



# CITY OF SHERIDAN

City Hall • 120 SW Mill Street • Sheridan, OR 97378

Phone 503-843-2347 • [www.cityofsheridanor.com](http://www.cityofsheridanor.com)

## Application for Employment

The City of Sheridan 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 BECOME PART OF YOUR PERMANENT PERSONNEL FILE. PLEASE PRINT OR TYPE. QUESTIONS WITH AN (\*) REQUIRE A RESPONSE. 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? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/><br>(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? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>   |   |   |              |                   |
| 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 |
|------|-------|---------|-------|
|      |       |         |       |
|      |       |         |       |
|      |       |         |       |

## 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 not be accepted in place of a completed application. If you need additional space, attach a separate sheet.

|                    |              |   |                   |
|--------------------|--------------|---|-------------------|
| Employer (1)       | Job Title    | Dates Employed  | Full or Part Time |
| Address            | City         | State   | Zip               |
| Supervisor Name    | Phone Number | May we contact?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |                   |
| Reason for leaving |              |   |                   |
| Duties             |              |   |                   |
| Employer (2)       | Job Title    | Dates Employed  | Full or Part Time |
| Address            | City         | State   | Zip               |
| Supervisor Name    | Phone Number | May we contact?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |                   |
| Reason for leaving |              |   |                   |
| Duties             |              |   |                   |

|                     |              |   |                   |
|---------------------|--------------|---|-------------------|
| <b>Employer (3)</b> | Job Title    | Dates Employed  | Full or Part Time |
| Address             | City         | State   | Zip               |
| Supervisor Name     | Phone Number | May we contact?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |                   |

Reason for leaving

Duties

|                     |              |   |                   |
|---------------------|--------------|---|-------------------|
| <b>Employer (4)</b> | Job Title    | Dates Employed  | Full or Part Time |
| Address             | City         | State   | Zip               |
| Supervisor Name     | Phone Number | May we contact?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |                   |

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 written statement that is false, fraudulent, or misleading in this application or attached material, or made in the course of any related employment process may cause forfeiture of employment.

- I certify that all statements contained herein are true and complete.
- I understand that I must provide I am authorized to work in the United States 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, criminal history background check, and credit history check, if applicable.

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

# EMPLOYERS NAME

## Veterans' Preference Form

Under Oregon law ORS 408.235-408.238, veterans who meet the minimum qualifications for a position open for recruitment 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 contact City of Sheridan at (503)843-2347.

***This completed form and required documentation must be submitted along with your employment application for veterans' preference points to be applied.***

**Qualified Veteran Questions:** You may claim five (5) Veterans' preference points if you can check at least one box in the section below and provide proof of eligibility by submitting a copy of your DD-214 or 215 that includes your discharge status, e.g. honorable discharge.

**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 related 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;
- 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:** You may claim ten (10) Veteran's Preference points if you can check at least one box in the section below and provide proof of eligibility by submitting all of the following documents:

1. A copy of your DD214 or 215 showing your discharge status, and
2. A public employment preference letter from the United States Department of Veteran's Affairs (letter may be requested by calling 800-827-1000).

**Check the applicable box below:**

- 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.

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I hereby claim Veterans' 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 \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

Position Applied for \_\_\_\_\_