



City use only
 RECRUITMENT OPEN DATE: _____ RECRUITMENT CLOSED DATE: _____
 DATE/TIME APPLICATION RECEIVED: _____ BY: _____

33568 East Columbia Avenue Scappoose, OR 97056
 Phone: (503) 543-7146/Fax: (503) 543-7182
 Email: info@cityofscappoose.org

APPLICATION FOR EMPLOYMENT

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 Applied For: _____

1. Answer all questions completely.
2. Resumes will not be accepted in lieu of applications. Applications will be kept on file for one (1) year from date signed.
3. At the time of employment with the city, you must submit proof of U.S. citizenship or authorization to work in the United States.
4. False statements or omission of material facts will result in rejection of your application or removal from employment after hire.

PERSONAL INFORMATION

Last Name	First Name	Middle	E-Mail Address	Date of Application
Address				Home Phone
City	State	Zip		Work Phone
Are you legally eligible for employment in the USA? Yes No		Other names known by:		Do you have a high school diploma or GED certificate? Yes No

EDUCATION AND TRAINING

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

Colleges, Vocational or Technical Schools, Training Centers	Major Subject	Units	Type of Degree or Certificate	Highest Grade Level

LICENSES AND CERTIFICATES REQUIRED FOR, OR RELATED TO, THIS POSITION

Description	Issued by	ID #	Expiration Date

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

ADDITIONAL INFORMATION

Have you ever been employed by the City of Scappoose?	Yes	No	Have you ever been a PERS member?	Yes	No
If position requires, do you possess a valid driver's license?	Yes	No	Do you have a CDL?	Yes	No
If yes, list Class and Endorsements: _____					

PROFESSIONAL REFERENCES - Required

1. Name: _____ Years known: _____

Email address: _____

Phone number: _____

2. Name: _____ Years known: _____

Email address: _____

Phone number: _____

3. Name: _____ Years known: _____

Email address: _____

Phone number: _____

PERSONAL REFERENCES - Required

1. Name: _____ Years known: _____

Email address: _____

Phone number: _____

2. Name: _____ Years known: _____

Email address: _____

Phone number: _____

3. Name: _____ Years known: _____

Email address: _____

Phone number: _____

WORK EXPERIENCE

**Beginning with your present or most recent employer, describe all work experience including Military, Volunteer and Intern Experience.
(Attach additional sheets if necessary)**

Name of Present or Most Recent Employer				Address	
Starting Date	Leaving Date			Reason for Leaving	
Month/Year	Month/Year				
		Full Time	Part Time	____hrs/wk	
		Volunteer	Intern	____hrs/wk	
Job Title (Present or Most Recent)			Name of Supervisor/Title		Phone #

Job Duties:

May we contact this employer? Yes No

Name of Employer				Address	
Starting Date	Leaving Date			Reason for Leaving	
Month/Year	Month/Year				
		Full Time	Part Time	____hrs/wk	
		Volunteer	Intern	____hrs/wk	
Job Title (Present or Most Recent)			Name of Supervisor/Title		Phone #

Job Duties:

May we contact this employer? Yes No

Name of Employer				Address	
Starting Date	Leaving Date			Reason for Leaving	
Month/Year	Month/Year				
		Full Time	Part Time	____hrs/wk	
		Volunteer	Intern	____hrs/wk	
Job Title (Present or Most Recent)			Name of Supervisor/Title		Phone #

Job Duties:

May we contact this employer? Yes No

Name of Employer				Address	
Starting Date	Leaving Date			Reason for Leaving	
Month/Year	Month/Year				
		Full Time	Part Time	____hrs/wk	
		Volunteer	Intern	____hrs/wk	
Job Title (Present or Most Recent)			Name of Supervisor/Title		Phone #

Job Duties:

Please submit applications via email, by mail, or in person to one the addresses listed at the top of this application.

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.

Yes No

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.

Yes No

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.

Yes No

I HAVE READ, UNDERSTAND AND AGREE WITH THE ABOVE.

NAME: _____

SIGNATURE: _____

DATE: _____

City of Scappoose

EQUAL EMPLOYMENT OPPORTUNITY: We are an 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.

APPLICATION PROCESS: Submit a completed City of Scappoose employment application to Human Resources, City of Scappoose, 33568 East Columbia Avenue, Scappoose OR 97056, by the closing date.

DRUG SCREENING: A conditional job offer may be contingent upon successful completion of a drug screening and possible physical 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 program provided to regular full-time employees; 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.

City of Scappoose Application Materials

Veterans' Preference Form

You only need to complete this form if you are eligible for Veteran's 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 City Recorder Susan Reeves at (503) 543-7146.

This completed form and the required documentation must be submitted to the City at the time you submit your application.

A. 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.

B. 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:

1. A copy of your DD-214 or 215, Certificate of Release or Discharge, Copy 4, and
2. 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.

Print Name

_____-_____-_____
Social Security Number

Signature of Applicant

Date

Position Applied for: _____

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