

EMPLOYMENT APPLICATION

Instructions: Please print or type. This application is a part of the screening process. To be considered for employment please:

1. Fill out the application completely. **Do not use "Refer to resume."**
2. Use additional sheets if necessary. Incomplete applications will not be accepted.
3. Sign and date the application.
4. Mail, or bring the application to the Human Resources Office, City of Milwaukie, 10722 SE Main St., Milwaukie, OR 97222. **Applications submitted after the closing date will not be considered.**

Visit our website at www.cityofmilwaukie.org for current job openings.

We are an Equal Opportunity Employer.
Please notify us if you need any accommodations or assistance with any part of our application process.

CONTACT INFORMATION

Position Applied for: _____

Name: _____
Last First MI

Address: _____
Street City State Zip

Phone: _____ **E-mail Address:** _____
Preferred contact number Second preference

EDUCATION/TRAINING RECORD

Diploma/GED Some College Associate's Bachelor's Master's Doctorate

NAME AND LOCATION OF SCHOOL	TOTAL CREDIT HOURS		TYPE OF TRAINING OR MAJOR	NAME OF CERTIFICATE OR DEGREE RECEIVED
	SEM.	QTR.		

If job requires course work in specific areas, attach transcript or list of courses completed.

LICENSES AND CERTIFICATIONS

List Driver's License and other licenses or certificates required by the announcement.

Title	Number	Issuing Agency	Expiration Date	Special Endorsements/Class

ADDITIONAL SKILLS

List any additional skills you have which qualify you for this position:

OTHER

As an adult, have you ever been convicted of an offense other than a minor traffic violation? Yes No

If yes, please explain the nature of the offense, the date, and the location: _____

Convictions are evaluated for each position and are not necessarily disqualifying.

EMPLOYMENT HISTORY

List all the positions you have held in the past fifteen (15) years. Begin with your most recent experience. List all jobs separately, include military, volunteer, and intern experience. Use additional sheets if necessary.

Current or Last Employer		Location	
Type of Business	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer	Dates Employed From _____ To _____	
Reason for Leaving	Supervisor	Supervisor's Phone Number	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Your Job Title		Salary	
Job Duties:			

Previous Employer		Location	
Type of Business	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer	Dates Employed From _____ To _____	
Reason for Leaving	Supervisor	Supervisor's Phone Number	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Your Job Title		Salary	
Job Duties:			

Previous Employer		Location	
Type of Business	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer	Dates Employed From _____ To _____	
Reason for Leaving	Supervisor	Supervisor's Phone Number	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Your Job Title		Salary	
Job Duties:			

CERTIFICATION: I certify that all statements on this application and any supplemental application material are complete to the best of my knowledge. I understand false or incomplete statements shall be sufficient for disqualification from the application process or dismissal should I be hired for employment. In submitting this application for employment, I understand that I am authorizing the City of Milwaukie to investigate the information that I provide, including contacting representatives of former employers, educational institutions, or any references. I understand that the City of Milwaukie also completes a background check of all applicants, which will include a driving history, criminal records, and might include a credit history. My signature on this serves as my authorization for the City to conduct such record checks. I realize that the City of Milwaukie will provide me with the required notice, disclosure, and request for authorization whenever the information sought falls under the requirements of the Fair Credit Reporting Act. I understand that a conditional job offer will be contingent upon successfully passing a drug screen. **I have read and I understand all of the instructions and acknowledgments set forth above.**

Signature:

Date:

City of Milwaukie VETERAN'S POINTS FORM

FULL NAME: _____

Under Oregon law, some veterans who successfully complete all phases of a Civil Service test may be eligible for preference points. If you think you may qualify, **please read the following checklist carefully**. Check the box for each item that is appropriate.

****Note:** To assure points are awarded at the appropriate time, this completed form and required documentation must be submitted with your application. If you are discharged/released later and otherwise qualify, you must submit this completed form and the required documentation before points can be awarded.

You may be eligible for either ten points as a qualified disabled veteran or five points as a qualified veteran (non disabled), but not both.

- I am claiming ten (10) points as a qualified disabled veteran. Skip to part B: "Qualified Disabled Veteran Questions" on page 3; **OR**
- I am claiming five (5) points as a qualified veteran (non disabled). Complete only part A below.

A. Qualified Veteran Questions: You may claim five (5) veteran's preference if you check **at least one box in each of the two sections below** and provide **proof of eligibility** by submitting a copy of your **DD-214 or DD-215** that includes your discharge/release status (e.g., honorable discharge).

Section One – ORS 408.225(1)(d)

- I served on active duty* with the Armed Forces of the United States for a period of more than 178 consecutive days 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* 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 for service in the Armed Forces of the United States.

*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 National Guard unit is **not** considered active duty.

Section Two – ORS 408.235

- I was discharged or released from service in the armed forces within 15 years of the date of this application.

Date of Discharge _____

*****You must provide proof of eligibility by submitting a copy of your DD-214 or DD-215.**

I hereby claim non-disabled 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 No.: _____ - _____ - _____

Signature of Applicant: _____ Date: _____

Title of position applied for: _____

*****Points will not be awarded without the appropriate documentation. You must submit a copy of your DD-214 or DD-215 in all cases, even if you have previously submitted a copy to the District. You will not receive points without accompanying documents.*****

ORS 408.210-235

B. Qualified Disabled Veteran Questions: You may claim ten (10) veteran's preference points if you can check **at least one box** below and provide **proof of eligibility** by submitting *both*:

1. a copy of your **DD-214 or DD-215 form showing your discharge status, and**
2. a copy of your Veterans' disability preference letter dated within the last 6 months from the Department of Veteran's Administration.

ORS 408.225(1)(b)

- 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 disabled 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 No.: _____ - _____ - _____

Signature of Applicant: _____ Date: _____

Title of position applied for: _____

*****Points will not be awarded without the appropriate documentation. You must submit a copy of your DD-214 or DD-215 that shows discharge status in all cases. If you are claiming disabled Veteran points, you must also submit a copy of your Veterans' disability preference letter from the Department of Veteran's Administration dated within the last 6 months. You will not receive points without these accompanying documents.*****

ORS 408.210-235

CONFIDENTIAL APPLICANT INFORMATION
CITY OF MILWAUKIE

POSITION APPLIED FOR

DATE APPLYING

The City of Milwaukee is dedicated to a policy of equal opportunity in employment without regard to race, religion, sex, national origin, age, marital status, mental or physical disability, or political affiliation.

The following information is voluntary and will not be considered in any part of the selection process. It is used for statistical purposes only so that the City can monitor its hiring practices, consistent with its commitment to further the principles of Equal Employment Opportunity. At the time of submittal, the form will be separated from your application and information provided on the form will not be used to make any employment decisions and will be kept strictly confidential.

MARK EACH OF THE APPROPRIATE SECTIONS LISTED BELOW

ETHNIC IDENTIFICATION (check one only)

1. Caucasian (Not of Hispanic origin) All persons having origins in any of the original peoples of Europe, North Africa, or Middle East.
2. Black (Not of Hispanic origin) All person having origins in any of the black racial groups.
3. Hispanic All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture of origin, regardless of race.
4. 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.
5. Asian or Pacific Islander All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example: China, Japan, Korea, the Philippine Islands, Samoa, and India

SEX: Male Female

RECRUITMENT SOURCES:

How did you **first** learn of this employment opportunity? (Please specify source name)

- Newspaper _____
- Professional Publication _____
- State Employment Office _____
- City Job Hotline _____
- City Website _____
- Other Website _____
- Current City of Milwaukee Employee _____
- Other (Please list) _____

POLICE OFFICER CANDIDATE CERTIFICATION

.....
Date: _____ **Social Security Number:** _____

Name: _____
Last First MI

Date of Birth: _____ **Driver License #:** _____ **State:** _____ **Expires:** _____

US Citizen: Yes No

H.S. Diploma Yes No **GED Equivalency:** Yes No

Additional Education: _____

.....
Are you Currently a certified Police Officer and/or Reserve? Yes No
(if yes, please circle Officer or Reserve)

Have you successfully attended a state certified Police Academy? Yes No

If yes, when? _____ **Location:** _____

Certificate Type: Basic Intermediate Advanced

Name of most current police employer: _____

Dates of employment: _____ to _____

May we notify for verification? Yes No

PLEASE ATTACH COPIES OF YOUR CERTIFICATES TO THIS PAGE

DO NOT SIGN AND DATE THIS SECTION UNTIL YOU ARE IN FRONT OF A NOTARY.

I CERTIFY THAT THE INFORMATION PROVIDED ON THIS CERTIFICATION FORM IS CORRECT AND COMPLETE. I UNDERSTAND THAT ANY FALSIFICATION WILL CAUSE ME TO FORFEIT ALL RIGHTS TO EMPLOYMENT WITH THE CITY. YOU HAVE MY PERMISSION TO DO A BRIEF CHECK ON MY DRIVING/CRIMINAL RECORD FOR EMPLOYMENT PURPOSES.

Signature

Date

NOTARY SECTION: Must be completed by a notary, preferably prior to being turned in to Human Resources.

Subscribed to before me on this _____ day of _____ 200__.

(Signature)

Notary Public for the State of: _____
County of: _____
Commission Expires: _____