



# City of Troutdale

## APPLICATION FOR EMPLOYMENT

City Hall  
104 SE Kibling Avenue, Troutdale, OR 97060  
Phone: 503-665-5175

For Office Use Only:

Date Received: \_\_\_\_\_

Received by: \_\_\_\_\_

*An Application is required for each vacancy. We do not accept faxed applications.*

**POSITION APPLIED FOR:** \_\_\_\_\_

Employment status sought: Full-time  Part-time  Temporary  Seasonal

Date will you be available for employment: \_\_\_\_\_

### APPLICANT INFORMATION

\_\_\_\_\_  
Last Name First Name Middle Initial

\_\_\_\_\_  
Street Address City State Zip Code

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Home Phone Message Phone

\_\_\_\_\_  
E-mail Address

Are you at least 18 years of age? Yes  No  Have you ever applied here before? Yes  No

Were you ever employed here before? Yes  No  If so, when? \_\_\_\_\_

Have you ever been convicted of a felony? Yes  No  If yes, explain the nature of the offense, date and location. (Criminal convictions do not necessarily disqualify you from employment, but will be considered in relation to position requirements.)

### SECONDARY EDUCATION

Do you have a High School Diploma or Equivalent? Yes  No

Name & location of High School or facility where equivalency was obtained:

\_\_\_\_\_

**POST SECONDARY EDUCATION**

NAME & LOCATION OF SCHOOL		YEARS COMPLETED	GRADUATED		TYPE OF DEGREE, DIPLOMA OR CERTIFICATE	COURSE OF STUDY/ MAJOR
			Yes	No		
College or Universities						
Military / Technical						

**LICENSES / CERTIFICATIONS**

Please list any licenses, certifications or other credentials which may bear on your suitability for this position:

---



---



---

Do you possess a valid Driver's License? Yes  No  State \_\_\_\_\_ # \_\_\_\_\_  
*(Unless a Driver's license requirement is stated on the recruitment notice, you need not answer.)*

Do you speak or write any languages fluently other than English? Yes  No

If yes, which language(s)? \_\_\_\_\_

## WORK HISTORY

Please account for all periods of employment during **the last 15 years** and **begin with your most recent experience**. Attach additional sheets if more space is needed. Resumes are optional unless otherwise indicated in the position announcement. A completed/signed Employment Application is required for all job openings.

Employer #1	From (Month/Year)	To (Month/Year)
Position Held		Salary
Supervisor's Name/Title	Phone	
Describe Duties		
Reason for Leaving		
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Employer #2	From (Month/Year)	To (Month/Year)
Position Held		Salary
Supervisor's Name/Title	Phone	
Describe Duties		
Reason for Leaving		
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Employer #3	From (Month/Year)	To (Month/Year)
Position Held		Salary
Supervisor's Name/Title	Phone	
Describe Duties		
Reason for Leaving		
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		

**WORK HISTORY - continued**

Employer #4	From (Month/Year)	To (Month/Year)
Position Held		Salary
Supervisor's Name/Title	Phone	
Describe Duties		
Reason for Leaving		
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Employer #5	From (Month/Year)	To (Month/Year)
Position Held		Salary
Supervisor's Name/Title	Phone	
Describe Duties		
Reason for Leaving		
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Employer #6	From (Month/Year)	To (Month/Year)
Position Held		Salary
Supervisor's Name/Title	Phone	
Describe Duties		
Reason for Leaving		
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		

## AFFIDAVIT/CERTIFICATION OF INFORMATION AND RELEASE

**By my signature below:**

I **certify** that, to the best of my knowledge, the information contained in this application (or any other required document) is true and complete. I understand that my employment may be denied or terminated if I provide false, misleading, or incomplete information during the hiring process or my employment, regardless of when or how discovered.

I **understand** that, if I am hired, I must produce applicable documents showing that I am lawfully authorized to work in the United States, in accordance with the Immigration Reform and Control Act of 1986, as amended.

I **understand** and agree that the City may contact my prior employers, educational institutions, and other references, whether listed or not listed on this application. These references are authorized to give the City any and all pertinent information they may have. I release all persons or entities involved, including the City, from all liability arising from this contact and provision of information.

I **agree** to submit to any post-offer, pre-employment testing, drug and alcohol testing or physicals, as required by the City. I understand that I will be required to take, and successfully pass, physical and psychological exams for law enforcement positions.

I **authorize** the City to conduct a criminal history, driver’s record, and credit check and understand that unexpunged criminal convictions may be considered by the City in making hiring decisions. If a credit check is required, you will be notified of your rights under the Fair Credit Reporting Act.

I **agree** that, if I am hired, to conform to all the City’s policies, rules, and procedures.

I **understand** and agree that nothing contained in this employment application, the granting of an interview, or in the offer of employment creates a contract for employment between the City and myself. If an employment relationship is established, I understand that, unless specifically limited in an expressed, formally executed contract, I have the right to terminate my employment at any time and for any reason and the City has the same right.

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

***Note: Unsigned applications will not be processed***

***The City of Troutdale is an Equal Opportunity Employer. The City does not discriminate in employment on the basis of race, color, religion, sex, national origin, political affiliation, sexual orientation, marital status, disability, age, membership in an employee organization, or other non-merit factor.***

***We will make every effort to meet a request for disability accommodation. If you require accommodation to participate in our application process, please contact our office.***



# City of Troutdale Veteran's Preference Form

<p><b>For Office Use Only:</b>  Date Received: _____  Received by: _____</p>
--

Under Oregon law, veterans who meet minimum qualifications for a position 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 call Human Resources at 503-674-7267.

**This completed form and the required documentation must be submitted to The City of Troutdale 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.

ORS 408.225(3)

- I served on active duty with the Armed Forces of the United States for 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 178 days or less and was discharged or released from active duty under honorable conditions because of a service-connected disability, or
- I served on active duty with the Armed Forces of the United States for at least one day in a combat zone and was discharged or released from active duty under honorable conditions; 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, Certificate of Release or Discharge, Copy 4, and
2. A public employment preference letter 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(2)

- 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 veteran's 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 408.210-235

*Preference will not be awarded without the appropriate documentation. You must submit your DD-214 or 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.*