



City of Troutdale
APPLICATION FOR EMPLOYMENT

City Hall
219 E. Historic Columbia River Hwy.
Troutdale, OR 97060-2078
Phone: 503.665.5175
Fax: 503.208.7103

For Office Use Only:
Date Received: \_\_\_\_\_
Received by: \_\_\_\_\_

An application is required for each vacancy. We DO NOT accept resumes in lieu of an application.

The City is an equal employment opportunity employer. All applicants will be considered without regard to race, color, national origin, age, religion, gender, sexual orientation, gender identity, marital status, mental or physical disability, or other protected status or activity in accordance with applicable federal and state equal employment opportunity laws.

Answer each question fully and accurately. If you need additional space, please continue your answer(s) on a separate sheet of paper. PLEASE PRINT OR TYPE.

Position Applied for: \_\_\_\_\_
Employment status sought: Full-time [ ] Part-time [ ] Temporary [ ]
Date you are available for employment: \_\_\_\_\_
Where you saw this position advertised: [ ] City website [ ] Facebook [ ] Oregonlive [ ] Craigslist [ ] Other

APPLICANT INFORMATION

Last Name First Name Middle Initial
Street Address City State Zip Code
Primary phone: ( ) - Secondary phone: ( ) -
E-mail Address: \_\_\_\_\_
Are you at least 18 years of age? [ ] YES [ ] NO
May we contact your present employer? [ ] YES [ ] NO
If YES, give name & telephone number: \_\_\_\_\_
Are you eligible to work in the United States? [ ] YES [ ] NO
Are you a Veteran? [ ] YES [ ] NO If YES, complete the attached Veterans Preference Form.
Have you ever been employed here before? [ ] YES [ ] NO
For Driving Jobs Only: Do you have a valid Driver's license? [ ] YES [ ] NO
Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Can you perform the essential functions of the job(s) for which you are applying (based upon job description)?

[ ] YES

[ ] NO

### EDUCATION

	<u>High School</u>	<u>College</u>	<u>Post-Graduate or Other Vocational, Technical, or Other Education or Training</u>
<b>School Name</b>			
<b>Years Completed (circle)</b>	9 10 11 12	1 2 3 4	1 2 3 4 5+
<b>Course of study/major or Degree Obtained</b>			

Summarize special certifications, skills and qualifications, volunteer activities, military training and/or experience, other training, employment or other activities related to the job you are seeking. *For military veterans, please include any transferable skills obtained through military education or experience that substantially relate, directly or indirectly, to the position for which you are applying:*

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### WORK HISTORY

**List your six (6) most recent jobs in order, starting with your present or most recent job.** If Self-Employed, give firm name and supply business references. If you worked in any position under another name, please give the name(s).

**Do not leave out any jobs.**

<b>Employer:</b>	<b>Supervisor:</b>	<b>Dates:</b> _____ to _____
<b>Address:</b>		<b>Phone:</b>
<b>Position(s) Held:</b>	<b>Describe duties:</b>	

**Were you discharged from this job?** [ ] Yes [ ] No

**What is or was your reason for leaving:**

<b>Employer:</b>	<b>Supervisor:</b>	<b>Dates:</b> _____ to _____
<b>Address:</b>	<b>Phone:</b>	
<b>Position(s) Held:</b>	<b>Describe duties:</b>	
<b>Were you discharged from this job?</b> [ ] Yes [ ] No <b>What was your reason for leaving:</b>		

<b>Employer:</b>	<b>Supervisor:</b>	<b>Dates:</b> _____ to _____
<b>Address:</b>	<b>Phone:</b>	
<b>Position(s) Held:</b>	<b>Describe duties:</b>	
<b>Were you discharged from this job?</b> [ ] Yes [ ] No <b>What was your reason for leaving:</b>		

<b>Employer:</b>	<b>Supervisor:</b>	<b>Dates:</b> _____ to _____
<b>Address:</b>	<b>Phone:</b>	
<b>Position(s) Held:</b>	<b>Describe duties:</b>	
<b>Were you discharged from this job?</b> [ ] Yes [ ] No <b>What was your reason for leaving:</b>		

<b>Employer:</b>	<b>Supervisor:</b>	<b>Dates:</b> _____ to _____
<b>Address:</b>		<b>Phone:</b>
<b>Position(s) Held:</b>	<b>Describe duties:</b>	
<b>Were you discharged from this job?</b> [ ] Yes [ ] No <b>What was your reason for leaving:</b>		

<b>Employer:</b>	<b>Supervisor:</b>	<b>Dates:</b> _____ to _____
<b>Address:</b>		<b>Phone:</b>
<b>Position(s) Held:</b>	<b>Describe duties:</b>	
<b>Were you discharged from this job?</b> [ ] Yes [ ] No <b>What was your reason for leaving:</b>		

**REFERENCES**

Give three references who are familiar with your job related skills, qualifications, and performance. Do not list relatives.

Name	Address	Telephone No.	Yrs. Acquainted	Occupation

**PLEASE READ THE FOLLOWING STATEMENTS 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.**

1. All answers and statements I have made on this application (and resume or other supplementary materials) are true and complete without omissions. I understand that any false, misleading, or incomplete information will be grounds for refusal to hire or for immediate discharge if I am employed. I authorize the City of Troutdale to obtain information about me from any of the prior employers or persons named in this application, including those provided by me as references. I also agree to sign an authorization releasing these prior employers and persons of liability for providing such information.

Please initial: \_\_\_\_\_

2. I understand that if I am offered employment, I will be required to pass a criminal history check and may also be required to pass a driver's record check, credit check, pre-employment drug screen, and/or physical as a condition of being hired, depending on the position for which I am being hired and consistent with applicable laws.

Please initial: \_\_\_\_\_

3. I understand that if I am hired I will be responsible for complying with all policies and rules of the City as they presently exist or are later modified. I also understand that except as otherwise provided in an applicable collective bargaining agreement or other written employment agreement signed by the City Manager or City Personnel Officer, my employment with the City will be terminable at-will for any reason and at any time without notice, at the option of the employer or myself, except as prohibited by applicable law.

Please initial: \_\_\_\_\_

4. I also understand that nothing in this application, the interview, or hiring process or in an offer of employment creates a contract for employment or continued employment with the City, and that no representative of the City has any authority to change my at-will employment status or to otherwise 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 specifically stated in a written agreement signed and dated by City Personnel Officer.

Please initial: \_\_\_\_\_

**I have read, understand and agree with all of the above statements.**

By: \_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



# City of Troutdale

## Veteran's Preference Form

**For Office Use Only:**  
Date Received: \_\_\_\_\_  
Received by: \_\_\_\_\_

Under Oregon law, veterans who meet minimum qualifications for a position may be eligible for employment preference. Please read the following checklist carefully, and check the box for each item that applies to you. If you need further explanation or have special circumstances, please call Human Resources at 503-674-7267. **This completed form and the required supporting documentation must be submitted to The City of Troutdale Human Resources Department at the time you submit your application.**

**A. QUALIFIED VETERAN QUESTIONS:** You may claim veteran's preference if you check at least one box below and provide proof of eligibility by submitting a copy of your form DD-214 or DD-215 that includes your discharge status.

- 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
  - For a period of more than 178 consecutive days beginning after January 31, 1955 and was discharged or released under honorable conditions, or
  - For 178 days or less and was discharged or released from active duty under honorable conditions because of a service-connected disability, or
  - 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
  - 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 activity duty under honorable conditions; **or**
- I am receiving a non-service-connected pension from the United States Department of Veterans Affairs.

*Please see the next page for applicable definitions.*

**B. QUALIFIED DISABLED VETERAN QUESTIONS:** You may claim additional employment preference if you can check at least one box below and provide proof of eligibility by submitting both of the documents listed below:

1. A copy of your DD-214 or DD-215, Certificate of Release or Discharge, Copy 4, and
  2. A public employment veteran's disability preference letter from the United States Department of Veterans' Affairs (unless the information is included in the DD Form 214/215). To order the letter, call 1-800-827-1000 and request a public employment preference letter.
- I have a disability rating through 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 points 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

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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

**Preference will not be awarded without the appropriate documentation. You must submit your DD-214 or 215 in all cases. If you are claiming disabled veteran points, you must also submit the public employment preference letter from the Department of Veterans Affairs unless the information is included in the federal DD Form 214/215. You will not receive preference without these accompanying documents.**

## DEFINITIONS

**Armed Forces** means the United States Army, Navy, Marine Corps, Air Force, and Coast Guard, including the reserve components thereof. (Title 38 USC Part I Chapter 1 Section 101). Reserve components mean:

- (a) The Army Reserve;
- (b) The Navy Reserve;
- (c) The Marine Corps Reserve;
- (d) The Air force Reserve;
- (e) The Coast Guard Reserve;
- (f) The Army National Guard of the United States; and
- (g) The Air National Guard of the United States.

**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.

**Combat zone** means an area designated by the President of the United States by executive order in which, on the dates designated by executive order, the Armed Forces of the United States are or have engaged in combat.

**Veteran** means a person who:

- (a) Served on active duty with the Armed Forces of the United States:
  - (B) For a period of more than 90 consecutive days beginning on or before January 31, 1955, and was discharged or released under honorable conditions;
  - (C) 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;
  - (D) For 178 days or less and was discharged or released from active duty under honorable conditions because of a service-connected disability;
  - (E) For 178 days or less and was discharged or released from active duty under honorable conditions and has a disability rating from the United States Department of Veterans Affairs; or
  - (F) For at least one day in a combat zone and was discharged or released from active duty under honorable conditions;
- (b) 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
- (c) Is receiving a non service connected pension from the United States Department of Veterans Affairs.

**Disabled veteran** means a person who has a disability rating from the United States Department of Veterans Affairs, a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty or a person who was awarded the Purple Heart for wounds received in combat.