## City of Silverton, Oregon





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 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			Av	ailable Start Date	Desired Pay				
Personal Inform	matio	n							
Name									
Address			City			Sta	ate	Zip	
Phone Number Mobile Number				Email Address					
Are you able, at the time of (Proof of identity will be rec				fication of y	our	legal right to work in t	he U	nited States	s? <b>Yes 🗆 No </b>
<b>Education</b>	ist any col	t any colleges, military, trade, business or other schools attended.							
Do you have a high school diploma or GED Certificate? Yes 🗆 No 🗆									
School Name			Location			Diploma/Degree	Major/Minor		Did you Graduate?
Certificates & I	_icens	ses		ny professio osition.	nal li	icense, registration, or	certif	icate require	ed or preferred for
Туре		Issuing Agency			су		D	ate Issued	Date Expires
•		,							

References					
Name	Title	Com	pany		Phone
Employment History		116			
This information in this section will be used to determ describe all of your duties, starting with your most re	cent job. If you need additional	space, attach a separate s	the job sheet or yo	our resume.	
Employer (1)	Jo	bb Title		Dates Emp	loyed
Address	С	ty	State		Zip
Supervisor Name	P	none Number	May we	e contact?	
			-	Yes 🗆 No	
Reason for leaving					
Duties					
Employer (2)		ob Title		Dates Emp	lovad
Linployer (2)	30	ob Title		Dates Emp	loyeu
Address	С	ty	State		Zip
Supervisor Name	P	none Number	May we	e contact?	
Reason for leaving				Yes 🗆 No	
	<b>'</b>				
Reason for leaving	<u> </u>				
Duties					
-					
-					
-					
-					
-					

Employer (3)	Job Title Dates Employed		oyed	
Address	City	State		Zip
Supervisor Name	Phone Number Ma		ay we contact?  Yes □ No □	
Reason for leaving				
Duties				
Employer (4)	Job Title	Dates Employed		loyed
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, d course of any employment-related process (post hire) may result in  I certify that all statements contained herein are true and contained herein are true.	uring the interview or scr the revoking of a job offe omplete.	eening <sub> </sub> r or tern	orocess, or d nination of e	iscovered in the mployment.
<ul> <li>I understand that I must provide proof I am authorized to warm hired.</li> <li>I authorize the employing agency to verify the employment</li> </ul>				
<ul><li>application.</li><li>I authorize my driving record to be checked if the position f</li></ul>	or which I am applying re	quires d	riving.	
<ul> <li>I understand and agree to be subjected to a pre-employme applicable.</li> </ul>	nt drug screening and crir	minal hi	story backgr	ound check, if
Signature:	Dat	e:		

## City of Silverton, Oregon

## **Equal Opportunity Employment Voluntary Self-Disclosure**



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: Da					
Name:					
Sex:	Male	Female			
□ White, □ Black □ Nativ □ Asian □ Amer	nic or Latino /Caucasian (not o or African-Amer re Hawaiian or	of Hispanic origin) rican (not of Hispa Asian-Pacific Isla Alaska Native	•		
			REFERRAL SOURCE		
How did	you become awa	are of this employm	nent opportunity?		
□ City Er  □ Newsp  □ Other	paper	□ City Website □ Social Media			

## **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