# 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 | Desired Pay |
|---|---|---|
| | | |

## Personal Information

| Name | | | |
|---|---|---|---|
| Address | City | State | Zip |
| | | | |

| Phone Number | Mobile Number | Email Address |
|---|---|---|
| | | |

Are you able, at the time of employment, to submit verification of your legal right to work in the United States? **Yes** ☐ **No** ☐
(Proof of identity will be required upon employment)

## 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 & Licenses

**List any professional license, registration, or certificate required or preferred for the position.**

| Type | Issuing Agency | Date Issued | Date Expires |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

## References

| Name | Title | Company | Phone |
|---|---|---|---|
| | | | |
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## Employment History

**This information in this section will be used to determine if you meet the minimum qualifications as outlined in the job announcement. List ONLY the job(s) (paid, military or volunteer) where you obtained the experience that qualifies you for the job. Clearly describe all of your duties, starting with your most recent job. Resumes will be accepted only if required on the job announcement and will not be accepted in place of a completed application. If you need additional space, attach a separate sheet.**

| **Employer (1)** | Job Title | Dates Employed | |
|---|---|---|---|
| Address | City | State | Zip |
| Supervisor Name | Phone Number | May we contact? **Yes ☐ No ☐** | |
| Reason for leaving | | | |
| Duties | | | |

| **Employer (2)** | Job Title | Dates Employed | |
|---|---|---|---|
| Address | City | State | Zip |
| Supervisor Name | Phone Number | May we contact? **Yes ☐ No ☐** | |
| Reason for leaving | | | |
| Duties | | | |

| **Employer (3)** | Job Title | Dates Employed | |
|---|---|---|---|
| Address | City | State | Zip |
| Supervisor Name | Phone Number | May we contact? **Yes ☐ No ☐** | |
| Reason for leaving | | | |
| Duties | | | |

| **Employer (4)** | Job Title | Dates Employed | |
|---|---|---|---|
| Address | City | State | Zip |
| Supervisor Name | Phone Number | May we contact? **Yes ☐ No ☐** | |
| Reason for leaving | | | |
| Duties | | | |

## Certification & Signature

I hereby certify that all statements made in this application are true, and I agree and understand that any statement that is false, fraudulent, or misleading in this application or attached material, during the interview or screening process, or discovered in the course of any employment-related process (post hire) may result in the revoking of a job offer or termination of employment.

- I certify that all statements contained herein are true and complete.
- 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.
- I authorize the employing agency to verify the employment and education information provided in this employment application.
- I authorize my driving record to be checked if the position for which I am applying requires driving.
- I understand and agree to be subjected to a pre-employment drug screening and criminal history background check, if applicable.

Signature: _____ 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 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;

☐ 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;

☐ For a period of 178 days or less and was discharged or released from active duty under honorable conditions because of a service due to a service-connected disability;

☐ For a period of 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;

- ☐ 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
- ☐ Receiving a nonservice – connected pension from the United States Department of Veterans Affairs

**Qualified Disabled Veteran Questions:** *Additional preference may be claimed if you check at least one box below and provide proof of eligibility via a copy of DD214 or 15, Copy 4, and a public employment preference letter from the United States Department of Veteran's Affairs (letter may be requested by calling 800-827-1000)*

☐ 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 Veterans' Preference, have attached proof of eligibility as directed 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.

**Signature:** _____ **Date:** _____

**Position Applied For:** _____

To apply, please email a **cover letter describing how your experience prepares you to succeed in this role, a current resume, and a completed Employment Application to** HumanResources@RVCOG.org 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.