

# CITY OF ST. HELENS EMPLOYMENT APPLICATION



Date Received Stamp

Received by: \_\_\_\_\_

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

## JOB INFORMATION

POSITION APPLYING FOR

## PERSONAL INFORMATION

LAST NAME

FIRST NAME

MIDDLE INITIAL

ADDRESS

CITY

STATE

ZIP

PHONE NUMBER

MOBILE NUMBER

EMAIL ADDRESS

## EDUCATION

WHAT IS YOUR HIGHEST LEVEL OF EDUCATION?

Some High School

Some College

Associate's Degree

Master's Degree

High School

Technical College

Bachelor's Degree

Doctorate

## HIGH SCHOOL EDUCATION

DID YOU GRADUATE FROM HIGH SCHOOL OR RECEIVE A G.E.D.? YES NO

IF NO, WHAT WAS THE HIGHEST LEVEL COMPLETED? 7 8 9 10 11 12

SCHOOL NAME

CITY

STATE

## COLLEGE/UNIVERSITY EDUCATION

SCHOOL NAME	LOCATION	DEGREE	MAJOR/MINOR	DID YOU GRADUATE?

## DRIVER'S LICENSE INFORMATION

IF THE POSITION INVOLVES DRIVING, DO YOU HAVE A VALID LICENSE? YES NO

STATE ISSUED

CLASS

## CERTIFICATES & LICENSES

List any professional license, registration, or certificate required or preferred for this position.

TYPE	DATE ISSUED (MO/YR)	EXPIRATION (MO/YR)
LICENSE NUMBER	ISSUING AGENCY	
TYPE	DATE ISSUED (MO/YR)	EXPIRATION (MO/YR)
LICENSE NUMBER	ISSUING AGENCY	

### EMPLOYMENT HISTORY

This information in this section will be used to determine if you meet the minimum qualifications as outlined in the job announcement. List **ONLY** the job(s) (paid, military or volunteer) where you obtained the experience that qualifies you for the job. Clearly describe all of your duties, starting with your most recent job. Resumes will be accepted only if required on the job announcement and will not be accepted in place of a completed application. If you need additional space, attach a separate sheet.

DATES From	To	EMPLOYER	POSITION TITLE
ADDRESS	CITY		STATE/ZIP
COMPANY WEBSITE	PHONE NUMBER		SUPERVISOR (NAME & TITLE)
HOURS WORKED PER WEEK	MAY WE CONTACT THIS EMPLOYER? YES      NO		EMAIL
REASON FOR LEAVING			

DUTIES – DESCRIBE IN DETAIL – DO NOT LEAVE BLANK

DATES From	To	EMPLOYER	POSITION TITLE
ADDRESS	CITY		STATE/ZIP
COMPANY WEBSITE	PHONE NUMBER		SUPERVISOR (NAME & TITLE)
HOURS WORKED PER WEEK	MAY WE CONTACT THIS EMPLOYER? YES      NO		EMAIL
REASON FOR LEAVING			

DUTIES – DESCRIBE IN DETAIL – DO NOT LEAVE BLANK

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HOURS WORKED PER WEEK	MAY WE CONTACT THIS EMPLOYER? YES      NO		EMAIL
REASON FOR LEAVING			

DUTIES – DESCRIBE IN DETAIL – DO NOT LEAVE BLANK

**SKILLS****OFFICE SKILLS**

TYPING (WORDS PER MINUTE)

10-KEY (CHARACTERS PER MINUTE)

**OTHER SKILLS**

SKILL	SKILL LEVEL BEGINNER	SKILLED	EXPERT	LENGTH OF EXPERIENCE (YEARS OR MONTHS)
SKILL	SKILL LEVEL BEGINNER	SKILLED	EXPERT	LENGTH OF EXPERIENCE (YEARS OR MONTHS)
SKILL	SKILL LEVEL BEGINNER	SKILLED	EXPERT	LENGTH OF EXPERIENCE (YEARS OR MONTHS)

**LANGUAGES OTHER THAN ENGLISH THAT YOU ARE PROFICIENT IN**

LANGUAGE

SPEAK READ WRITE

LANGUAGE

SPEAK READ WRITE

**EMPLOYMENT OBJECTIVE****ADDITIONAL INFORMATION**

**Clinical Experience, Honors & Awards, Interests & Activities, Military Service, Personal, Professional Associations, Professional Memberships, Publications, Technical, Volunteer Experience, Other/Miscellaneous**

**ATTACHMENTS**

Please list any attachments you are including with your application.

**REFERENCES**

Please list three professional references.

<b>FULL NAME</b>	RELATIONSHIP
COMPANY	PHONE
ADDRESS	EMAIL
<b>FULL NAME</b>	RELATIONSHIP
COMPANY	PHONE
ADDRESS	EMAIL
<b>FULL NAME</b>	RELATIONSHIP
COMPANY	PHONE
ADDRESS	EMAIL

**MILITARY SERVICE**

BRANCH \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

RANK AT DISCHARGE \_\_\_\_\_ TYPE OF DISCHARGE \_\_\_\_\_

IF OTHER THAN HONORABLE, EXPLAIN

**SIGNATURE VERBIAGE**

I hereby certify that I understand that I will have to produce documentation verifying identity and employment eligibility in the U.S. I understand that I may be required to verify any and all information given on this application.

I certify that all the information provided in this application is true and accurate and I have not withheld any information relative to my application. I understand that any misrepresentation or omission, as well as any misleading statements or omissions of application information, attachments or supporting documents may result in denial of employment or immediate termination.

I understand that an in-depth background check may be conducted prior to employment with the City of St. Helens. This may include, but is not limited to, a Criminal History check, a DMV check, education and certification verification, and contact with previous employers and references in order to determine suitability for employment and ability to qualify for employment with the City of St. Helens.

I authorize representatives of the City of St. Helens to contact the employers and references listed in this application (or otherwise provided by me), except as otherwise indicated, and any other person as developed through these contacts in order to determine my suitability for employment. I understand that as the process progresses, I may be required to provide additional information in order that a thorough background check can be completed. I understand and agree that, if hired, my employment relationship with the City of St. Helens will be "at-will," meaning for no definite period and the relationship may be terminated at any time and without prior notice by either party. I understand that this completed application is the property of the City of St. Helens and will not be returned. I understand that I must notify Human Resources of the City of St. Helens of any changes in my name, address, or phone number.

I have read, understand and agree with the above information.

X \_\_\_\_\_

SIGNATURE OF APPLICANT

\_\_\_\_\_ DATE

Completed applications must be received at City Hall by the deadline. Postmarks not accepted. Please be sure to sign this page or your application will not be accepted. Incomplete applications will not be accepted.

Send or deliver to:

City of St. Helens  
Attn: Human Resources  
265 Strand Street  
St. Helens, OR 97051

If you have any questions, please call City Hall at 503-397-6272.

## SUPPLEMENTAL QUESTIONS

**QUESTIONS WITH AN \* REQUIRE A RESPONSE. YOUR APPLICATION MAY NOT BE CONSIDERED IF INCOMPLETE.**

\*FULL NAME

\*1. IN ADDITION TO THE "OTHER NAME" YOU MAY HAVE ALREADY PROVIDED, ARE THERE ADDITIONAL NAMES YOU HAVE WORKED OR ATTENDED SCHOOL UNDER? IF SO, UNDER WHAT NAME(S)? IF YOU HAVE NEVER WORKED OR ATTENDED SCHOOL UNDER ANOTHER NAME, PLEASE CHECK "NA."

NA

\*2. DATE YOU ARE AVAILABLE TO START

\*3. HAVE YOU PREVIOUSLY WORKED FOR THE CITY OF ST. HELENS?

YES

NO

\*IF YOU ANSWERED "YES," PLEASE EXPLAIN, INCLUDE DATE(S) AND POSITION TITLE(S).

4. This is a voluntary question; however, if you are interested in **veterans hiring considerations**, we will need to know your veteran's status. Do you meet the definition of a veteran? A veteran is defined as: (1) A veteran must have served on active duty with the Armed Forces of the United States for a period of more than 90 consecutive days beginning January 31, 1955 or 178 consecutive days beginning after January 31, 1955, and have been discharged under honorable conditions; or (2) A veteran must have served on active duty with the Armed Forces of the United States for 178 days or less and have been discharged under honorable conditions because of a service-connected disability (disabled veteran); or (3) A veteran must have served on active duty with the Armed Forces of the United States for at least one day in a combat zone and have been discharged under honorable conditions; or (4) A veteran must have received a qualifying military decoration for service in the Armed Forces of the United States; or (5) Be receiving a nonservice-connected pension from the US Dept. of Veterans Affairs. A veteran may submit his/her Certificate of Release or Discharge from Active Duty (a federal DD form 214 or 215) with his/her application for employment.

YES

NO

5. This is a voluntary question; however, if you are interested in **disabled veterans hiring considerations**, we will need to know your veteran's status. Do you meet the definition of a disabled veteran? The definition of a disabled veteran is: (1) Entitled to disability compensation under laws administered by the US Dept. of Veterans Affairs; or (2) Discharged or released from active duty for a disability incurred or aggravated in the line of duty; or (3) Awarded the Purple Heart for wounds received in combat. A disabled veteran may submit a copy of his/her veteran's disability preference letter from the U.S. Department of Veterans Affairs.

YES

NO

# CITY OF ST. HELENS

## Equal Employment Opportunity Form



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### APPLICANT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

### VOLUNTARY INFORMATION

This information is being requested in accordance with federal regulations. The information is voluntary and will not be used when considering you for employment with our company.

#### Racial or Ethnic Group

American Indian/Alaskan

Asian/Pacific Islander

Black/African American

Hispanic/Latino

White/Caucasian

Other

#### Gender

Female

Male

How did you **FIRST** hear about this position? (Please check **one** only)

Chronicle Newspaper

City Website

Oregon Employment Dept.

Spotlight Newspaper

City Employee

Friend/Relative

Indeed.com

City Social Media

Other \_\_\_\_\_

\_\_\_\_\_