

APPLICATION FOR EMPLOYMENT



CITY OF ASTORIA
Human Resources Department
1095 Duane Street
Astoria OR 97103
(503) 325-5824
FAX (503) 325-2017

The City of Astoria is an equal employment opportunity employer. All applicants will be considered without regard to age, color, national origin, religion, sex, sexual orientation, gender identity, veterans status, or other protected status in accordance with applicable federal and state employment opportunity laws and except as required by those laws. Please type or print clearly using ink. **Your application will be only be valid for 90 days from date of your signature, unless you are notified during that time that you are being considered for a position.**

NAME	LAST	FIRST	MIDDLE	HOME PHONE
ADDRESS			CITY & STATE	ZIP
			BUSINESS PHONE	MESSAGE PHONE

A lack of a driver's license will not disqualify an applicant unless it is an essential function of the job.

I have a valid driver's license. Yes _____ No _____

I am applying for _____

I have read the job description and can perform the essential job functions of the job. _____ Yes _____ No

I wish full-time, part-time, temporary work. I am available _____

Position may require that you live within a certain distance from the City. See Human Resources for more information.

EDUCATION: NAME AND LOCATION High School or G.E.D., business correspondence, college or other related education	TYPE OF TRAINING OR MAJOR	CREDITS RECEIVED		YEARS COMPLETED DEGREE, CERTIFICATE ETC. EARNED
		QUARTER	SEMESTER	

SPECIAL SKILLS OR QUALIFICATIONS

Please list any skills or qualifications you would like us to consider that are related to the position for which you are applying.

COMPUTERS USED _____

SOFTWARE USED _____

TYPING SPEED _____ WPM OFFICE MACHINES _____

LICENSES & PROFESSIONAL CERTIFICATION _____

OTHER TRAINING _____

OTHER MACHINES _____

JOB RELATED VOLUNTEER ACTIVITIES ONLY

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EMPLOYMENT HISTORY: COMPLETE EMPLOYMENT FOR PRIOR 10 YEARS. ATTACH EXTRA SHEETS IF NEEDED. DO NOT OMIT ANY EMPLOYER.

PRESENT OR LAST EMPLOYER _____ **ADDRESS** _____

POSITION OR TITLE _____ **SUPERVISOR'S NAME** _____ **PHONE** _____

DUTIES (BE SPECIFIC _____

REASON FOR LEAVING _____

HOW LONG EMPLOYED THERE - FROM _____ **TO** _____ **MAY WE CONTACT THIS EMPLOYER** **YES** **NO**

EMPLOYER _____ **ADDRESS** _____

POSITION OR TITLE _____ **SUPERVISOR'S NAME** _____ **PHONE** _____

DUTIES (BE SPECIFIC _____

REASON FOR LEAVING _____

HOW LONG EMPLOYED THERE - FROM _____ **TO** _____ **MAY WE CONTACT THIS EMPLOYER** **YES** **NO**

EMPLOYER _____ **ADDRESS** _____

POSITION OR TITLE _____ **SUPERVISOR'S NAME** _____ **PHONE** _____

DUTIES (BE SPECIFIC _____

REASON FOR LEAVING _____

REFERENCES:

List references that we might contact other than a relative, who have known you for a period of time. You must include a phone number.

NAME	ADDRESS	RELATIONSHIP	PHONE

SPECIAL CONSIDERATION

If you believe you have a disability requiring accommodation, please call Human Resources at 503-325-5824.

AWAITING TRIAL OR CONVICTION (NOT an automatic bar to employment)

I am awaiting trial for or have been convicted of a crime. Exclude expunged YES NO juvenile record.

If yes, give the details below; add sheets if needed.

POLICE DEPARTMENT APPLICANTS: List all convictions for criminal acts.

APPLICANT STATEMENT

The information in my application was freely given and is, to the best of my knowledge, true and complete. I understand that any false or misleading answer or statement or material omission will be sufficient grounds for refusal to hire or for immediate discharge if I am employed. The City of Astoria is hereby authorized to contact my present and past employers as references, unless otherwise noted on my application, and to receive from them any information about me concerning my job performance and any evaluations of my job knowledge, skills, attendance, and performance. I hereby release the City as well as those contacted by the City from any liability or damage which may result from furnishing the information requested.

IN ACCORDANCE WITH THE 1986 IMMIGRATION AND REFORM ACT, PROOF OF ELIGIBILITY TO WORK IN THE UNITED STATES IS REQUIRED UPON EMPLOYMENT.

Applicant's signature is required to process application

Signature: _____

Date: _____

VETERAN'S PREFERENCE

THE OREGON LAW REQUIREMENTS FOR VETERAN'S PREFERENCE ELIGIBILITY ARE LISTED BELOW. IF YOU THINK YOU MAY QUALIFY, PLEASE READ THEM CAREFULLY. CHECK THE BOXES AT THE LEFT FOR EACH REQUIREMENT YOU MEET. YOU MAY GET HELP AT HUMAN RESOURCES IF YOU NEED FURTHER EXPLANATION OR HAVE SPECIAL CIRCUMSTANCES.

You may claim 5 points veteran's preference on an examination if your active duty service was for other than schooling or training as a reserve or national guard participant and if you have checked all of the following boxes:

- I meet one of the following requirements:
- a. I served more than 180 consecutive days of active duty in the armed forces of the United States and was discharged or released with an honorable discharge, **OR**
 - b. I served 180 days or less on active duty with the Armed Forces of the U.S. and was discharged or released because of a service connected disability with other than a dishonorable discharge.
- I have not previously used veteran's preference to obtain a job with the State of Oregon or a local government unit in Oregon for which I completed the probationary period.

OR

You may claim 10 points veteran's preference if you have checked the following box:

- I meet one of the following requirements:
- a. I am entitled to disability compensation under the laws administered by the United States Department of Veteran's Affairs, **OR**
 - b. I was discharged or released from active duty for a disability incurred or aggravated in the line of duty, **OR**
 - c. 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 correct. I understand that any false statements may be cause for my disqualification or dismissal.

Signature: _____

Date: _____

TO RECEIVE VETERAN'S PREFERENCE YOU MUST SUBMIT A COPY OF YOUR DD-214. IF YOU CLAIM DISABILITY, YOU MUST SUBMIT A COPY OF YOUR DD-214 AND A COPY OF YOUR VETERAN'S ADMINISTRATION FORM LETTER 802 DATED WITHIN THE LAST SIX MONTHS.