

CITY OF SWEET HOME

EMPLOYMENT APPLICATION *EQUAL OPPORTUNITY EMPLOYER

3225 Main Street, Sweet Home, Or 97386 541.367.8969 www.sweethomeor.gov

Position Applying For:		Date:				
	PERSO	NAI IN	IFORMATION	ON		
Last Name	First	7K/AL-111			Middle	
Street Address				Apt./Unit #		
Mailing	City				State/Zip	
Home Phone	Work Phone	Work Phone			May we contact you at work?	
Email				Have you ever been employed by the City of Sweet Home?		
Are you legally eligible for employment in the USA?	Other names known by:				Do you have a high school diploma or GED Certificate?	
Are you a Veteran? Attach form DD 214 or 215 to this application	Are you over 18 years of age? If applying for a Police Officer position, are you 21 years of age or over?					
			ATION			
·				e applyin	ng for, including military:	
Colleges, Vocational or Technical Schools, Training Certificates Ma		Majoi	Subject	Units	Type of Degree or Certificate	Date:
	1EMBERSHIPS, (2EDTIEI	CATIONS SE	ECIAL SV		
Professional Memberships & Affiliatio		EKIIFI	LATIONS, SP		puter Technical Skills (List Below)	
rolessional Weinbersings & Almado	nis (List Below)			Com	pater recrimed skins (List Delow)	
Trade Licenses/Certifications (Li	st Below)			Eq	uipment Operation (List Below)	
If annih in a fau t	ha nasitian af n	aliaa af	ficer eresse	a DDCC	T contified officers	
it applying for the	ne position of p	once of	ncer, are yo	u a DPSS	T certified officer?	
		REFER	ENCES			

REFERENCES				
Full Name	Relationship			
Company	Phone ()			
Full Name	Relationship			
Company	Phone ()			
Full Name	Relationship			
Company	Phone ()			

WORK EXPERIENCE						
Please complete the following sections, do not enter "see resume". Beginning with your present or most recent employer, describe all work experience including, volunteer, military, and intern experience. Attach additional sheets if necessary.						
Name of Empl				Address		
Starting Date	Leaving Date			Reason for Leaving		
Month/Year	Month/Year			, and the second		
Job Title		1	Supervisor		Phone #	
Job Duties:			·		4	
May we conta	ct this employe	r?				
Name of Empl				Address		
Starting Date	Leaving Date	_		Reason for Leaving		
Month/Year	Month/Year					
Job Title			Supervisor		Phone #	
Job Duties:						
May we conta	ct this employe	ar?				
we conta	et tills employe	1:				
Name of Empl	oyer			Address		
Starting Date	Leaving Date			Reason for Leaving		
Month/Year	Month/Year					
Job Title			Supervisor		Phone #	
Job Title Job Duties:			Supervisor		Phone #	
Job Duties.						
May we conta	ct this employe	:r?				

Name of Employer			Address			
Starting Date	Leaving Date		Reason for Leaving			
Month/Year	Month/Year					
Job Title		Supervisor	Phone #			
Job Duties:						
May we contact th	ic amplayor?					
May we contact th	is employer?					
Name of Employer			Address			
Starting Date	Leaving Date		Reason for Leaving			
Month/Year	Month/Year					
Job Title		Supervisor	Phone #			
Job Duties:						
May was as at a at the	د مسمسام، د					
May we contact th	is employer?		244.474.05			
DISCLAIMER AND SIGNATURE						
By my signature/inserting my name below and submitting electronically, I certify that all answers and statements on the						
application are tru	e and complete to th	ne best of my knowledge. I u	understand that should the City learn, o	at any time, of		
any untruthful or n	nisleading answers, i	my application may be rejec	ted, my name removed from considerd	ition, or my		
employment with the City terminated. I hereby authorize past/present employers and educational institutions to release						
information concerning my work or educational history to be used solely in determining my qualifications for this						
position. I hereby release the City of Sweet Home as well as those contracted by the City from any liability or damage						
which may result from furnishing the information requested. The City of Sweet Home may make copies of this						
authorization available to those contacted.						

Note: Applications and /or resumes cannot be returned. A new application is required for each position that you wish to be considered for. Preemployment substance screening may be required. An employment offer may be contingent on passing a physical examination for some position classifications. Americans with Disabilities Act accommodations will be provided upon request.

Signature

Date

CITY OF SWEET HOME

VETERAN'S PREFERENCE FORM *EQUAL OPPORTUNITY EMPLOYER

Under Oregon law, veterans who meet the minimum qualification for a position may be eligible for employment preference. If you think you qualify, **please read this document carefully**. Check each box that applies to you. This completed form and the required documents must be submitted at the time you submit your employment application. Information submitted on or with this form will be used solely to determine your veteran's preference.

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 Certification of Honorable Discharge if the DD-214 or 215 does not specifically indicate the type of discharge) or a letter from the United States Department of Veterans Affairs indicating you receive a non-service-connected pension. "Active duty" does not include attendance at a school under military orders, except schooling incident to an active enlistment or 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 beginning after January 31, 1955 and was discharged or released from active duty 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 non-service-connected pension from the United States Department of Veterans Affairs

QUALIFIED DISABLED VETERAN: You may claim additional veteran's preference if you can check any of the following three 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 the type of discharge) and a public employment preference letter from the United States Department of Veterans Affairs or other verifiable documentation certifying disabled veterans status.

ORS 408.225(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 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	Position Applied For	
Signature	Date	

Preference will not be awarded without proper documentation. Late or incomplete submittals will not be considered. Qualified veterans receive 5 preference points and qualified disabled veterans receive 10 preference points, applied at each step of the application process that would result in a disqualification.

City of Sweet Home General Information

Detach and keep for your records

EQUAL EMPLOYMENT OPPORTUNITY: We are an Equal Opportunity/Affirmative Action Employer. We are dedicated to a policy of nondiscrimination in employment on the basis of race, color, religion, sex, national origin, age, or mental and/or physical disability.

APPLICATION PROCESS: Submit required application materials to jfisher@sweethomeor.gov by the closing date.

DRUG SCREENING: If you apply for a safety sensitive position, a conditional job offer will be contingent upon successful completion of a drug screening, and subject to random testing after hire.

PROBATIONARY PERIOD: Newly hired and newly promoted employees serve a probationary period of fixed duration as the final step in the selection process to show their ability to perform the work.

SALARIES AND BENEFITS: The City of Sweet Home offers competitive salaries and a comprehensive benefits program provided to regular full-time employees and regular part-time employees (pro-rated); paid vacation, holidays, and sick leave; medical and dental coverage to employees and dependents; life insurance and retirement plan.

IMMIGRATION LAW: In accordance with the Immigration Reform and Control Act of 1986 (IRCA), all newly hired employees will be required to complete and sign an Employment Eligibility Verification Form and present documentation verifying identity and employment eligibility.

VALID DRIVER'S LICENSE: If you apply for a position requiring a valid Oregon's Driver's License, you will be required to complete a Supplemental Driver's License Form prior to a conditional job offer. This information will be used only for City vehicle usage requirements and will be maintained in a confidential manner.