



Application for Employment

The City of Willamina is an Equal Opportunity Employer

INSTRUCTIONS

1. All City of Willamina positions require a completed application form as part of the application process. Check the job announcement for any additional application materials that may be required.
2. Applications may be hand-delivered or mailed, but must arrive at City Hall by 5:00 p.m. on the posted deadline date in order to be considered. The City does not accept faxed or e-mailed applications.

PLEASE PRINT OR TYPE

Position applying for: _____

Name: _____
First Middle Last

Address: _____
Street City State Zip

Phone #: () _____ e-mail (optional) _____

Have you ever been a City of Willamina employee? Yes No

If yes, when? _____ What dept.? _____

Give names of any relatives employed by the City. _____ Relationship _____

EDUCATION

Do you have a high school diploma or equivalency? Yes No School: _____

List all schools attended beyond high school and their location	Full-time/part-time	Type of degree earned or years completed	Principal field of study

ADDITIONAL SKILLS, CERTIFICATIONS AND TRAINING

List any training, specialized skills, languages you speak/read/write, licenses and/or certifications that may be relevant to this position. _____

What computer programs are you proficient in? _____

Additional sheets may be attached to provide information requested above.

EMPLOYMENT HISTORY

The information in this section will be used to determine if you meet the minimum requirements for this position. List your most recent work experience first. Include any relevant experience (paid or unpaid). You may add additional pages if necessary, however, you must use the same format used on this page. **A resume will not substitute for completion of the "Employment History" section.**

Current or Last Employer	Immediate Supervisor & Title	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> Yes, but notify me first <input type="checkbox"/> No
Address		Phone ()
Job Title	From: Mo. ____ Yr. ____ Full time <input type="checkbox"/> Part-time <input type="checkbox"/> To: Mo. ____ Yr. ____ If part-time, hrs/wk. ____	
Description of job duties		
Reason for leaving:		
Current or Last Employer	Immediate Supervisor & Title	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> Yes, but notify me first <input type="checkbox"/> No
Address		Phone ()
Job Title	From: Mo. ____ Yr. ____ Full time <input type="checkbox"/> Part-time <input type="checkbox"/> To: Mo. ____ Yr. ____ If part-time, hrs/wk. ____	
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Description of job duties		
Reason for leaving:		

VETERANS' PREFERENCE

Under Oregon Law, qualified veterans may be eligible for veterans' preference in application for City of Willamina positions.

Are you a veteran, and would you like to be considered for a veterans' preference? Yes No

If yes, please complete and submit the City of Willamina Veterans' Preference Form with your application materials (found on page 4 of this application).

ACCOMMODATION

Accommodation is available to anyone whose specific disability prevents them from completing this application. To obtain confidential assistance in filling out this application, contact the City Recorder (503) 876-2242.

APPLICANT STATEMENT/RELEASE

I certify that the information I have provided in my application or resume is given freely and is, to the best of my knowledge, true and complete. I understand that any false or misleading answer or statement will result in my being eliminated from further consideration or will be sufficient grounds for immediate dismissal at any time. The City of Willamina is given authority to contact present or previous employers and/or academic institutions.

I request and authorize the release of information from my record(s) in response to any request for the same from the City, which is considering me for employment. I understand that this release of information can involve records or assessments concerning my education, employment history, employment performance and attendance, driving and, professional license certification/verification, and personal and professional references pertaining to my abilities, conduct, and other work-related characteristics or issues.

In exchange for City's consideration of my application for employment, I hereby agree not to file or pursue any complaints, claims, or legal actions against any organization or individual that provides information about me to City or its agents in accordance with the terms and intent of this release. I also agree not to file or pursue any complaints, claims, or legal actions against City or any of its employees, representatives, or agents arising out of their efforts to obtain information about me.

Applicant signature: _____ Date: _____

City of Willamina Application for Employment

VETERANS' PREFERENCE FORM

Pursuant to applicable laws regarding Veterans' Preference for public employment, applicants for City of Willamina positions may be eligible for veterans' preference under the following conditions:

Veteran:

To qualify as a veteran eligible to receive preference you must have served in the Armed Forces of the United States, been discharged under honorable conditions, and:

1. Served for more than 178 consecutive days;
OR
2. Served for at least one day in a combat zone [408.225(1)];
OR
3. Received a qualifying military decoration for service in the Armed Forces.

Disabled Veteran:

To qualify as a disabled veteran eligible to receive preference, you must have served in the Armed Forces of the United States and meet one of these criteria:

1. Served for 178 days or less and were discharged under honorable conditions because of a service-connected disability;
OR
2. Entitled to disability compensation under laws administered by the United States Department of Veterans Affairs;
OR
3. Awarded the Purple Heart for wounds received in combat.

By signing below, I certify that I qualify for veterans' preference under the above-listed criteria, and wish to be given veterans' preference in employment for the position for which I am submitting this form.

Veterans:

I understand I must provide proof of eligibility by submitting a copy of my **DD-214 or DD-215** indicating my discharge status, e.g., honorable discharge (or other than dishonorable discharge). In addition, disabled veterans must supply a public employment preference letter from the US Department of Veterans' Affairs.

Print Name: _____ Phone: _____
Signature of Applicant: _____ Date: _____

Note: In order to be considered for veterans' preference, this completed form and the required documentation must be submitted to the City of Willamina at the time you submit your application and no later than 5:00 p.m. on the deadline (closing) date of the recruitment. Applications received without the required documentation will not be given veterans' preference.

This form only applies to the position for which you are submitting the form. If you apply for more than one position with City of Willamina, you are required to submit a signed form for each position.

For additional information on Veterans' Preference eligibility, including definition of the terms "veteran" and "disabled veteran," contact the Oregon Department of Veterans' Affairs at 1-800-692-9666.

AA/EEO DATA RECORD (Voluntary)

Position applying for: _____

Applicants are considered for employment without regard to race, color, religion, sex, national origin, age, marital status, familial status, gender identity, sexual orientation, veteran status, disability for which a reasonable accommodation can be made, or any other status protected by law. Federal guidelines for Equal Employment Opportunity and City of Willamina Affirmative Action Program require that job applicant records be kept on an applicant's ethnic background and gender. In accordance with these requirements, and to evaluate the effectiveness of our recruitment efforts, we request that you complete this form. Your cooperation is appreciated.

Please check the applicable box for both race and gender:

Female Male

BLACK (not of Hispanic origin):
All persons having origins in any of the black racial groups of Africa.

HISPANIC:
All persons of Mexican, Puerto Rican, Cuban, Central or South America or other Spanish culture or origin, regardless of race.

AMERICAN INDIAN or ALASKAN NATIVE:
All persons having origins in any of the original peoples of North America, who maintain cultural identification through tribal affiliation or community recognition.

WHITE (not of Hispanic origin):
All persons having origins in any of the original people of Europe, North Africa or the Middle East.

ASIAN or PACIFIC ISLANDER:
All persons having origins in any of the original peoples of the Far East, Southwest Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.

Unknown/Do Not Wish to Disclose