

## CITY OF GOLD HILL **Application for Employment**

City of Gold Hill provides equal employment opportunity to all qualified employees and applicants, without regard to race, color, religion, gender, sexual orientation, national origin, age, disability, genetic information, veteran's status, or any other status protected by applicable federal, Oregon, or local law. Our Equal Employment Opportunity policy applies to all aspects of the employment relationship including, but not limited to, recruitment, hiring, compensation, promotion, demotion, transfer, disciplinary action, layoff, recall, and termination of employment. To claim veterans' preference in hiring, complete the Veteran's Preference Form and submit it with the required documentation at the time you submit this application.

THIS APPLICATION WILL BE CONSIDERED FOR THIS SPECIFIC JOB. IT WILL NOT BE RETAINED FOR FUTURE POSITIONS. IF YOU DESIRE TO BE CONSIDERED FOR A POSITION AT A FUTURE TIME, YOU MUST FILE A NEW APPLICATION. IF HIRED, THIS APPLICATION WILL BE COME PART OF YOUR PERMANENT PERSONNEL FILE. PLEASE PRINT OR TYPE. YOUR APPLICATION MAY NOT BE CONSIDERED IF INCOMPLETE OR SUBMITTED PAST AN ESTABLISHED DEADLINE.

Position										
Position Applying For					Available Start Date Desir		Desired F	ed Pay		
Personal Infor	matio	n								
Name										
A didna a a							Sta	te	Zip	<u> </u>
Address City								<b>∠</b> ıµ	,	
Phone Number Mobile Number				Email Address						
Are you able, at the time of (Proof of identity will be req				ation of your	r lega	al right to work in the l	Jnited	l States? <b>Y</b> o	es C	] No □
Education	List any colleges, military, trade, business or other schools attended.									
Do you have a high school diploma or GED Certificate? Yes □ No □										
School Name		Location			Diploma/Degree	Major/Minor			Did you Graduate?	
Certificates &	Licens	ses		ny professio osition.	nal I	icense, registration, or	certifi	icate require	d or	preferred for
Туре	Issuing Agency			су		D	ate Issued		Date Expires	
	•									

References					
Name	Title		Company		Phone
<b>Employment History</b>					
This information in this section will be used to do ONLY the job(s) (paid, military or volunteer) who duties, starting with your most recent job. Resulting place of a completed application. If you need	ere you obtained the experi umes will be accepted only	ience that quali if required on	fies you for the jo the job announce	b. Clearly de	scribe all of your
Employer (1)		Job Title		Dates Emp	loyed
Address		City	State	L	Zip
Supervisor Name		Phone Numbe	r May w	/e contact?  Yes □ N	lo □
Reason for leaving			I		
Duties					
Employer (2)		Job Title		Dates Emp	loyed
Address		City	State	L	Zip
Supervisor Name		Phone Numbe	r May w	/e contact?	
				Yes □ N	lo □ 
Reason for leaving					
Duties					

Employer (3)	Job Title	Dates Employe		oyed	
Address	City	State		Zip	
Supervisor Name	Phone Number	May we contact?  Yes □ No □		o 🗆	
December leaving					
Reason for leaving					
Duties					
Francisco (A)	lab Titla		Datas Frank	- · · - d	
Employer (4)	Job Title		Dates Empl	oyea	
Address	City	Ctata		7:	
Address	City	State		Zip	
Our amin and Name	Dhana Nonahan	N 4	110		
Supervisor Name	Phone Number	May we	e contact? Yes □ No	o 🗆	
December les viers			103 🗀 10		
Reason for leaving					
Duties					
Dulles					
Certification & Signature					
I hereby certify that all statements made in this application are true					
fraudulent, or misleading in this application or attached material, do course of any employment-related process (post hire) may result in the					
I certify that all statements contained herein are true and co	mplete.				
<ul> <li>I understand that I must provide proof I am authorized to work in the United States, in accordance with federal law, if I am hired.</li> </ul>					
<ul> <li>I authorize the employing agency to verify the employment and education information provided in this employment application.</li> </ul>					
<ul> <li>I authorize my driving record to be checked if the position for which I am applying requires driving.</li> <li>I understand and agree to be subjected to a pre-employment drug screening and criminal history background check, if applicable.</li> </ul>					
0: 1		D .			
Signature:	<del></del>	Date: _			

## **Veterans Preference Form (ORS 408.230)**

Veterans who meet the minimum qualifications for a position open for recruitment may be eligible for preference in employment under Oregon law. If you are a Qualified Veteran or Qualified Disabled Veteran and would like to be granted preference in the selection and hiring process for a specific posted job, please fill out this Veterans' Preference Form and provide proof of eligibility by submitting a copy of form DD-214 or 215 (copy 4). This completed form and required supporting documentation must be submitted with your application in order for consideration for Veterans' Preference.

**Qualified Veteran Questions**: Veterans' preference may be claimed if you check at least one of the boxes below and provide proof via form DD-214 or 215 (Copy 4)

ORS 408.225(f) - I served on active duty with the Armed Forces of the United St	tates:
For a period of more than 90 consecutive days beginning on or before J released under honorable conditions;	anuary 31, 1955, and was discharged or
For a period of more than 178 consecutive days beginning after January 3 from active duty under honorable conditions;	1, 1955, and was discharged or released
For a period of 178 days or less and was discharged or released from active of a service due to a service-connected disability;	duty under honorable conditions because
For a period of 178 days or less and was discharged or released from active 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;
Received a combat or campaign ribbon or an expeditionary medal for States and was discharged or released from active duty under honorable co	
Receiving a nonservice – connected pension from the United States De	epartment of Veterans Affairs
Qualified Disabled Veteran Questions: Additional preference may be claimed provide proof of eligibility via a copy of DD214 or 15, Copy 4, and a public emp States Department of Veteran's Affairs (letter may be requested by calling 800-8	oloyment preference letter from the United
I am entitled to disability compensation under laws administered by the Unit or	ed States Department of Veterans Affairs;
I was discharged or released from active duty for a disability incurred or agg	ravated in the line of duty; or
I was awarded the Purple Heart for wounds received in combat.	
I hereby claim Veterans' Preference, have attached proof of eligibility as directe true and correct. I understand that any false statements may be cause for my owhen discovered.	
Signature:	Date:
Position Applied For:	

To apply, please email a <u>cover letter</u> describing how your experience prepares you to succeed in this role, a <u>current</u> resume, and a completed <u>Employment Application</u> to <u>HumanResources@RVCOG.org</u> This position will remain open until filled. Interested applicants are encouraged to apply as soon as possible as the position will be filled when a suitable candidate is identified, and applications will be considered as they are submitted.