



## Police Department Employment Application

### City Use Only

Recruitment Open Date:	Received Date (Stamp and Print Name)
Recruitment Close Date:	

The City of Scappoose considers applicants for all positions without regard to race, color, gender, age, religion, national origin, disability, marital status, veteran status, or any other legally protected status.

### Position Applying For

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### Personal Information

Last Name:	First Name:
Address:	
Email Address:	
Home Phone:	Cell Phone:
Are you legally eligible for employment in the USA?	
Do you have a high school diploma or GED?	
Other names known by:	
Have you EVER been convicted of a Felony or Violent Misdemeanor?	
If so, please explain:	
Are you currently or have you EVER had to register as a sex offender?	
Are you able to legally carry and possess firearms within the United States?	

**Education and Training**

Only include items relative to the position. Please include: the name of the school/training center, major or subject, type of degree or certificate, and the highest grade level achieved.


**Licenses/Certificates required for or related to, the position**

Please list licenses and certificates below, and the date you received them.

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**Experience and skills related to the position**

Please list your experience and skills related to the position below.

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**Additional Information**

Have you ever been employed by the City of Scappoose?

This position requires possession of a driver's license. Do you possess a valid driver's license?

Do you have a CDL? If so, please list the Class and any Endorsements.

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## Personal References

Please list three personal references that you have been in contact with in the last five years.

Name:

Phone:

Email address:

Years Known:

Name:

Phone:

Email address:

Years Known:

Name:

Phone:

Email address:

Years Known:

## Professional References

Please list three professional references.

Name:

Phone:

Email address:

Name:

Phone:

Email address:

Name:

Phone:

Email address:

## Work Experience

Please list your last three work experiences.

### Employer 1

Employer/Company Name:

Employer Phone Number:

Start and End Dates:

Reason for Leaving:

Job Title:

May we contact this employer?

**Employer 2**

Employer/Company Name:

Employer Phone Number:

Start and End Dates:

Reason for Leaving:

Job Title:

May we contact this employer?

**Employer 3**

Employer/Company Name:

Employer Phone Number:

Start and End Dates:

Reason for Leaving:

Job Title:

May we contact this employer?

Please submit applications by email, regular mail, or in person to the address listed at the top of this application.

## Application Certification

Complete applications will include: a completed application form, a resume, and a completed Veterans Preference Form (if applicable).

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.

I certify that 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 information or omissions will be grounds for refusal to hire or could result in immediate discharge if I am employed. I authorize any of the persons or organizations named in this application to give you complete information and records regarding my employment, education, character and qualifications.

I will be responsible for familiarizing myself with all rules and regulations of the Employer as they presently exist or are later modified, and I acknowledge I am subject to the rules and regulations. I understand that a job offer may be contingent upon additional requirements.

I understand that 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.

I have read, understand, and agree with the above.

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

## Notices and information about the employment process

**EQUAL EMPLOYMENT OPPORTUNITY:** The City of Scappoose is Equal Opportunity Employer. We are dedicated to a policy of nondiscrimination in employment on the basis of race, color, religion, gender, national origin, age, veterans status or mental and/or physical disability or any other legally protected status. We provide veterans preference in accordance with the Law.

### How to Submit Your Application

Submit a completed City of Scappoose employment application to Human Resources by the closing date. Applications will be reviewed to see if they meet the minimum qualifications for the position. Applications meeting the minimum qualifications will be considered for an interview. Veterans preference will be provided in accordance with the law. The interview process will include at least one interview, in-person or virtual, at the discretion of the City of Scappoose.

### Submission Requirements

Required items:

- Completed Application Form, including reference list.
- Resume.
- If applicable, Veterans Preference Form (see page 6). Do not submit this if you are not eligible for veterans preference.
- Passing ORPAT and NTN 1, or proof of completion/passing scores, and any proof of certification or education referenced in your resume, if possible. Printouts are acceptable.

### Additional Requirements

**DRUG SCREENING:** Job offers may be contingent upon successful completion of a drug screening and possible physical examination for some positions.

**BACKGROUND CHECK:** Job offers may be contingent upon successful completion of a background check for some positions.

**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 Scappoose offers competitive salaries and a comprehensive benefits package, as well as paid vacation, holidays, and sick leave.

**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.

# Veterans Preference Form

You only need to complete this form if you are eligible for veterans preference. Do not complete or return this form if you are not eligible for veterans preference.

Under Oregon law, veterans who meet minimum qualifications for a position may be eligible for employment preference. If you think you may qualify, please read the following checklist carefully. Check the box for each item that is appropriate. If you need further explanation or have special circumstances, please call the City of Scappoose at (503) 543-7146. This completed form and the required documentation must be submitted to the City at the time you submit your application.

**QUALIFIED VETERAN QUESTIONS:** You may claim veterans' preference if you check at least one of the boxes below and provide proof of eligibility by submitting a copy of your DD-214 or 215.

ORS 408.225(1)(f)

- 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 nonservice-connected pension from the United States Department of Veterans Affairs.

"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.

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

- A copy of your DD-214 or 215, Certificate of Release or Discharge, Copy 4, and
- A public employment preference letter from the United States Department of Veterans Affairs. To order the letter, call 1-800-827-1000 and request a public employment preference letter.

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 hereby 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.

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

POSITION APPLIED FOR: \_\_\_\_\_

ORS 408. 225-230: Preference will not be awarded without the appropriate documentation.