

# City of Warrenton

## Application for Employment

### An Affirmative Action, Equal Opportunity Employer



#### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #  
\_\_\_\_\_  
City State ZIP Code

Mailing Address: \_\_\_\_\_  
Street Address Apartment/Unit #  
\_\_\_\_\_  
City State ZIP Code

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Date Available: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Position Applying For: \_\_\_\_\_

Are you a citizen of the United States? ☐ YES ☐ NO If no, are you authorized to work in the U.S.? ☐ YES ☐ NO

Have you ever been a City of Warrenton employee? ☐ YES ☐ NO If yes, when? \_\_\_\_\_

Are you currently an employee of the City of Warrenton? ☐ YES ☐ NO Which department? \_\_\_\_\_

Do you have relatives employed by the City of Warrenton? ☐ YES ☐ NO  
If yes, indicate name, relationship, and department: \_\_\_\_\_

Do you possess a valid driver's license? ☐ YES ☐ NO State: \_\_\_\_\_ Number: \_\_\_\_\_

Class: \_\_\_\_\_ Endorsement: \_\_\_\_\_

(A valid driver's license is required only when stated on the job announcement.)

#### Office Skills

Typing Speed (wpm): \_\_\_\_\_ Can you operate a computer? ☐ YES ☐ NO

Do you speak a language other than English? ☐ YES ☐ NO If yes, what language(s)? \_\_\_\_\_

#### Computer Operation

Describe your computer operation skills, including programs used: \_\_\_\_\_

#### Equipment Operation

Describe your equipment operation skills related to the job for which you are applying: \_\_\_\_\_



## Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_  
Did you graduate? YES ☐ NO ☐ Degree: \_\_\_\_\_

High School Equivalency? YES ☐ NO ☐ School or Where Obtained: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_  
Did you graduate? YES ☐ NO ☐ Degree: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_  
Did you graduate? YES ☐ NO ☐ Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_  
Did you graduate? YES ☐ NO ☐ Degree: \_\_\_\_\_

## Licenses and Certificates

List school courses or vocational training, licenses, certifications, or other qualifications that bear suitability for this position:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Employment History

*Begin with your present or most recent job. List all jobs separately, including on-the-job training and volunteer work. Please be sure you completely describe in the section below the duties you performed, which demonstrate that you are qualified to perform the duties for which you are applying. If you are in doubt about listing a particular job, it may be to your advantage to list it. Additional pages or a resume may be attached, but all statements on the application must be completed. Incomplete applications may result in disqualification. A resume does not substitute for an application. If a supplemental questionnaire is required, it must accompany this application.*

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference? YES ☐ NO ☐



### Employment History Continued

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference? YES NO  
☐ ☐

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference? YES NO  
☐ ☐

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference? YES NO  
☐ ☐

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference? YES NO  
☐ ☐

### Military Service

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_  
If other than honorable, explain: \_\_\_\_\_

### Disclaimer and Signature

**IMPORTANT:** Employment with the City of Warrenton may require transfer to different shifts or work location. In accepting employment with the City, you are consenting to such transfers. Federal law requires anyone employed by the City to present proof of identity and proof of authorization to work in the United States. I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

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 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 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
- ☐ And 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
- ☐ And receiving a nonservice – connected pension from the United States Department of Veterans Affairs

**Qualified Disabled Veteran Questions:** *Additional preference may be claimed if you check at least one box below and provide proof of eligibility via a copy of DD-214 or 215 (Copy 4), and a public employment preference letter from the United States Department of Veteran's Affairs (letter may be requested by calling 800-827-1000)*

- ☐ 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, I have attached proof of eligibility as directed 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.

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

Position Applied For: \_\_\_\_\_

*This form and supporting documentation must be received City of Warrenton no later than the closing time and date of the job posting. If you have any specific questions, please contact the hiring department.*

(503) 861-0823 or [cityrecorder@warrentonoregon.us](mailto:cityrecorder@warrentonoregon.us)