



# Employment Application

## **City of Falls City**

299 Mill Street, Falls City, Oregon 97344  
Phone: 503.787.3631 Fax: 503.787.3023  
[www.fallscityoregon.gov](http://www.fallscityoregon.gov)

**“An Equal Opportunity Employer”**

### Position

Position Applied For (listed on the job announcement):	Today's Date:
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### General Information

Name (Last, First, M.I.):	Home Telephone:
Mailing Address:	Work Telephone:
City, State and Zip Code:	Message (if different):
Available For (check all that apply): <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary	E-Mail Address:
	Date You Can Report For Work:

### Education and Training

Name and Location of High School Attended:	Diplomas or Certificates Received (check): <input type="checkbox"/> High School <input type="checkbox"/> GED
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#### Colleges, Military, Trade, Business or Other Schools Attended

Name and Location of School	Course of Study (List Major)	Credits Earned		Graduate Yes/No	Type of Deg./Cert. Received
		Qtr. Hrs.	Sem. Hrs.		
A					
B					
C					

### Specialized Skills and Knowledge

List any skills or knowledge that show your ability to perform the job for which you are applying (such computer languages or software programs, foreign languages, etc.):

Typing Speed (net wpm):

### Licenses and Other Information

	Check One	
	Yes	No
Do you have (or can you obtain) a Driver's License? Driver's License Number: _____ State: _____	<input type="checkbox"/>	<input type="checkbox"/>
Are you able to perform the essential job functions and/or job duties as outlined in the job description for the position you are applying for?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been convicted of a crime, other than misdemeanors and summary offenses? (If yes, please explain)	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been employed by the City of Falls City?	<input type="checkbox"/>	<input type="checkbox"/>
Are you eligible for employment in the USA?	<input type="checkbox"/>	<input type="checkbox"/>
Are you over the age of 18?	<input type="checkbox"/>	<input type="checkbox"/>

## Employment History

*What you write in this section will be used to decide if you meet the qualifications outlined in the job announcement. List all of your job(s) and/or volunteer positions that you have held. Clearly describe all of your duties with as much detail as possible, starting with your most recent job.*

<b>Job Number 1</b>	Employing Firm:	Employer's Address:	Employer's Phone Number:
	Your Job Title:	Supervisor's Name and Title:	Full Time (check one): <input type="checkbox"/> Yes <input type="checkbox"/> No
	Specific Duties:		Starting Salary: \$
			Last Salary: \$
			Employed From (mo/yr):
To (mo/yr):			
		Reason for Leaving:	
<b>Job Number 2</b>	Employing Firm:	Employer's Address:	Employer's Phone Number:
	Your Job Title:	Supervisor's Name and Title:	Full Time (check one): <input type="checkbox"/> Yes <input type="checkbox"/> No
	Specific Duties:		Starting Salary: \$
			Last Salary: \$
			Employed From (mo/yr):
To (mo/yr):			
		Reason for Leaving:	
<b>Job Number 3</b>	Employing Firm:	Employer's Address:	Employer's Phone Number:
	Your Job Title:	Supervisor's Name and Title:	Full Time (check one): <input type="checkbox"/> Yes <input type="checkbox"/> No
	Specific Duties:		Starting Salary: \$
			Last Salary: \$
			Employed From (mo/yr):
To (mo/yr):			
		Reason for Leaving:	

### Employment History

What you write in this section will be used to decide if you meet the qualifications outlined in the job announcement. List all of your job(s) and/or volunteer positions that you have held. Clearly describe all of your duties with as much detail as possible, starting with your most recent job.

Job Number 4

Employing Firm:	Employer's Address:	Employer's Phone Number:
Your Job Title:	Supervisor's Name and Title:	Full Time (check one): <input type="checkbox"/> Yes <input type="checkbox"/> No
Specific Duties:		Starting Salary: \$
		Last Salary: \$
		Employed From (mo/yr):  To (mo/yr):
		Reason for Leaving:

Job Number 5

Employing Firm:	Employer's Address:	Employer's Phone Number:
Your Job Title:	Supervisor's Name and Title:	Full Time (check one): <input type="checkbox"/> Yes <input type="checkbox"/> No
Specific Duties:		Starting Salary: \$
		Last Salary: \$
		Employed From (mo/yr):  To (mo/yr):
		Reason for Leaving:

Job Number 6

Employing Firm:	Employer's Address:	Employer's Phone Number:
Your Job Title:	Supervisor's Name and Title:	Full Time (check one): <input type="checkbox"/> Yes <input type="checkbox"/> No
Specific Duties:		Starting Salary: \$
		Last Salary: \$
		Employed From(mo/yr):  To (mo/yr):
		Reason for Leaving:

### Employment History (Continued)

Job Number 7

Employing Firm:	Employer's Address:	Employer's Phone Number:
Your Job Title:	Supervisor's Name and Title:	Full Time (check one): <input type="checkbox"/> Yes <input type="checkbox"/> No
Specific Duties:		Starting Salary: \$
		Last Salary: \$
		Employed From (mo/yr):  To (mo/yr):
		Reason for Leaving:

**References**

	Reference Name	Phone Number	Relationship	Years Known
1				
2				
3				
4				

**Certification and Signature**

**– READ CAREFULLY BEFORE SIGNING BELOW –**

*I understand that nothing contained in this employment application or in the granting of an interview is intended to create a contract between the City and myself, either employment or the providing of any benefit. I understand and agree that if I am offered and accept a position, my employment is at the mutual consent of the City and myself, and can be terminated at will, at any time, with or without notice, and with or without cause, at the discretion of either the City or myself. I also agree to conform to all existing and future City rules and regulations and I understand that the City reserves the right to change wages, hours, and working conditions as deemed necessary.*

*I further acknowledge and understand that no representative of the City has any authority to enter into any employment agreement for any specified period of time, or to assure me of any future position, benefits or terms and conditions of employment, except as may be specifically set out in a current written agreement.*

*I hereby certify that this application contains no misrepresentations or falsifications and that the information given is true and complete to the best of my knowledge and belief. I understand that misrepresentations or omission of facts called for in this application is cause for cancellation of the application and/or dismissal from employment. I authorize this employer, City of Falls City, to make any necessary and appropriate investigations to verify the information contained herein.*

Applicant's Signature:	Today's Date:
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*Under provision of the Immigration Reform and Control Act of 1986, the City of Falls City requires any person hired or rehired to provide appropriate documentation of identity and eligibility for employment.*

*As an Equal Opportunity Employer, all qualified persons will be considered for employment without regard to race, color, religion, sex, national origin, marital status, age, disability, or any other protected class under State and Federal laws.*

**Additional sheets of paper may be attached to this form to provide further detail or clarification of any portion of the application.**

## VOLUNTARY INFORMATION -

### Affirmative Action Data

The information you provide on this supplement will be utilized by the City of Falls City Personnel Department for Affirmative Action purposes only. Completion of this form is voluntary and information provided will be kept in a confidential file separate from the application form.

Ethnic Category	
Caucasian (not of Hispanic origin) - Those having origins in any of the original peoples of Europe, North Africa or the Middle East.	<input type="checkbox"/>
African American (not of Hispanic origin) - Those having origins in any of the Black ethnic groups.	<input type="checkbox"/>
Hispanic - Those of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish cultures or origin, regardless of ethnicity.	<input type="checkbox"/>
Asian or Pacific Islanders - Those having origins in any of the original peoples of the Far East, Southeast Asia, Indian Subcontinent or the Pacific Islands.	<input type="checkbox"/>
Native American or Alaskan Native - Those having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.	<input type="checkbox"/>

Sex:  Male  Female

Are you disabled?  Yes  No  
(Checking the "yes" box has no effect on an employer's obligation to provide reasonable accommodation under state and federal disability laws.)

### ATTENTION

**ATTACH THIS PAGE TO YOUR APPLICATION MATERIALS  
EVEN IF YOU DO NOT PROVIDE THE VOLUNTARY INFORMATION**



## Veterans' Preference Form

Under Oregon law, veterans who meet the minimum qualifications for a position may be eligible for employment preference. If you think you may qualify, please read this document carefully. Check the box for each item that applies to you.

This completed form and the required documentation must be submitted at the time you submit your employment application. Please indicate in your application cover letter that you are requesting veterans' preference and submit this completed form along with proof of eligibility with your application materials. Information submitted on or with this form will be used for the purpose of determining and awarding veterans' preference in accordance with ORS 408.230.

**Part 1 Qualified Veteran.** You may claim veteran's preference if you are able to check at least one of the following seven boxes and provide proof of eligibility by submitting a copy of your DD-214 or 215 and Certificate of Honorable Discharge if the DD-214 or 215 does not specifically indicate such. "Active duty" does not include attendance at a school under military orders, except schooling incident to an active enlistment or a regular tour of duty, or normal military training as a reserve officer or member of an organized reserve or a National Guard unit. ORS 408.225(1)(e)

- 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; or
- I served on active duty with the Armed Forces of the United States for a period of more than 178 consecutive days after January 31, 1955 and was discharged or released under honorable conditions; or
- I served on active duty with the Armed Forces of the United States for 178 days or less and was discharged or released from active duty under honorable conditions because of a service-connected disability; or
- I served on active duty with the Armed Forces of the United States for 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
- I served on active duty with the Armed Forces of the United States for at least one day in a combat zone and was discharged or released from active duty under honorable conditions; or
- I 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
- I am receiving a nonservice-connected pension from the United States Department of Veterans Affairs.

**Part 2 Qualified Disabled Veteran.** You may claim additional employment preference if you can check any of the following three boxes and provide proof of eligibility by submitting both (1) a copy of your DD-214 or 215 and Certificate of Honorable Discharge if the DD-214 or 215 does not specifically indicate such, and (2) a public employment preference letter from the United States Department of Veterans Affairs or other verifiable documentation certifying disabled veteran status. ORS 408.255(1)(c)

- 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 veteran's preference 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.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Position Applied For: \_\_\_\_\_

**Preference will not be awarded without proper documentation.**

**You must submit your DD-214 or 215 and other listed documents prior to the application deadline.**

**Late or incomplete submittals will not be considered.**

