

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.

<u>Residency Requirement:</u> Employees shall reside within a thirty-minute response time to their primary duty station, excluding Washington State.

Part 1. General Inform				
Title of Position You Are Applying Fo	r			
Name (Last, First, and Middle Initial)			Home Phone	
Mailing Address (Technic according to	1 : <i>G</i>)		()	
Mailing Address (Include apartment n	umber, ii any)		Cell Phone	
			()	
City	State	Zip	Email address:	
Alternative contact info:				
Name:	Phone:			
Desired salary:	D 1			
	Do you have a renable meal	ns of transportation	on to and from work? Yes \(\square\) No \(\square\)	
Will you accept: Full Time (check if yes)	Part Time Overtime W	eekends Shift	Work	
Are you able to perform the essential functions of this position, with or without reasonable accommodations? Yes \(\square\) No \(\square\)				
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 fluent	tly more than one language? Y	es 🗌 No 🗌		
If so, please list all languages in which you are fluent:				
- 11 50, prouse 115t all languages 111				
Have you ever been employed by	the City of Hermiston? Yes] No [Dates:	From To	
Do you have any relatives currentl	y working for the City of Hermis	ton? Yes 🗌 I	No 🗌	
Name	Dept/Div	1	Relationship	
Name	Dept/Div	_]	Relationship	

Part 2. Background Information						
Do you have a valid driver's license? V.	os 🗆 No [State of I	ccno.		
Do you have a valid driver's license? Yes No State of Issue: Provide a full listing of state certification and operator licenses, including license number, expiration date and						
state of certification:						
Type of License, Certificate or		State of Is				
Registration		License N	umber		Expiration I	Date
1.						
2.						
2.						
3.						
4.						
If you have been licensed in another state in	the last three	vears the	name of t	he state is:		
Provide details on your Emergency Medical			name or t	ne state is.		
	-					
Part 3. Education and Training						
Did you graduate from high school or receive	ve a G.E.D.?	Yes	No 🗌	Location		
List college, business school, military traini	ng, and other r	elevant e	education.			
School Name and Location	Dates	# Sem	# Qtr	Major	Degree	Year Degree
Selloof Pulme and Escation	From To	Hours	Hours	1714gO1	Earned	Received
1.						
2.						
3.						
4.						
5.						
List other specialized training, seminars or corre	spondence cours	ses or simil	lar educatio	n which is per	rtinent to the pos	ition 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 the specific equipment of machinery you can operate which is related to the job you are applying for.						
List those special skills or abilities which you be	lieve make vou	qualified f	or the posit	ion for which	vou are applying	
List those special skins of abilities which you be	neve make you	quanneu 1	or the posit	ion for willelf	you are apprying	

Part 4.	Employmen	t History				
	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.					
		M		DN: DC:		
1. Most Reco	ent Position Title	Employer Name and Location	tact this employer? Yes Employer's Phone Number	No Contact me first. Dates Worked (Month and Year) From:		
				То:		
Primary Duties:				Total Years/Months Worked		
				# Hours Worked per Week		
Name and	Title of Immedia	te Supervisor:				
Number ar	nd Type of Emplo	yees You Supervised:				
Reason for	leaving/consider	ring change:				
				_		
2. Mart Dar			ntact this employer? Yes	No Contact me first.		
2. Most Reco	ent Position Title	Employer Name and Location	Employer's Phone Number	Dates Worked Month and Year) From:		
Primary Duti	es:			To: Total Years/Months Worked		
,						
				# Hours Worked per Week		
Name and	Title of Immedia	te Supervisor:				
Number ar	nd Type of Emplo	oyees You Supervised:				
Reason for	leaving/consider	ring change:				
		May wa co	ntact this employer? Yes	☐ No ☐ Contact me first.		
3. Most Reco	ent Position Title	Employer Name and Location	Employer's Phone Number	Dates Worked (Month and Year) From:		
Primary Duti	es.			To: Total Years/Months Worked		
Timary Buti	ca.			Total Tetals/Worked		
				# Hours Worked per Week		
Name and	Title of Immedia	te Supervisor:				
Number ar	nd Type of Emplo	oyees You Supervised:				
Reason for	leaving/consider	ring change:				

		ontact this employer? Ye	s 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:	<u> </u>	<u> </u>	Total Years/Months Worked		
			# Hours Worked per Week		
Name and Title of Immedia	te Supervisor:				
Number and Type of Emplo	ovees You Supervised:				
Trumber and Type of Empre	syces I ou supervised.				
Reason for leaving/conside	ring change:				
	May wa co	ontact this employer? \(\subseteq \text{Ye}	s No Contact me first.		
5. Most Recent Position Title	Employer Name and Location	Employer's Phone Number	Dates Worked (Month and Year)		
			From:		
Primary Duties:			To: Total Years/Months Worked		
Timaly Bulley.			1 5441 1 5415/11251415 (1 51164		
			# Hours Worked per Week		
			# Hours worked per week		
Name and Title of Immedia	ate Supervisor:				
Number and Type of Emplo	oyees You Supervised:				
Passan for lasying/consider	Decree for Lee See Joseph Lance				
Reason for leaving/considering change:					
Part 5. References					
	dress occupation and teleph	none number of three individ	uals OTHER THAN		
Please provide the name, address, occupation and telephone number of three individuals, OTHER THAN RELATIVES OR FORMER EMPLOYERS, who know you well enough to provide information about you:					
RELATIVES OR FORME	R EMPLOYERS, who know	you well enough to provide	information about you:		
NAME	ADDRESS	OCCUPATION	ON TELEPHONE #		
1.					
2.					
۷.					
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.

☐ I have read and understand the above.

Date

Signature of Applicant