



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 if an applicant continues beyond the interview stage.

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. Scan, fax, 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. Fax: 503.537.5013.
Email or Scan applications in PDF format to: newberg.recruitment@newbergoregon.gov
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 e-mail or letter of their status in the recruitment process.

Position Applied for	Date
----------------------	------

PERSONAL INFORMATION

Name			
	Last	First	Middle
Phone	Home [] Cell [] Office []		Home [] Cell [] Office []
E-Mail			
Home Address		City	
State		Zip	

Are you legally authorized to work in the USA? Yes No

If a valid driver's license is required for the position, list # and state of origin _____

If applying for the position of police officer, are you a certified officer?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
--	---

MEMBERSHIPS, CERTIFICATIONS, SPECIAL SKILLS

Professional Memberships & Affiliations (List Below)	Computer Technical Skills (List Below)
Trade Licenses/Certifications (List Below)	Equipment Operation (List Below)

EMPLOYMENT HISTORY

Beginning with your present or most recent position, describe your paid or unpaid work and/or volunteer experience during the past TEN years. Describe each position separately, emphasizing your specific tasks and any supervisory, technical or other responsibilities. Reasons must be given for any gaps in employment history. If you need additional space, sheets may be added.

Current or Last Employer

Employing Firm		Employment Dates	
Your Job Title		From	
Employer Address:	(Street)	To:	
	(City) (State) (Zip)	Employment Status	
Supervisor Name		Full Time	<input type="checkbox"/>
Supervisor Title		Part Time	<input type="checkbox"/>
May we contact	Yes [] No [] Reason:	Volunteer	<input type="checkbox"/>
Supervisor Phone			
Your Specific Job Duties: <i>(Use additional paper if necessary)</i>			

Reason for Leaving

Employing Firm		Employment Dates	
Your Job Title		From	
Employer Address:	(Street)	To:	
	(City) (State) (Zip)	Employment Status	
Supervisor Name		Full Time	<input type="checkbox"/>
Supervisor Title		Part Time	<input type="checkbox"/>
May we contact	Yes [] No [] Reason:	Volunteer	<input type="checkbox"/>
Supervisor Phone			
Your Specific Job Duties: <i>(Use additional paper if necessary)</i>			

Reason for Leaving

Employing Firm		Employment Dates	
Your Job Title		From	
Employer Address:	(Street)	To:	
	(City) (State) (Zip)	Employment Status	
Supervisor Name		Full Time	<input type="checkbox"/>
Supervisor Title		Part Time	<input type="checkbox"/>
May we contact	Yes [] No [] Reason:	Volunteer	<input type="checkbox"/>
Supervisor Phone			
Your Specific Job Duties: <i>(Use additional paper if necessary)</i>			

Reason for Leaving

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 information contained in this application as well as supplemental attached documents is accurate. I understand that misrepresentation or omission of requested information is cause for disqualification from the recruitment process or dismissal from employment resulting from the recruitment. Moreover, I authorize all schools that I attended and any of my former employers to release to the City of Newberg information relative to my academic and employment record; I also release said representatives and organizations from any legal liability for providing such information.

Signature _____

Date _____

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

CITY OF NEWBERG

Recruitment Tracking Statistics

This form is used for statistical purposes only and will be held in strict confidence- completion of this form is voluntary.

If you complete this form, you may either submit it along with your application or mail it under separate cover. .If you do submit the document with your application, Human Resources will separated it from your application to guarantee that the information contained **can not** be used to make any employment decision.

Position applied for _____

Applicant Name _____ Sex: Female Male

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

City's Web site <input type="checkbox"/>	Oregon Live <input type="checkbox"/>
GovtJobs.Com <input type="checkbox"/>	Personal Referral <input type="checkbox"/>
Other recruitment site <input type="checkbox"/>	Professional Web site <input type="checkbox"/>
Newspaper <input type="checkbox"/>	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:

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. _____

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.

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.

Part 3: Does Not Apply

- I am not a qualifying veteran.

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.