

Part 2. Background Information

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 Registration	State of Issue/ License Number	Expiration Date
1.		
2.		
3.		
4.		

If you have been licensed in another state in the last three years, the name of the state is:

Provide details on your Emergency Medical Training status:

Part 3. Education and Training

Did you graduate from high school or receive a G.E.D.? Yes No Location:

List college, business school, military training, and other **relevant** education.

School Name and Location	Dates From To	# Sem Hours	# Qtr Hours	Major	Degree Earned	Year 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 believe make you qualified for the position for which you are applying:

Part 4. Employment 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.

May we contact this employer? Yes No Contact me first.

1. 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
			# Hours Worked per Week
Name and Title of Immediate Supervisor:			
Number and Type of Employees You Supervised:			
Reason for leaving/considering change:			

May we contact this employer? Yes No Contact me first.

2. 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
			# Hours Worked per Week
Name and Title of Immediate Supervisor:			
Number and Type of Employees You Supervised:			
Reason for leaving/considering change:			

May we contact this employer? Yes No Contact me first.

3. 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
			# Hours Worked per Week
Name and Title of Immediate Supervisor:			
Number and Type of Employees You Supervised:			
Reason for leaving/considering change:			

May we contact 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:
Primary Duties:			To:
			Total Years/Months Worked
			# Hours Worked per Week
Name and Title of Immediate Supervisor:			
Number and Type of Employees You Supervised:			
Reason for leaving/considering change:			

May we contact 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:
Primary Duties:			To:
			Total Years/Months Worked
			# Hours Worked per Week
Name and Title of Immediate Supervisor:			
Number and Type of Employees You Supervised:			
Reason for leaving/considering change:			

Part 5. References

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:

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.

I have read and understand the above.

Signature of Applicant

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-connected 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; or
- For at least one day in a combat zone and was discharged or released from active duty under honorable conditions;
 - 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; **or**
 - Is 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.

(541) 567-5521 or cinnners@hermiston.or.us