



# EMPLOYMENT APPLICATION

## City of Scappoose – Police Department

33568 E. Columbia Ave  
Scappoose, Oregon 97056  
Phone (503) 543-3114  
Fax# (503) 543-2955

The City of Scappoose is an Equal Opportunity Employer and considers applicants for all positions without regard to race, color, religion, national origin, age, sex, marital or veteran status, disability, or any other legally protected status. All selection decisions are based on job related factors.

Position Applied For:	Date of Application:
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PLEASE PRINT OR TYPE

### PERSONAL INFORMATION

Last Name	First Name	Middle	Home Phone	Message Phone
Address		Apt. #	PO Box	Business Phone
City	State	Zip	Social Security Number	
Are you legally eligible for employment in the USA? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have a high school diploma or GED certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you over the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No		Please explain the conviction:*		

\* Criminal convictions are not an absolute bar to employment but will only be considered in relation to specific job requirements.

### EDUCATION AND TRAINING

Please include any training relative to the position you are applying for:

Colleges, Vocational or Technical Schools, Training Centers	Course of Study	Number of Years Completed	Type of Degree or Certificate Received

### LICENSES AND CERTIFICATES REQUIRED FOR THIS POSITION

Description	Issued by	ID #	Expiration Date

### PERTINENT SPECIAL SKILLS

Please list experience with machines, office equipment, languages, or other special skills pertinent to the position for which you are applying.


### ADDITIONAL INFORMATION

Do you possess a valid driver's license?  Yes  No (A valid driver's license is required when stated on the job announcement.)

State: \_\_\_\_\_ Driver's License # \_\_\_\_\_

## WORK EXPERIENCE

**Beginning with your present or last job (and working backward) list all Work Experience including Military, Volunteer and Intern Experience.  
(If more space is needed, use Work Experience sheet)**

Name of Present or Last Employer		Address	
Starting Date	Leaving Date	Salary \$ _____ per _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time    _____ hrs/wk <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern    _____ hrs/wk	Reason for Leaving
Month/Year	Month/Year		
Job Title (Present or Last)		Name of Supervisor/Title	
Job Duties:			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Name of Employer		Address	
Starting Date	Leaving Date	Salary \$ _____ per _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time    _____ hrs/wk <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern    _____ hrs/wk	Reason for Leaving
Month/Year	Month/Year		
Job Title (Present or Last)		Name of Supervisor/Title	
Job Duties:			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Name of Employer		Address	
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Month/Year	Month/Year		
Job Title (Present or Last)		Name of Supervisor/Title	
Job Duties:			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

### APPLICANT ACKNOWLEDGMENT

I understand this application does not represent a contract for employment. I understand that an acceptance of an offer for employment does not create a contractual obligation upon the City of Scappoose to continue to employ me for any period of time in the future. I understand that no representative from the City has any authority to enter into any special agreement with me to promise and/or guarantee my employment for any specific time period or to promise me a promotion or transfer, etc., either prior to commencement of employment or after I have become employed, or to assure me of any benefits or terms and conditions of employment, or to make any agreement contrary to the aforementioned.

I hereby represent that each answer to questions incorporated into this application and all other information otherwise furnished by me shall be true, complete, and correct. I understand that incorrect, incomplete, false, or misleading statements/answers/information furnished by me, either verbally or in writing, will subject my application to disqualification from further consideration and/or if already employed by the City, when the aforementioned is detected, I will be subject to discipline up to and including discharge, for falsifying a City record/document, regardless of how much time has elapsed since the date I was employed. In the event that I am employed by the City, I agree to comply with all its orders, rules, regulations, safety policies and performance standards. Within not more than three (3) days of employment, I will provide proof as required on the US Government, I-9 Form, that I am legally eligible for employment in the United States. If I cannot provide such proof in accordance with Federal Law, I understand that I will be terminated.

I have read and understand all of the provisions of this acknowledgment. By signing this application, I hold the City of Scappoose harmless for any result of the reference check. I hereby authorize and release from liability all former employers, educational institutions, law enforcement agencies, and/or other government agencies to provide/release information regarding my employment, education, criminal conviction record, credit history, driver's license violations and motor vehicle records, that may be in their possession to the City of Scappoose and/or its agents. An offer of employment in conditioned upon several criteria, including my satisfactorily passing certain laboratory test(s) (including tests for substance abuse) which may be required by the City of Scappoose.

Applicant's Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

VOLUNTARY COMPLETION BY APPLICANT.  
NOT FOR INTERVIEW PURPOSES.

**RECRUITMENT SOURCE**

How did you become aware of this employment opportunity?

- Newspaper    Which newspaper? \_\_\_\_\_
- City Employment Announcement                       City Job Information Line
- City Employee     State Employment Office
- City Website     Other    Explain: \_\_\_\_\_

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## ADDITIONAL WORK EXPERIENCE

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Name of Present or Last Employer		Address	
Starting Date	Leaving Date	Salary \$ _____ per _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time    _____ hrs/wk <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern    _____ hrs/wk	Reason for Leaving
Month/Year	Month/Year		
Job Title (Present or Last)		Name of Supervisor/Title	
		Phone #	

Job Duties:

May we contact this employer?    Yes    No

Name of Employer		Address	
Starting Date	Leaving Date	Salary \$ _____ per _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time    _____ hrs/wk <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern    _____ hrs/wk	Reason for Leaving
Month/Year	Month/Year		
Job Title (Present or Last)		Name of Supervisor/Title	
		Phone #	

Job Duties:

May we contact this employer?    Yes    No

Name of Employer		Address	
Starting Date	Leaving Date	Salary \$ _____ per _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time    _____ hrs/wk <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern    _____ hrs/wk	Reason for Leaving
Month/Year	Month/Year		
Job Title (Present or Last)		Name of Supervisor/Title	
		Phone #	

Job Duties:

May we contact this employer?    Yes    No

Name of Employer		Address	
Starting Date	Leaving Date	Salary \$ _____ per _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time    _____ hrs/wk <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern    _____ hrs/wk	Reason for Leaving
Month/Year	Month/Year		
Job Title (Present or Last)		Name of Supervisor/Title	
		Phone #	

Job Duties:

May we contact this employer?    Yes    No



SCAPPOOSE POLICE DEPARTMENT
AUTHORIZATION TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I respectfully request and authorize you to furnish the City of Scappoose with any and all information that you may have concerning me, my employment (work), and educational records, my reputation, and my financial and credit status. Please include any and all medical, physical and mental records and reports, including all information of a confidential or privileged nature, and photocopies of same, if possible. Your cooperation in this reply will be used to assist the City in determining my qualifications and fitness for the position I am seeking with the City of Scappoose.

I hereby release you, your organization, and others from any liability or damage which may result from furnishing the information requested.

Date: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

(Please print your name): \_\_\_\_\_

I hereby authorize the release of my Military Service Records (including medical, physical and mental records and reports) to the City of Scappoose, Oregon.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Selective Service Number: \_\_\_\_\_

State of Oregon )
) ss.
County of \_\_\_\_\_)

Sworn and subscribed to before me on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ by

\_\_\_\_\_.
(Name of person)

\_\_\_\_\_.
Notary Public
Commission Expires: \_\_\_\_\_

Note: A photocopy reproduction of this request shall be for all intents and purposes as valid as the original. You may retain this form for your file.

## Veteran's Preference Form

The City of Scappoose provides qualifying veterans and disabled veterans with preference in employment in accordance with state law. Under Oregon law, veterans who meet minimum and any special 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 Susan Reeves at 503-543-7146.

**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 nonservice-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.