APPLICANT: The following information is requested purely for statistical purposes. Responding to these questions is voluntary. Whether or not you choose to respond to the questions will not affect the status of your application.

Gender: Male Female

Race/Ethnic Group: White Black Hispanic
 American Indian/Alaskan Native Asian/Pacific Islander

Check if any of the following are applicable:

Veteran Disabled Veteran Handicapped Individual

Eligible for Veteran's Preference (Complete Veteran's Preference Form)

Where did you first learn about this employment opportunity?

City Website Facebook Indeed LinkedIn

Other (describe): _____

SPACE BELOW FOR OFFICE USE ONLY

Applicant Screening

- | | | |
|---|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Certificate | <input type="checkbox"/> Education | <input type="checkbox"/> Experience |
| <input type="checkbox"/> Incomplete Application | <input type="checkbox"/> Interview | <input type="checkbox"/> Licenses |
| <input type="checkbox"/> Physical | <input type="checkbox"/> Reference | <input type="checkbox"/> Test Scores |
| <input type="checkbox"/> Work History | <input type="checkbox"/> Other | |



**CITY OF ROSEBURG
Veteran's Preference Form**

Under Oregon law, veterans who meet minimum qualifications for a position may be eligible for employment preference. If you think you may qualify, please read the following checklist carefully. Check the box for each item that is appropriate. If you need further explanation or have special circumstances, please call Human Resources at 541-492-6700.

This completed form and required documentation must be submitted to the City of Roseburg Human Resources Department at the time you submit your employment application.

A. QUALIFIED VETERAN QUESTIONS: You may claim veteran's preference if you check at least one box in each of the four sections below and provide proof of eligibility by submitting a copy of your DD-214 and 215.

ORS 408.225(d)

- I served on active duty with the Armed Forces of the United States for a 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 under honorable conditions because of a service-connected disability; 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 for service in the Armed Forces 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.

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

1. A copy of your DD 214 and 215, Certificate of Release or Discharge, Copy 4, and
2. A public employment preference letter from the United States Department of Veterans' Affairs. To order the letter, call 1-800-827-1000 and request a public employment preference letter.

ORS 408.225(b)

- 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 veteran's preference points and certify that the above information is true and correct. I understand any false statements may be cause for my disqualification or dismissal, regardless of when discovered.

Print Name

Social Security Number

Signature of Applicant

Date

Position Applied For _____

ORS 408.225.230: *Preference will not be awarded without the appropriate documentation. You must submit your DD-214 and 215 in all cases. If you are claiming disabled veteran points, you must also submit the public employment preference letter from the Department of Veterans Affairs. You will not receive preference without these accompanying documents.*