CITY OF NEWBERG

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

Employees of the City of Newberg and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard for an individual's race, color, religion, national origin, age, sex, marital status, political affiliation, veterans' status, physical or mental disability, sexual orientation, gender identity or any other status protected by federal, state or local laws.

Notice to Applicants: Screening for illegal drug use will be required before hiring and may be required during your employment here. Fingerprinting and criminal background checks will be required.

INSTRUCTIONS

1. Print in ink or type. Applications are also available on our Web site at http://www.newbergoregon.gov/citymanager/city-newberg-job-application in a PDF printable only format.
2. Fill out the application completely. Incomplete applications will not be processed.
3. Sign and date the application.
4. Mail or bring the application to the Human Resources Department at City Hall. Our mailing address is P.O. Box 970, Newberg, OR 97132. We are located at 414 E. First Street. We do not accept E-mailed or faxed applications.
5. Submit your application by the posted closing date. Applications submitted after the closing date will not be considered.
6. All applicants will be notified by letter of their status.

Position Applied for		Date	

PERSONAL INFORMATION

Name					
	Last		First		Middle
Home Phone		Business Phone		Message Phone	
E-Mail		Home Address (street)			
City		County			
State		Zip			
Are you legally authorized to work in the USA?	☐Yes ☐No	Drivers License No. & State			
Have you ever been convicted of a felony?	☐ Yes ☐No				
If Yes, please explain:					

MEMBERSHIPS, CERTIFICATIONS, SPECIAL SKILLS

Professional Memberships & Affiliations (List Below)	Computer Technical Skills (List Below)
Trade Licenses/Certifications (List Below)	**Equipment Operation (List Below)**
If applying for the position of police officer, are you a certified officer?	Yes☐ No ☐ N/A ☐

EMPLOYMENT HISTORY

Beginning with your present or most recent job, describe your work experience during the past TEN years paid or unpaid. Describe each job separately, emphasizing your specific tasks and any supervisory, technical or other responsibilities. If you need more space, additional sheets may be added. Explain all gaps in employment.

Current or Last Employer

Employing Firm		Employment Dates	
Your Job Title		From	
Employer Address:	*(Street)*	To:	
	(City) *(State)* *(Zip)*	Employment Status	
Supervisor Name & Title		Full Time	☐
Supervisor Telephone		Part Time	☐
May we contact	☐ Yes ☐ No	Volunteer	☐
Reason for Leaving		Salary	
What did you like most about your position:			
What did you like least about your position:			
Your Specific Job Duties: *(Use additional paper if necessary)*			

Previous Employer

Employing Firm		Employment Dates	
Your Job Title		From	
Employer Address:	*(Street)*	To:	
	(City) *(State)* *(Zip)*	Employment Status	
Supervisor Name & Title		Full Time	☐
Supervisor Telephone		Part Time	☐
May we contact	☐ Yes ☐ No	Volunteer	☐
Reason for Leaving		Salary	
What did you like most about your position:			
What did you like least about your position:			
Your Specific Job Duties: *(Use additional paper if necessary)*			

Previous Employer

Employing Firm		Employment Dates	
Your Job Title		From	
Employer Address:	*(Street)*	To:	
	(City) *(State)* *(Zip)*	Employment Status	
Supervisor Name & Title		Full Time	☐
Supervisor Telephone		Part Time	☐
May we contact	☐ Yes ☐ No	Volunteer	☐
Reason for Leaving		Salary	
What did you like most about your position:			
What did you like least about your position:			
Your Specific Job Duties: *(Use additional paper if necessary)*			

Previous Employer

Employing Firm		Employment Dates	
Your Job Title		From	
Employer Address:	*(Street)*	To:	
	(City) *(State)* *(Zip)*	Employment Status	
Supervisor Name & Title		Full Time	☐
Supervisor Telephone		Part Time	☐
May we contact	☐ Yes ☐ No	Volunteer	☐
Reason for Leaving		Salary	
What did you like most about your position:			
What did you like least about your position:			
Your Specific Job Duties: *(Use additional paper if necessary)*			

SUPPLEMENTAL INFORMATION

Why are you interested in this particular position: *(Use additional paper if necessary)*

EDUCATION

Name & Location of School	Full Time	Part Time	Principal Field of Study	No. of Years Completed	Degree/ Certificate

PERSONAL REFERENCES

(*List the names of three persons other than former employers and relatives having knowledge of your character, experience, or ability)*

Name	Address	Email (if known)	Occupation	Telephone

To the best of my knowledge all of the above information is accurate. I understand that misrepresentation or omission of facts called for is cause for disqualification or dismissal. Moreover, I authorize all schools that I attended and any former employers to give the City of Newberg information relative to my academic and employment record and I release such person and organization from any legal liability in such statements.

_____

Signature ***Date***

As a means of accommodation to persons with specific disabilities that prevent them from completing this application, confidential assistance in filing out this application may be obtained by calling Human Resources (503) 537-1261.

CITY OF NEWBERG
Recruitment Tracking Statistics

Please complete this form, which is used for statistical purposes only. The form is voluntary and may be submitted along with your application. At the time of submittal, the form will be separated from your application and information on it **will not** be used to make any employment decision and will be kept strictly confidential.

Position applied for:	
Applicant Name:	Sex: ☐ Female ☐ Male

How did you learn of this job? Please check all that apply:

☐ City's Web site	☐ Oregon Live
☐ GovtJobs.Com	☐ Personal Referral
☐ Jobdango	☐ Professional Web site or Publication-Specify:_____
☐ Oregonian	☐ Other-Specify: _____

RACE CATEGORY	
☐White	(Not of Hispanic origin). All persons having origins in any of the original peoples of Europe, North Africa, or Middle East.
☐Black	(Not of Hispanic origin). All persons having origins in any of the black racial groups.
☐Hispanic	All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
☐Asian or Pacific Islander	All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippines Islands, Samoa and India.
☐American Indian or Alaskan Native	All persons having origins in any of the original peoples of North America who maintain cultural identification through tribal affiliation or community recognition.

DISABLED

Do you consider yourself mentally or physically disabled? ☐Yes ☐No
If yes, please explain:

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Veteran's Preference Form

Under Oregon law, veterans who meet the minimum qualifications for a position may be eligible for employment preference. If you think you qualify, **please read this document carefully**. Check each box that applies to you. If you need further explanation or have special circumstances, call H/R Director Dawn Wilson at 503-537-1261.

This completed form and the required documentation must be submitted at the time you submit your employment application. Information submitted on or with this form will be used solely to determine your veteran's preference.

Part 1: Qualified Veteran

You may claim veteran's preference if you are able to check at least one of the following seven boxes and provide proof of eligibility by submitting a copy of your DD-214 or 215 (and Certification of Honorable Discharge if the DD-214 or 215 does not specifically indicate the type of discharge) or a letter from the United States Department of Veterans Affairs indicating you receive a non-service-connected pension. "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.

ORS 408.225(1)(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.

Part 2: Qualified Disabled Veteran

You may claim additional veteran's preference if you can check any of the following three boxes and provide proof of eligibility by submitting a copy of your DD-214 or 215 (and Certificate of Honorable Discharge if the DD-214 or 215 does not specifically indicate the type of discharge) and a public employment preference letter from the United States Department of Veterans Affairs or other verifiable documentation certifying disabled veteran status.

ORS 408.225(1)(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 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.

Print Name	Position Applied For
Signature	Date

Preference will not be awarded without proper documentation. Late or incomplete submittals will not be considered. Qualified veterans receive 5 preference points and qualified disabled veterans receive 10 preference points, applied at each step of the application process that would result in a disqualification.