



City of Klamath Falls, Oregon EMPLOYMENT APPLICATION

HR USE ONLY			
_____ Vet Verified	_____ Education		
_____ Experience	_____ References		

Physical Address - 226 S. Fifth Street
Mailing Address - P.O. Box 237
Klamath Falls, Oregon 97601

Applications must be typed or printed in ink. Complete each section. "See resume" is not acceptable for providing information on the application. However, a resume is acceptable as an attachment to the application. Personal references may be requested prior to employment. This application will be considered only for the specific position for which you have applied. If you wish to be considered for employment for any other position, you must re-apply.

Position applied for:			
Name:			
Current Address:	City	State	Zip
How long have you lived there? Years		Months	
Previous Address:	City	State	Zip
How long did you live there? Years		Months	
Phone Number	Message Number	Cell Number	
Email Address:		Date Available to Work:	
Are you related by blood or marriage to anyone presently employed by the City of Klamath Falls?			Yes No
Have you ever worked for the City of Klamath Falls before?			Yes No
If yes, please give dates & position(s):			
Can you provide proof that you are a Citizen of the United States or legally authorized to work in the United States?			
		Yes	No
<i>If selected, proof of eligibility to work will be required.</i>			
Driver License Number & State		Commercial Driver's License?	
		Yes	No If yes, type:
Have you ever used another name? Yes No			
Is any additional information relative to change of name, use of an assumed name, or nickname necessary to enable a check on your work and educational report? If yes, please explain:			

RECORD OF PREVIOUS EMPLOYMENT

Starting with your current or most recent job, please provide an accurate and complete record of your employment history. At a minimum, you must list all full-time, part-time, paid and unpaid work history: **a)** for at least 10 years, **and b)** sufficient to support your qualifications for the position. If self-employed, give firm name and supply business reference. (Add additional page(s) if necessary).

Present or last employer	Address
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Date Hired	Date Left	Phone #
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Position Title

Duties:

Reason for leaving

Supervisor's Name/Title	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Previous employer	Address
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Date Hired	Date Left	Phone #
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Position Title

Duties:

Reason for leaving

Supervisor's Name/Title	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Previous employer		Address	
Date Hired	Date Left	Phone #	
Position Title			
Duties:			
Reason for leaving			
Supervisor's Name/Title		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Previous employer		Address	
Date Hired	Date Left	Phone #	
Position Title			
Duties:			
Reason for leaving			
Supervisor's Name/Title		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Previous employer		Address	
Date Hired	Date Left	Phone #	
Position Title			
Duties:			
Reason for leaving			
Supervisor's Name/Title		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Previous employer		Address	
Date Hired	Date Left	Phone #	
Position Title			
Duties:			
Reason for leaving			
Supervisor's Name/Title		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Have you ever been terminated or asked to resign from any job?

Yes

No

If yes, please explain circumstances:

Please explain fully any gaps in your employment history:

Does the employment history listed above constitute your entire work history?

Yes

No

If no, please explain:

EDUCATION AND TRAINING

Name of High School	City	State
Diploma or GED?		
Name of College or University	City	State
Diploma, Degree, Certificate, or Number of Credit Hours		
Major Area of Study		
Name of Trade or Correspondence School	City	State
Diploma, Degree, Certificate or Number of Credit Hours		
Major Area of Study		

Please indicate any actual experience, special training, and/or qualifications you have that you believe are relevant to the position for which you are applying:

APPLICANT STATEMENT

In the event of my employment with the City of Klamath Falls, I will comply with all rules and regulations of the City. I understand that the City of Klamath Falls reserves the right to require me to submit to a test for the presence of drugs in my system prior to employment, and at any time during my employment, to the extent permitted by law. I also understand that any offer of employment may be contingent upon the passing of a physical examination. I consent to the disclosure of the results of any physical examination and related tests to the City of Klamath Falls.

I understand that the City of Klamath Falls may obtain and may investigate my driving record and my criminal record and may prepare a background report. I further understand that the City of Klamath Falls may contact my previous employers and I authorize those employers to disclose to the City of Klamath Falls all records and information pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, I hereby fully waive any rights or claims I have, or may have, against my former employers, their agents, employees, and representatives, as well as other individuals who release information to the City of Klamath Falls, and release them from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me. I authorize the persons named herein as personal references to provide the City of Klamath Falls with any pertinent information they may have regarding myself.

I hereby state that all the information that I provided on this application or any other documents filled out in connection with my employment, and in any interview, is true and correct. I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that if I am employed and any such information is later found to be false or incomplete in any respect, I may be dismissed.

If hired, I agree to conform to all rules and regulations of the City of Klamath Falls as they presently exist or are later modified. **I recognize that, if employed, my employment can be terminated, at the discretion of the Employer or at my option, at any time, except as specifically set forth in writing in a current collective bargaining agreement or City policy.** I also understand that only the City Manager or his/her authorized designee may make an offer of employment, and that no other representative of the Employer has any authority to enter into any employment agreement for any specified period of time, or to assure me of any future position, benefits, or terms and conditions of employment, except as specifically approved, in writing, by the City Manager or his/her authorized designee.

Note: If you, the applicant, have any questions regarding this statement, please ask them of the City of Klamath Falls Human Resources representative before signing.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT & AGREE

I hereby acknowledge that I have read the above statements and understand the same. I certify that all of the information that I have provided on this application is true and complete without omissions, and that I am eligible for employment in the United States. Valid digital signature is accepted in lieu of handwritten signature.

Print Name

Signature

Date

City of Klamath Falls
Confidential EEO (Equal Employment Opportunity) Information Form

As a public employer, the City of Klamath Falls complies with federal employment regulations and reporting requirements. This form gives applicants an opportunity to provide this data. This form will be detached from your employment application before forwarding to the hiring panel. This information is only provided to HR personnel for record-keeping purposes and will not be used for making a hiring decision.

Providing the information requested on this form is VOLUNTARY. You do not have to complete this page; failure to provide this information will in no way affect your being considered for employment with the City of Klamath Falls.

Please include this page to your application materials even if you do not provide the information.

I prefer not to provide the information requested on this page.

Position Applied For: _____

Date: _____

Gender: Male Female

RACE/ETHNICITY

What is your race/ethnicity? Please mark the **one box** that describes the race/ethnicity category with which you primarily identify.

- White A person having origins in any of the original peoples of Europe, Middle East, or North Africa

- Black or African American A person having origins in any of the black racial groups of Africa.

- Hispanic or Latino A person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.

- Asian A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

- Native Hawaiian or Other Pacific Islander A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.

- American Indian or Alaska Native A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

- Two or More Races A person who primarily identifies with two or more of the above race/ethnicity categories.

AN EQUAL OPPORTUNITY EMPLOYER

The City of Klamath Falls is an Equal Employment Opportunity Employer. We are dedicated to a policy of nondiscrimination in employment on the basis of race, color, religion, sex, national origin, age, genetics, status as an individual with a disability, marital status, family relationship, or other protected status in accordance with state and federal equal employment opportunity laws.

In compliance with the Americans with Disabilities Act, the City of Klamath Falls will provide reasonable accommodations to qualified individuals with disabilities and encourages both prospective and current employees to discuss potential accommodations with the employer.



Veterans' Preference Form

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 City of Klamath Falls, Human Resources at 541.883.5317.

This completed form and the required documentation must be submitted at the time you submit your application.

A. QUALIFIED VETERAN QUESTIONS: You may claim veterans' preference if you check at least one of the boxes below and provide proof of eligibility by submitting a copy of your DD-214 or 215.

ORS 408.225(e)

- 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; or
- I served on active duty with the Armed Forces of the United States 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; 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 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; 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 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; or
- I am receiving a non-service connected pension from the United States Department of Veterans Affairs.

"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 the section below and provide proof of eligibility by submitting both of the following documents:

1. A copy of your DD-214 or 215, 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(c)

- 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 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. Valid digital signature is accepted in lieu of handwritten signature.

Applicant's Printed Name

Position Applied For

Applicant's Signature

Date

*ORS 408. 225-230

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 preference you must also submit the public employment preference letter from the Department of Veterans Affairs. You will not receive preference without these accompanying documents.



City of Klamath Falls

Recruitment Information

Please complete the following information for our records.

Position applied for: _____

How did you initially learn of this position/vacancy?

City of Klamath Falls Website

Other Website (Please provide name/URL of website)

Newspaper (Please provide name/location of newspaper)

Professional Newsletter or Magazine (Please provide name)

Direct mailing

WorkSource Oregon

City Employee

Other (Please specify): _____