City of Hermiston **Application for Employment**

The City of Hermiston 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 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				Ava	ailable Start Date	Desired Pay				
Personal Infor	mati	ion								
Name										
Address			City			State Zip		Zip		
Phone Number	Mobile	Mobile Number Email Add			ress		•	,		
Are you able, at the time of (Proof of identity will be re				ification of y	our	legal right to work in	the L	Jnited State	s? Yes 🔲 N	o 🗆
Education	List any colleges, military, trade, business or other schools attended.									
Do you have a high school diploma or GED Certificate? Yes No No										
School Name			Location			Diploma/Degree	Major/Minor		Did y Gradu	
Certificates &	Lice	nses	List a	ny professior	nal li	cense, registration, or	certi	ficate that y	ou currently p	ossess.
Туре	Issuing Agency				D	ate Issued	Date Ex	pires		

References					
Name	Personal/Professional	Email Address			Phone
Employment History					
This information in this section will be used to on List ONLY the job(s) (paid, military or voluntee					
of your duties, including skills, abilities, soft starting with your most recent job. If you need			machine	ery you hav	e operated etc.,
Employer		o Title		Dates Emp	loyed
Address	Cit	у	State		Zip
Companies a Name	Die	one Number	Marrine	tt2	
Supervisor Name	Pil	one Number	•	e contact? Yes No	
Reason for leaving	·				
Duties					
Employer	Jol	o Title		Dates Emp	loyed
Address	Cit	у	State		Zip
Supervisor Name	Dh	one Number	Mayry	e contact?	
Supervisor Name	FII	one Nomber	•	Yes D No	
Reason for leaving	'				
Duties					

Employer	Job Title		Dates Employed			
Address	City	State		Zip		
Supervisor Name	Phone Number	May we contact?		No □		
Reason for leaving						
Duties						
Employer	Job Title	Dates Emp		oloyed		
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, do course of any employment-related process (post hire) may result in	uring the interview or scr	eening _l	process , or d	iscovered in the		
 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 f I understand and agree to be subjected to a pre-employme applicable. 				round check, if		
Signature:	Dat	te:				

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)

Position Applied For	
Signature:	Date:
I hereby claim Veterans' Preference, have attached proof of eliginformation is true and correct. I understand that any false statemed dismissal, regardless of when discovered.	•
I was awarded the Purple Heart for wounds received in comba	at.
I was discharged or released from active duty for a disability in	ncurred or aggravated in the line of duty; or
I am entitled to disability compensation under laws admini- Veterans Affairs; or	stered by the United States Department of
Qualified Disabled Veteran Questions: Additional preference method and provide proof of eligibility via a copy of DD214 or 15, Content of Veteran's Affairs (letter from the United States Department of Veteran's Affairs (letter	Copy 4, and a public employment preference
Receiving a nonservice – connected pension from the Un	ited States Department of Veterans Affairs
Received a combat or campaign ribbon or an expeditional the United States and was discharged or released from active	•
For at least one day in a combat zone and was discharged of conditions;	or released from active duty under honorable
For a period of 178 days or less and was discharged or release and have a disability rating from the United States Departmen	•
For a period of 178 days or less and was discharged or release because of a service due to a service-connected disability;	d from active duty under honorable conditions
For a period of more than 178 consecutive days beginning aft released from active duty under honorable conditions;	ter January 31, 1955, and was discharged or
For a period of more than 90 consecutive days beginning on or or released under honorable conditions;	before January 31, 1955, and was discharged
ORS 408.225(t) – I served on active duty with the Armed Forces of	i the Officed States.

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.