

CITY OF BAKER CITY

We consider applicants without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

EMPLOYMENT APPLICATION

FOR: _____ DEPARTMENT

(PRINT OR USE TYPEWRITER) (IF ADDITIONAL SPACE IS NEEDED, USE BOTTOM HALF OF PAGE 3)

POSITION APPLYING FOR: _____ DATE: _____

NAME: _____
LAST FIRST MIDDLE

MAILING ADDRESS: _____

CITY STATE ZIP

TELEPHONE #: _____

EMAIL: _____

Are you legally eligible for employment in the United States? Yes No

HAVE YOU EVER BEEN CONVICTED OF A CRIME? Yes No If Yes, explain below in "REMARKS".
 (Exclude those cases processed in juvenile court and minor traffic violations.) Conviction does not necessarily disqualify you from employment.

REMARKS: _____

EDUCATION RECORD (If now in school, please include present term.)

Name and Location of High School: _____

If not a high school graduate, do you have a Certificate of Equivalency (GED)? YES NO

	SCHOOL	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate	Degree or Diploma
E D U C A T I O N	Graduate					
	College					
	Business/Trade/ Technical					
	High School					

LIST ANY SPECIAL TRAINING, LICENSES, CERTIFICATES, MACHINE SKILLS, OFFICE EQUIPMENT, LANGUAGE OR OTHER SPECIAL SKILLS YOU MAY HAVE THAT ARE PERTINENT TO THE POSITION TO WHICH YOU ARE APPLYING.

MILITARY - Did you service in the U.S. Armed Forces: Yes No **If Yes, in what Branch?** _____

Describe any training received relevant to the position for which you are applying: _____

REFERENCES - List the names of three persons other than former employers and relatives having **knowledge of your character, experience, or ability.**

Name	Address	Business	Telephone No.
1.			
2.			
3.			

EMPLOYMENT HISTORY - Beginning with your present or most recent job, describe your work experience during the past TEN years. In addition, list any other prior experience related to the duties of the position for which you are applying. Also include all non-paid or volunteer work.

FILL IN THE FOLLOWING IN DETAIL

Present or Last Employer:

1	Employing firm	Address and Telephone Number	FROM: _____ Month Year TO: _____ Month Year
	Your Job Title:	Supervisor's Name / Title:	Full Time: Yes / No
	Specific Duties:		Part Time: Yes (Hours per week: _____)
	Reason for Leaving:		

2	Employing firm	Address and Telephone Number	FROM: _____ Month Year TO: _____ Month Year
	Your Job Title:	Supervisor's Name / Title:	Full Time: Yes / No
	Specific Duties:		Part Time: Yes (Hours per week:____)
Reason for Leaving:			

3	Employing firm	Address and Telephone Number	FROM: _____ Month Year TO: _____ Month Year
	Your Job Title:	Supervisor's Name / Title:	Full Time: Yes / No
	Specific Duties:		Part Time: Yes (Hours per week:____)
Reason for Leaving:			

4	Employing firm	Address and Telephone Number	FROM: _____ Month Year TO: _____ Month Year
	Your Job Title:	Supervisor's Name / Title:	Full Time: Yes / No
	Specific Duties:		Part Time: Yes (Hours per week:____)
Reason for Leaving:			

We may contact the employers listed above unless you indicate those you do not want us to contact.	Do Not Contact
	Employer Reason Number: _____ _____

State any additional information you feel may be helpful to us in considering your application.

NOTE TO APPLICANTS: Do not answer this question unless you have been informed about the requirements of the job for which you are applying.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.

Yes No

PRE-EMPLOYMENT DRUG TESTING

Pre-employment testing will be required of any qualified applicant as a consideration of employment. Those applicants considered as final candidates for employment with Baker City will be required to undergo testing and will not be considered for employment if the results are positive. Refusal to submit to a drug test will be deemed voluntary withdrawal of candidate's application for employment.

APPLICANT'S STATEMENT:

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I hereby consent and authorize the release of any and all information regarding past employment and activities, including but not limited to, evaluations or assessment of my performance, attendance records, and educational/training records.

I hereby release all parties and persons from all liability and/or claims now or in the future arising from the furnishing of any information, including good faith expressions of opinion, to the City of Baker City as requested. I further agree not to sue the City of Baker City or any and all other persons employed by or connected with my previous employers or organizations as a result of the furnishing of any information, including good faith expressions of opinion to the City of Baker City.

I understand that this application is not intended to be a contract of employment. The City of Baker City is an employment at-will organization. This means that both employer and employee can terminate the employment relationship at any time for any reason. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the City of Baker City, Oregon.

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 related 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
- For at least one day in a combat zone and was discharged or released from active duty under honorable conditions
- And 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
- And am 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.

I, _____ am claiming Veterans' Preference and certify that I am eligible to do so. 5 points 10 points

Signature: _____ **Date:** _____

Position Applied For: _____

**If you have any specific questions please contact Human Resources
541-524-2036 or humanresources@bakercity.gov**

This form and supporting documentation must be received by the Human Resources Department no later than the closing time and date of the job post.

**VOLUNTARY SURVEY
AFFIRMATIVE ACTION – NON DISCRIMINATION**

Periodically we may be required to file reports on the sex, ethnicity, disability, veteran and other protected status of employees.

This data is collected to enable us to comply with Affirmative Action responsibilities and other legal requirements.

YOUR PARTICIPATION IN THIS SURVEY IS STRICTLY VOLUNTARY.

Name		This is a voluntary survey, please check the box if you would still like to complete the survey.		
Check one		Check one		
Male <input type="checkbox"/>	Female <input type="checkbox"/>	White <input type="checkbox"/>	Hispanic <input type="checkbox"/>	American Indian/ Alaskan Native <input type="checkbox"/>
		Asian/ Pacific Islander <input type="checkbox"/>	Other <input type="checkbox"/>	