

FOR OFFICE USE ONLY

Date Received _____

Time Received _____

**EMPLOYMENT APPLICATION**

The City of Milton-Freewater considers applications for all positions without regard to race, color, sex, age, religion, national origin, disability, marital status or any other legally protected status.

(PLEASE TYPE OR PRINT)**PERSONAL INFORMATION**

Position applied for:			Date of Application	
Last Name	First Name	Middle Name	Home Phone	Cell Phone
Address		City	State/Zip	Business Phone
Email Address				
Do you possess bilingual skills? Please specify.				
Are you related to any current City employee? If yes, please specify name				
Are you an Veteran? If yes, please attach military proof of service.				
If required, would you move within the service boundary of the City?				
Please specify any/all hours available (AM to PM)				

EDUCATION – SPECIALIZED TRAINING

Highest Level of Education Acquired:		
High School Diploma or GED	College Degree	Graduate School Degree
College(s) Attended		
Highest College Degree Earned		
Professional Licenses/Certificates		
Job-related skills, training & software		

EMPLOYMENT HISTORY

Begin with your present or last job. LIST ALL WORK EXPERIENCE including military, volunteer and intern experience to include previous 10 year period. IF YOU NEED ADDITIONAL SPACE, PLEASE CONTINUE ON A SEPARATE SHEET OF PAPER.

Present or Last Employer	Address		
Type of Business	Supervisor's Name	Title	Phone
Your Title	Reason for Leaving (Be specific)		
Duties (Be specific-use space below & continue on separate sheet of paper):			
	Starting Month	Starting Year	
	Leave Month	Leave Year	

Next Previous Employer	Address		
Type of Business	Supervisor's Name	Title	Phone
Your Title	Reason for Leaving (Be specific)		
Duties (Be specific-use space below & continue on separate sheet of paper)			
	Starting Month	Starting Year	
	Leave Month	Leave Year	

Next Previous Employer	Address		
Type of Business	Supervisor's Name	Title	Phone
Your Title	Reason for Leaving (Be specific)		
Duties (Be specific-use space below & continue on separate sheet of paper)			
	Starting Month	Starting Year	
	Leave Month	Leave Year	

Next Previous Employer	Address		
Type of Business	Supervisor's Name	Title	Phone
Your Title	Reason for Leaving (Be specific)		
Duties (Be specific-use space below & continue on separate sheet of paper)			
	Starting Month	Starting Year	
	Leave Month	Leave Year	

APPLICANT'S STATEMENT

The information in my application was freely given and is, to the best of my knowledge, true and complete. I understand that any false or misleading answer or statement will be sufficient grounds for immediate dismissal at any time. The City of Milton-Freewater is hereby authorized to contact my present and past employers as referenced and to receive from them any information about me contained in their personnel records and any evaluations of my job knowledge, skills and performance. I hereby release the City as well as those contacted by the City, from any liability or damage which may result from furnishing the information requested. The City may make copies of this authorization available to those contacted. IN ACCORDANCE WITH THE 1986 IMMIGRATION AND REFORM ACT, PROOF OF ELIGIBILITY TO WORK IN THE UNITED STATES IS REQUIRED UPON EMPLOYMENT.

APPLICANT'S SIGNATURE IS REQUIRED TO PROCESS APPLICATION:

SIGNATURE	DATE
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NOTE: Applications and/or resumes cannot be returned. Please staple cover letters and resumes behind the application form. The City of Milton-Freewater cannot make copies. Please make necessary copies before submitting. An application is required for each position for which you wish to be considered. Notification of your standing in process may take up to three weeks.

PRE-EMPLOYMENT medical examination and/or substance (drug) screening may be required.

AMERICANS WITH DISABILITIES ACT (ADA) ACCOMMODATIONS WILL BE PROVIDED UPON REQUEST.

MAIL APPLICATIONS TO:

**City of Milton-Freewater
Attn: Human Resource Department
PO Box 6
Milton-Freewater, OR 97862**

DELIVER APPLICATIONS TO:

**City of Milton-Freewater
Human Resource Department
722 S. Main Street
Milton-Freewater, OR**

CITY OF MILTON-FREEWATER
AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

I hereby request and authorize you to furnish the City of Milton-Freewater with any and all information that you have concerning me, my work record and my reputation. Information of a confidential or privileged nature may be included. Your reply will be used to assist the City of Milton-Freewater in determining my qualifications and fitness for the position I am seeking.

I hereby release you and your organization from any liability or damage which may or could result from furnishing the information requested above or from any subsequent use of such information in determining my qualifications for employment with the City of Milton-Freewater. I understand any information obtained will be strictly confidential.

I also understand that, as a matter of policy, the City of Milton-Freewater may conduct a criminal offender background check through the Oregon State Police Law Enforcement Data System (LEDS) and I hereby give my authorization to do so.

I also understand that any information gleaned by the City of Milton-Freewater through their investigation is the sole property of the City's. This information may be shared with the applicant at the discretion of the Human Resource Officer and/or City Manager. In compliance with the FCRA (Fair Credit Reporting Act) 15 U.S.C. § 1681g, any 3rd party consumer report shall be made available to the applicant.

Applicant's Signature	Applicant's Name (please type/print)
Social Security Number	Driver's License Number & State
Date of Birth (POLICE APPLICANT'S ONLY, or if UNDER 18 YEARS OF AGE)	Date Signed



CITY OF MILTON-FREEWATER VETERAN'S PREFERENCE FORM

Under Oregon law, veterans who meet minimum qualifications for a position may be eligible for employment preference. If you think you 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 Human Resources at 541-938-8243.

This completed form and the required application packet must be submitted to the City of Milton-Freewater Human Resources department at the time you submit your application.

A. Qualified Veteran Questions: You may claim veteran's preference if you check at least one box in each of the four sections below and provide proof of eligibility by submitting a copy of your DD-214 or DD-215, Certificate of Release and Honorable Discharge.

ORS 408.225(d)

- I served on active duty with the Armed Forces of the United States for a period of more than 178 consecutive days 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 and was discharged or released under honorable conditions because of a service-connected disability; or
- I received a combat or campaign ribbon for service in the Armed Forces of the United States

"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 each of the three sections below and provide proof of eligibility by submitting both of the documents listed below:

1. A copy of your DD-214 or DD-215, Certificate of Release and Honorable Discharge, Copy 4, and
2. A public employment preference 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(b)

- 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 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

_____-_____-_____
Social Security Number

Signature of Applicant

Date

Position Applied for: _____

ORS 408.225-230

Preference will not be awarded without the appropriate documentation. You must submit your DD-214 or DD-215 in all cases. If you are claiming disabled veteran points, you must also submit the public employment preference letter from the Department of Veterans' Affairs. You will not receive preference without these accompanying documents.

**Preference points are allocated as follows – 5 points or .05% for veterans' preference and 10 points or .10% for disabled veteran's preference where a number system or points are used to hire candidates. Points are applied at each step of the process that would result in a disqualification for scores.

