



POSITION APPLIED FOR: _____

DATE: _____

Required Application Materials:

- Completed City Application
- Resume
- Letter Of Interest
- Veterans' Preference Form and Documentation *if applicable

The City of Lakeside 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 PART OF YOUR PERMANENT PERSONNEL FILE. PLEASE PRINT OR TYPE. YOUR APPLICATION MAY NOT BE CONSIDERED IF INCOMPLETE OR SUBMITTED PAST AN ESTABLISHED DEADLINE.

Applicant Information

NAME _____

Last

First

Middle

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE Home _____ Cellular _____

Work _____ May we contact you at work? YES [] NO []

Best time to call: At home _____ At work _____

EMAIL ADDRESS _____

**All communications regarding the status of your application will be sent via email.

Do you have a valid Driver's license? YES NO Type of license _____

Do you speak or write any languages fluently other than English?

Which language(s)? _____

Are you seeking FULL-TIME PART-TIME SEASONAL employment?

Have you been a member of the Oregon PERS Retirement System in the past? YES NO

Do you have a high school diploma or GED certificate? YES NO

Employment Experience

Please account for all periods of employment. Attach additional sheets if more space is needed. Begin with current or most recent employer and include all work history relevant to the position applied for. Include volunteer experience. Completion of this section is required.

Job Title _____ Start date _____ End Date _____

Employer _____

Address _____

Telephone _____

May we contact this employer? Yes No Direct Supervisor _____

Number of people you supervised _____

Reason for leaving _____

Duties and responsibilities _____

Job Title _____ Start date _____ End Date _____

Employer _____

Address _____

Telephone _____

Number of people you supervised _____

Reason for leaving _____

Duties and responsibilities _____

Job Title _____ Start date _____ End Date _____

Employer _____

Address _____

Telephone _____

Number of people you supervised _____

Reason for leaving _____

Duties and responsibilities _____

Job Title _____ Start date _____ End Date _____

Employer _____

Address _____

Telephone _____

Number of people you supervised _____

Reason for leaving _____

Duties and responsibilities _____

Education and Training Summary

COLLEGES, MILITARY, TRADES, BUSINESS OR OTHER SCHOOLS ATTENDED

Name of School and Location	Total Number of Hours	Type of Training or Major	Name of Certificate or Degree Received

Licenses and Certificates

List below any licenses/certificates that you have that may be required for this position.

Title of License or Certificate _____

Number _____ Issuing Agency _____ Expiration Date _____

Title of License or Certificate _____

Number _____ Issuing Agency _____ Expiration Date _____

Additional Skills and Information

Please list any additional skills, training, or job-related information that are pertinent to the position for which you are applying:

Professional References

Please provide three professional references from past employers, coworkers, subordinates, or clients. Please do not include personal friends or family members.

Name: _____ Relationship: _____

Phone: _____ Email: _____

Name: _____ Relationship: _____

Phone: _____ Email: _____

Name: _____ Relationship: _____

Phone: _____ Email: _____

Certification of Information/Release

BY MY SIGNATURE BELOW, I:

Authorize the investigation of all matters which the City of Lakeside deem relevant to my qualifications for employment, including all statements made in this application and in any attachments or supporting documents and in any interviews. I authorize you to request and receive such information and I release from all liability any persons (such as current or former supervisors, co-workers, etc.) employers or other entities (schools, etc.) supplying it. I also release you from all liability, which might result from making the investigation.

Certify that the facts and information given in this application, in any attachment or supporting documents and in any interviews are (or will be) true and complete to the best of my knowledge. I understand that any falsification, misrepresentation, or omission as well as any misleading statements or omissions, generally will result in denial of employment or immediate termination, regardless of when or how discovered.

Understand that I may be required to submit to pre-employment or post-employment physical examination or other professional examinations, medical inquiries and/or urinalysis tests for the presence of drugs or alcohol. I agree to such examinations, inquiries, or testing. I authorize release of the results to the City to evaluate my suitability for employment. I release the City from all liability arising out of or connected with any examinations, inquiries, or testing.

Understand and agree that if I am hired the statements in these paragraphs will become a binding part of my employment relationship. I have read each of these statements. I have reviewed all of the information provided in this application and in any attachments or supporting documents.

Understand that if I am hired as a temporary employee, I cannot expect continued employment in a temporary position or to automatically become a regular employee. As a temporary employee, I may be disciplined or discharged from employment for any lawful reasons without warning.

NOTE: Applications or resumes cannot be returned. Please make necessary copies before submitting the application. A separate application is required for each individual vacancy. Unsigned applications will not be processed.

Signature: _____ Date: _____



CITY OF LAKESIDE
APPLICATION FOR EMPLOYMENT
915 North Lake Road | Lakeside, OR 97449
(541) 759-3011

AUTHORIZATION FOR RELEASE

To Whom It May Concern

I respectfully request and authorize you to furnish the City of Lakeside with any and all information that you may have concerning me, my employment, and educational records.

I hereby release you, your organization, and others from any liability or damage which may result from furnishing the information requested.

Authorization is hereby granted to the City of Lakeside, Coos County Sheriff Department, and/or any law enforcement agency to conduct a background check for the purpose of providing necessary clearance to participate in activities with the above organization. I acknowledge that the results of the background check will be kept confidential and only made available to the requesting agency.

Print Name

Signature Date

City of Lakeside - Veterans' Preference Form (ORS 408.230)

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 the City of Lakeside at (541) 759-3011. **This completed form and the required documentation must be submitted to the City of Lakeside at the time you submit your application.**

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-connected 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; or For at least one day in a combat zone and was discharged or released from active duty under honorable conditions;
 - 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
 - Is 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 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 800-827-1000)*

- 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, 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: _____

ORS 408. 225-230

Preference will not be awarded without the appropriate documentation. You must submit all of the information requested including 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 providing the requested information or accompanying documents.