

CITY OF HERMISTON EMPLOYMENT APPLICATION

The City of Hermiston is an Equal Employment Opportunity employer. We are dedicated to a policy of selection of the best available candidate based on job-related criteria, education, knowledge, skills and abilities. We will not discriminate on the basis of race, color, religion, sex, national origin, age, marital status, or mental or physical disability. The City is a public agency and any information may be released if required by law.

Per Oregon Revised Statutes 408.225-237, the City grants a preference in hiring to veterans and disabled veterans as defined by state law. If you are eligible and wish to claim Veterans' Preference points, please include supporting documents along with your application materials. Under ORS 408.237, veterans with skills obtained through military education or experience that substantially relates to the position should demonstrate in their cover letter how those transferrable skills satisfy the essential functions of the position as set out in the job description.

Title of Position You Are Applying For Name (Last, First, and Middle Initial)					
Name (Last, First, and Middle Initial) Mailing Address (Include apartment number, if any) City State Zip Email address: Alternative contact info: Name: Phone: Desired salary: Do you have a reliable means of transportation to and from work? Yes No Will you accept: Full Time Part Time Overtime Weekends Shift Work Other Available: (check if yes) Are you able to perform the essential functions of this position, with or without reasonable accommodations? Yes No Can you provide proof of citizenship, visa or alien registration if hired? Are you a Veteran? Do you wish to claim Veterans Preference points under ORS 408.225-237 Do you wish to claim Veterans Preference points under ORS 408.225-237 If you answered yes to this question, please include the proper supporting documents. Do you read, write, or speak fluently more than one language? Yes No If so, please list all languages in which you are fluent: Have you ever been employed by the City of Hermiston? Yes No Dates: From To Do you have any relatives currently working for the City of Hermiston? Yes No Name Dept/Div Relationship					
Mailing Address (Include apartment number, if any) City State Zip Email address: Alternative contact info: Name: Phone: Desired salary: Do you have a reliable means of transportation to and from work? Yes No Will you accept: Full Time (check if yes) Are you able to perform the essential functions of this position, with or without reasonable accommodations? Yes No Can you provide proof of citizenship, visa or alien registration if hired? Are you a Veteran? Do you wish to claim Veterans Preference points under ORS 408, 225-237 If you answered yes to this question, please include the proper supporting documents. Do you read, write, or speak fluently more than one language? Yes No If so, please list all languages in which you are fluent: Have you ever been employed by the City of Hermiston? Yes No Do you have any relatives currently working for the City of Hermiston? Yes No Name Dept/Div Relationship	Title of Position You Are Applying Fo	r			
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Name Dept/Div Relationship	Do you have any relatives currently	v working for the City of He	rmiston? Yes	¬ № □	
•					ship
	Name	Dept/Div			• —

Part 2. Background Information						
Do you have a valid driver's license? Yes No State of Issue:						
Provide a full listing of state certification at state of certification:	nd operator lice	enses, incl	luding lice	nse number, e	expiration date	and
Type of License, Certificate or Registration		State of Is License N			Expiration D	D ate
1.						
2.						
3.						
4.						
	n the lest three		mama of th	no atota iai		
If you have been licensed in another state in Provide details on your Emergency Medica	al Training statu	years, the is:	name of the	ne state is:		
Part 3. Education and Training		V.	N. D	Taradiana		
Did you graduate from high school or recei List college, business school, military train		Yes elevant e	No ducation.	Location:		
	Dates	# Sem	# Qtr		Degree	Year
School Name and Location	From To	Hours	Hours	Major	Earned	Degree Received
1.						
2.						
3.						
4.						
5.						
List other specialized training, seminars or correspondence courses or similar education which is pertinent to the position for						
which you are applying:						
List computer software programs you have used:						
List the specific equipment or machinery you can operate which is related to the job you are applying for:						
List those special skills or abilities which you be	elieve make vou	qualified f	or the positi	on for which v	ou are applying	:
January of the state of the sta		1	Positi			

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Most Recent Position Title	May we con Employer Name and Location	ntact this employer? Yes Employer's Phone Number	No Contact me first. Dates Worked (Month and Year)	
1. Most Recent Position Title	Employer Name and Location	Employer's Phone Number	From:	
			To:	
Primary Duties:			Total Years/Months Worked	
			# Hours Worked per Week	
Name and Title of Immedia	ate Supervisor:			
Number and Type of Emplo	oyees You Supervised:			
Reason for leaving/conside	ring change:			
reason for leaving/consider	ing change.			
2. Most Recent Position Title	Employer Name and Location	ntact this employer? Yes Employer's Phone Number	No Contact me first. Dates Worked Month and Year)	
			From:	
			То:	
Primary Duties:			Total Years/Months Worked	
			### XX 1 1 XX 1	
			# Hours Worked per Week	
Name and Title of Immediate Supervisor:				
Number and Type of Emplo	oyees You Supervised:			
Reason for leaving/conside	ring change:			

List your work history for the last 10 years, including self-employment, volunteer work, military service and any periods of unemployment. Begin with your most recent position in block 1 and list each position separately. Include experience beyond 10 years if it is related to the job for which you are applying. Attach additional employment history sheets in the same general format if needed.

Please describe each major part of your job duties in as much detail as possible.

Part 4.

Employment History

		ntact this employer? \(\subseteq \text{Yes} \)	☐ No ☐ Contact me first.
3. Most Recent Position Title	Employer Name and Location	Employer's Phone Number	Dates Worked (Month and Year)
			From:
			To:
Primary Duties:			Total Years/Months Worked
			# Hours Worked per Week
Name and Title of Immedi	ata Cuparvicar		
Traine and True of Immedi	ate Supervisor.		
Number and Type of Empl	loyees You Supervised:		
Passon for lassing/conside	oring change:		
Reason for leaving/conside	aring change.		
	May we co	ntact this employer? Yes	☐ No ☐ Contact me first
4. Most Recent Position Title	Employer Name and Location	Employer's Phone Number	Dates Worked (Month and Year)
			From:
			To:
Primary Duties:			Total Years/Months Worked
			# Hours Worked per Week
			I.
Name and Title of Immedi	ate Supervisor:		
Number and Type of Empl	lovees Vou Supervised		
Trumber and Type of Empi	loyees Tou Supervised.		
Reason for leaving/conside	ering change:		
	May wa aa	ntact this employer? Yes	☐ No ☐ Contact me first
5. Most Recent Position Title	Employer Name and Location	Employer's Phone Number	Dates Worked (Month and Year)
			From:
			To
Primary Duties:			To: Total Years/Months Worked
			# Hours Worked per Week
			# Hours worked per week
Name and Title of Immedi	ate Supervisor:		
	•		
Number and Type of Empl	loyees You Supervised:		
Reason for leaving/conside	ering change:		
	<i>U</i>		

Part 5. References					
Please provide the name, address, occupation and telephone number of three individuals, OTHER THAN					
RELATIVES OR FORMER EMP	LOYERS, who know you well	enough to provide informa	ntion about you:		
NAME	ADDRESS	OCCUPATION	TELEPHONE #		
1.					
2.					
3.					

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY THOSE APPLICATIONS THAT ARE SIGNED AND DATED ARE CONSIDERED VALID. IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK THEM BEFORE SIGNING.

I hereby certify that the information contained in this application is true and correct and without omission, and agree to have any of the statements checked by the City of Hermiston unless I have indicated to the contrary. I authorize the references listed above to provide the City any and all information concerning my previous employment and any pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to the City as well as from the use or disclosure of such information by the City or any of its agents, employees or representatives. I understand that any misrepresentation, falsification or material omission of the information on this application may result in my failure to receive an offer or, if I am hired, in my dismissal from employment.

In consideration of my employment, I agree to conform to the rules and standard of the City and agree that my employment can be terminated at any time. I understand that no employee or representative of the City other than the city manager has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. I also understand that all offers of employment are conditioned on the provision of satisfactory proof of an applicant's identity and legal authority to work in the United States. I understand that my employment may be subject to the satisfactory results of any pre-employment examinations required including testing for illegal drugs.

testing for illegal drugs.	
☐ I have read and understand the above.	
Signature of Applicant	Date

AUTHORIZATION FOR RELEASE OF INFORMATION TO THE HERMISTON POLICE DEPARTMENT

TO:	Any registrar, dean, principal or other authorized person at a school (university, college, high school school or other); or Any past or present employer; or			
	Any law enforcement agency or any department or agency of a city, county, state or federal government; or Any doctor, hospital, clinic, sanitarium or psychologist; or Any landlord, real estate or rental agency, mortgage institution, public utility or neighbor; or Any person having knowledge of my conduct or activities			
	Any person having knowledge of my conduct of ac	envines		
I, as	, born (nick	(date) also known names, aliases and maiden name, if applicable) hereby		
conduction		rviews and records checks, for determination of my olice Department. I authorize all persons who may have lose and/or provide copies of it to the Hermiston Police		
	formation obtained from these inquiries is for the office losed to other parties except as permitted by me or as	cial use of the Hermiston Police Department and will not s may be required by law.		
This au	uthorization is valid for a period of two years form the	e date given below.		
the val	accopy of this authorization is to be considered as validity of this authorization, I may be contacted as indicated Police, Hermiston Police Department, 330 S First S			
Signat	ure:	Date:		
Addres	ss:	Phone # (optional):		
THIS I	FORM MUST BE WITNESSEDOR	NOTARIZED TO BE VALID		
Signati	ure of Witness	State of County of		
Printed Name of Witness		Subscribed and sworn to before me by on this		
		day of, 20		
		Notary Public for		
Addres	ss of Witness	Commission Expires		
Date		(Seal)		