

Application for Employment

PO Box 490 * Lowell, OR 97452 * 541-937-2157 * Fax 541-937-2936 * www.ci.lowell.or.us

In compliance with Federal and State Equal Employment Opportunity Laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, legally protected disability, or any other protected class.

PLEASE TYPE	OR PRINT CLEAF	RLY	
Name:		First	Middle
Address:	City	State	Zip Code
Mailing Address if Different:	·		·
Phone Number:	Email:		
Position Applied For:	Referral Sou	urce:	
Are you legally able to work in the United States?	Yes N	lo	
On what date would you be available for work?			
Are you available to work: (mark all that apply)	Full-Time Temporary	Part-Time Nights	Shift Work Weekends
If you are under 18 years of age, can you provide	proof of your date of	of birth? Yes	No Over 18
List professional and leisure organizations and/or (Include civic, volunteer work, and extra-curricular reveal gender, race, national origin, age, ancestry,	activities. You may	exclude membe	

Employment Experience

Provide the following information, starting with your present or last employer. You may exclude any employment that could indicate race, color, religion, gender, national origin, disabilities, or other protected status.

(1)	Employer Name:			
	Address:Supervisor Name:Position(s) Held:	.:		
	Date Hired:	Date Left:		
	Last Wage: \$	Hourly		
	Primary Duties:	-		
	Were you terminated for misconduct or poor work perfor	mance:	Yes	No
	May we contact this Employer?		Yes	No
(2)	Employer Name:			
(८)	Employer Name:Address:			
	Supervisor Name:	Telephone No	.:	
	Position(s) Held:	•		
	Date Hired:	Date Left:		
	Last Wage: \$	Hourly		
	Primary Duties:			
	Were you terminated for misconduct or poor work performance:		Yes	No
	May we contact this Employer?		Yes	No
(3)	Employer Name:Address:			
	Supervisor Name:Position(s) Held:	Telephone No	.:	
	Date Hired:	Date Left:		
	Last Wage: \$	Hourly		
	Primary Duties:			
	Were you terminated for misconduct or poor work perfor	mance?	Yes	No
	May we contact this Employer?		Yes	No
	• •		103	140

(4) Employer Nar	ne:			
Supervisor Na	ame:Telephone No.:			
Position(s) He	eld:	Data Lef	t ·	
Last Wage: \$		Date Lei Hourly	ı /	
	S:		•	_
	ninated for misconduct or poor		Yes	No
	ct this Employer?		Yes	No
Education				
	Name of School	Course of Study	Dates Attended	Diploma Degree
High School			XXXXXXXX	
College				
College				
Trade School/ Other				
Describe any job-rela computer experience, Attached additional pa	ted specialized training and/or skills. foreign language, office machines cages if necessary.	(Include United States perated, heavy equipment)	military service, certificent operation, and hand	cations, licenses, d/yard tools used).
·	,			
-				

Veterans' Preference

The following questions are voluntary questions, however, if you are interested in consideration as a veteran, under Oregon's veterans' preference hiring law, we need to know if you qualify. More information about this law, is available by going to BOLI's FAQ: http://www.oregon.gov/boli/TA/t_faq_veterans_preference_2012.aspx

For purposes of veterans' preference hiring, a veteran is defined as: a person who served on active duty with the U.S. armed forces for more than 90 consecutive days beginning on or before January 31, 1955 or for more than 178 consecutive days thereafter, and who was discharged or released from such service under honorable conditions. Also included are veterans who served 178 days or less, but were discharged or released under honorable conditions because of a service-connected disability (or who have a disability rating from VA), or who served at least one day in a combat zone and were discharged or released under honorable conditions. Finally, the veterans' preference law applies to veterans who received combat or campaign ribbon or expeditionary medal for service in the U.S. armed forces, and were discharged or released under honorable conditions.

I meet this definition of a veteran and I am asking for veterans' preference consideration:

Yes

No

For purposes of veterans' preference hiring, a disabled veteran is a person who has a disability rating through the U.S. Department of Veterans Affairs, one whose discharge of release was for a disability incurred or aggravated in the line of duty, or a recipient of the Purple Heart for wounds received in combat.

I meet this definition of a Disable Veteran and I am asking for veterans' preference consideration:

Yes

No

If you meet the qualifications for Veterans' Preference consideration, and if you want the City to take this into consideration as a part of the recruitment process your response must be supported by submission of form DD-214 or 215.

References

1.	Name:	Phone #:
	Address:	Relationship:
2.	Name:	Phone #:
2.	Address:	Relationship:
3.	Name:	Phone #:
	Address:	Relationship:
4.	Name:	Phone #:
	Address:	Relationship:

EMPLOYMENT APPLICATION AUTHORIZATION AND ACKNOWLEDGMENTS

I certify that all the information provided in this application is true and accurate and I have not withheld any information relative to my application. I understand that any misrepresentation or omission, as well as any misleading statements or omissions of application information, attachments or supporting documents may result in denial of employment or immediate termination.

I understand that an in-depth background check may be conducted prior to employment with the City of Lowell. This may include, but is not limited to, a Criminal History check, a DMV check, education and certification verification, and contact with previous employers and references in order to determine suitability for employment and ability to qualify for employment with the City of Lowell.

I authorize representatives of the City of Lowell to contact the employers and references listed in this application (or otherwise provided by me), except as otherwise indicated, and any other person as developed through these contacts in order to determine my suitability for employment. I understand that as the process progresses I may be required to provide additional information in order that a thorough background check be completed.

I understand and agree that, if hired, my employment relationship with the City of Lowell will be "at-will," meaning for no definite period and the relationship may be terminated at any time and without prior notice by either party.

lagree C Yes C No	
Date:	Signature:

NOTE: NO CONSIDERATION OF EMPLOYMENT WILL BE GIVEN TO ANY APPLICANT WHO DOES NOT SIGN THE ABOVE STATEMENT.

THANK YOU FOR YOUR INTEREST IN EMPLOYMENT WITH THE CITY OF LOWELL.

FOR OFFICE USE ONLY				
Interview?	☐ Yes	□ No		Date:
Employed?	☐ Yes	□ No		Date:
Department:			Job Title:	
Hourly Rate/Salary: \$			Approved By:	