

City of Monroe

664 Commercial St

Monroe, OR 97456
(541) 847-5175 phone (541) 847-5177 fax

<u>cityhall@monroeoregon.gov</u>

www.ci.monroe.or.us

Application for Employment

City of Monroe 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 Infor	matio	n								
Name										
Address			City			State 2		Zip)	
Phone Number	Mobile Number Email Add			lress	ess					
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 No										
School Name		Location			Diploma/Degree		Major/Minor		Did you Graduate?	

Certificates & Licenses		List any profession the position.	List any professional license, registration, or certificate required or preferred for the position.						
Туре	lssuing Agency			Date Issued			Date Expires		
References									
Name		Title		Company			Phone		
Employment His	tory								
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)	аррисаціон. п	yoo need additional spa		Title	: L.	Dates Emp	loyed		
Address			City	/	State		Zip		
Supervisor Name			Phone Number		May we contact?				
Reason for leaving						Yes 🗆 No			
Dukina									
Duties									
Employer (2)			Job	Title		Dates Emp	loyed		
Address			City	/	State		Zip		
Supervisor Name			Pho	one Number	May we contact? Yes □ No □				
Reason for leaving			ı		ı				

Duties							
	T						
Employer (3)	Job Title		Dates Employed				
Address	City	State		Zip			
Address	City	State		ΖΙΡ			
Supervisor Name	Phone Number	May we contact? Yes □ No □					
				No □			
Reason for leaving	I						
_							
Duties							
Employer (4)	Job Title		Dates Employed				
Address	City	State		Zip			
Supervisor Name	Phone Number	May we contact?					
Decrea feedersing		Yes □ No □		рЦ			
Reason for leaving							
Duties							
2 3 3 3 3							
Certification & Signature							
I hereby certify that all statements made in this application	are true, and I agree and under	stand that	any statem	ent that is false,			
fraudulent, or misleading in this application or attached macourse of any employment-related process (post hire) may							
course or any employment related process (post in sy may	. coole the revening or a job o						
 I certify that all statements contained herein are tr 	-						
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 employing agency to the employing agency agency to the employing agency agency agency agency agency agency age	olovment and education inform	nation pro	vided in this	employment			
application.		ideloli pi o	videa iii ciiis	cinpioymene			
I authorize my driving record to be checked if the part of th			_				
I understand and agree to be subjected to a pre-er	nployment drug screening and	criminal h	istory backg	ground 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 discharg or released under honorable conditions	ed
For a period of more than 178 consecutive days beginning after January 31, 1955, and was discharged released from active duty under honorable conditions	or
For a period of 178 days or less and was discharged or released from active duty under honorable condition because of a service due to a service related disability	ns
For a period of 178 days or less and was discharged or released from active duty under honorable conditionand have a disability rating from the United States Department of Veterans Affairs	ns
For at least one day in a combat zone and was discharged or released from active duty under honoral conditions	ole
And received a combat or campaign ribbon or an expeditionary medal for service in the Armed Forces the United States and was discharged or released from active duty under honorable conditions	of
And am receiving a nonservice – connected pension from the United States Department of Veterans Affa	irs
Qualified Disabled Veteran Questions: Additional preference may be claimed if you check at least one 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 800-827-100).	се
I am entitled to disability compensation under laws administered by the United States Department Veterans Affairs; or	of
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 abounformation is true and correct. I understand that any false statements may be cause for my disqualification, dismissal, regardless of when discovered.	
Signature: Date:	
Position Applied For:	

This form and supporting documentation must be received by the Human Resources Department no later than the closing time and date of the job posting. If you have any specific questions please contact Human Resources.