

City of Silverton, Oregon

Application for Employment



The City of Silverton 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 attached 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 BECOME 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 Information				
Name				
Address		City	State	Zip
Phone Number	Mobile Number	Email Address		
Are you able, at the time of employment, to submit verification of your legal right to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>				
(Proof of identity will be required upon employment)				
Education	List any colleges, military, trade, business or other schools attended.			
Do you have a high school diploma or GED Certificate? Yes <input type="checkbox"/> No <input type="checkbox"/>				
School Name	Location	Diploma/Degree	Major/Minor	Did you Graduate?
Certificates & Licenses		List any professional license, registration, or certificate required or preferred for the position.		
Type	Issuing Agency	Date Issued	Date Expires	

References

Name	Title	Company	Phone

Employment History

This information in this section will be used to determine if you meet the minimum qualifications as outlined in the job announcement. Clearly describe all of your duties, starting with your most recent job. If you need additional space, attach a separate sheet or your resume.

Employer (1)	Job Title	Dates Employed	
Address	City	State	Zip
Supervisor Name	Phone Number	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Reason for leaving			
Duties			
Employer (2)	Job Title	Dates Employed	
Address	City	State	Zip
Supervisor Name	Phone Number	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Reason for leaving			
Duties			

Employer (3)	Job Title	Dates Employed	
Address	City	State	Zip
Supervisor Name	Phone Number	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Reason for leaving			

Duties			
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Employer (4)	Job Title	Dates Employed	
Address	City	State	Zip
Supervisor Name	Phone Number	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Reason for leaving			

Duties			
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Certification & Signature

I hereby certify that all statements made in this application are true, and I agree and understand that any statement that is false, fraudulent, or misleading in this application or attached material, during the interview or screening process, or discovered in the course of any employment-related process (post hire) may result in the revoking of a job offer or termination of employment.

- I certify that all statements contained herein are true and complete.
- I understand that I must provide proof I am authorized to work in the United States, in accordance with federal law, if I am hired.
- I authorize the employing agency to verify the employment and education information provided in this employment application.
- I authorize my driving record to be checked if the position for which I am applying requires driving.
- I understand and agree to be subjected to a pre-employment drug screening and criminal history background check, if applicable.

Signature: _____ Date: _____

City of Silverton, Oregon

PERS Retiree Required Application Addendum



Are you seeking employment with city of Silverton as an Oregon PERS retiree? Y___ N___

Are you:

- A PERS retiree who retired at 'normal retirement age' as defined by either ORS 238.280 or ORS 238A.160?

Y___ N___

- A PERS retiree who retired after 30 years of service under ORS 238.280(4) or ORS 238A.160?

Y___ N___

- A PERS retiree who retired early under ORS 238.280 or ORS 238.185, but who has not worked for any PERS participating employer for six (6) or more months?

Y___ N___

- A PERS retiree who is also receiving Social Security Act (SSA) benefits and subject to the annual earnings limit due to taking benefits before Social Security Full Retirement Age (FRA)?

Y___ N___

(under SB 1049 Sec. 35(3), and Sec. 37(3) a PERS retiree receiving SSA benefits prior to SSA FRA is subject to work hours limitations to no exceed the annual compensation limits. For 2020 those limits are \$18,240; the limit increases to \$48,600 for the calendar year in which the retiree reaches FRA).

Name _____ Position Applied for: _____ Date: _____

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: _____

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

503-874-2204 or email HR@silverton.or.us



This information will be used for equal employment/affirmative action record keeping purposes only, and will not be used as a consideration in the selection process. Completion of any part of this form is voluntary. Failure to complete this form will not affect the status of your application.

Position Applied for:

Date:

Name:

Sex: Male Female

Race/Ethnicity:

- Hispanic or Latino
- White/Caucasian (not of Hispanic origin)
- Black or African-American (not of Hispanic origin)
- Native Hawaiian or Asian-Pacific Islander
- Asian
- American Indian or Alaska Native
- Two or More Races

REFERRAL SOURCE

How did you become aware of this employment opportunity?

- City Employee City Website
- Newspaper Social Media _____
- Other _____