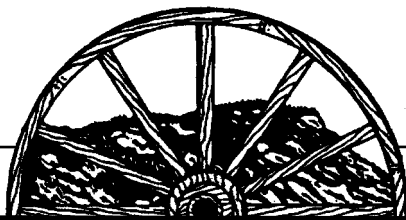

CITY OF



LA GRANDE

THE HUB OF NORTHEASTERN OREGON

APPLICATION FOR EMPLOYMENT

The City of La Grande makes its employment decisions without regard to race, color, sex, national origin, religion, marital status, age, prior industrial injury, or mental or physical disabilities unrelated to job performance.

It is the policy of the City to accept applications only when it advertises for an open position. This application may be considered for other positions within the classification of the position for which you are applying. However, if you desire to apply to another advertised position, you must complete a new application.

POSITION APPLIED FOR: _____ DATE: _____

NAME: _____
(Last) (First) (Middle)

ADDRESS: _____
(Street/P.O. Box) (City) (State) (Zip Code)

PHONE NUMBERS: Daytime (____) _____ - _____ Evening (____) _____ - _____

EMAIL: _____

Are you over the age of eighteen (18)? Yes ___ No ___ If No, applicant is subject to verification of minimum legal age.

Are you legally eligible for employment in the USA? Yes ___ No ___ If hired, you are required to submit proof of eligibility to work in the USA.

Have you ever worked for the City of La Grande? Yes ___ No ___ If so, please indicate the position held and dates worked.

If the job requires, do you have a valid driver's license? Yes ___ No ___

AN EQUAL OPPORTUNITY EMPLOYER

PREVIOUS WORK EXPERIENCE: (Please list employment for the past ten (10) years, beginning with your present or most recent position. Use a separate sheet if more than three (3) employers.)

1) EMPLOYER'S NAME: _____ PHONE NUMBER: _____
ADDRESS: _____
DATES WORKED: _____ POSITION HELD: _____
IMMEDIATE SUPERVISOR: _____
JOB RESPONSIBILITIES, EQUIPMENT OPERATED: _____

REASON FOR LEAVING: _____

2) EMPLOYER'S NAME: _____ PHONE NUMBER: _____
ADDRESS: _____
DATES WORKED: _____ POSITION HELD: _____
IMMEDIATE SUPERVISOR: _____
JOB RESPONSIBILITIES, EQUIPMENT OPERATED: _____

REASON FOR LEAVING: _____

3) EMPLOYER'S NAME: _____ PHONE NUMBER: _____
ADDRESS: _____
DATES WORKED: _____ POSITION HELD: _____
IMMEDIATE SUPERVISOR: _____
JOB RESPONSIBILITIES, EQUIPMENT OPERATED: _____

REASON FOR LEAVING: _____

May we make inquiries of present employer(s)? _____

EDUCATION AND OTHER QUALIFICATIONS:

TYPE	NAME OF SCHOOL	LOCATION	AREA OF CONCENTRATION	CIRCLE LAST YEAR COMPLETED				DID YOU GRADUATE?	DIPLOMA, DEGREE OR CERTIFICATE
				1	2	3	4		
				1	2	3	4		
HIGH SCHOOL				1	2	3	4		
COLLEGE				1	2	3	4		
OTHER EDUCATION				1	2	3	4		
SPECIAL SCHOOLING OR TRAINING/APPRENTICESHIP:									

Please describe any training, skills, certifications, licenses or other qualifications you have which you believe are relevant to the position you are applying for.

State any additional information you feel may be helpful to us in considering your application.

HOURS: (The City requires all employees to maintain regular attendance. Some employees work day, swing and evening shifts. The attached position description may indicate the normal hours of the position for which you are applying. Please indicate which shifts you would be unable or unwilling to work on a regular schedule.)

REFERENCES: (List three (3) persons, other than relatives, who have known you longer than one (1) year.)

- | | |
|----------------|---------------------|
| 1) NAME: _____ | OCCUPATION: _____ |
| ADDRESS: _____ | PHONE NUMBER: _____ |
| 2) NAME: _____ | OCCUPATION: _____ |
| ADDRESS: _____ | PHONE NUMBER: _____ |
| 3) NAME: _____ | OCCUPATION: _____ |
| ADDRESS: _____ | PHONE NUMBER: _____ |

It is the policy of the City to comply with the provisions of the Immigration Reform and Control Act of 1986 and to hire only authorized workers. If you are hired, you will be asked to provide verification of your work eligibility. The type of verification required may change from time to time as Federal regulations are promulgated or amended. Your employment will not be continued if you are unable or unwilling to provide the verification requested by the City.

In submitting this application for employment, I authorize investigation of all statements contained in it, and it is understood and agreed that any misrepresentation by me in this application may result in cancellation of the application and/or separation from the City's service if I have been employed. If requested by the City, I agree that I will undergo a physical examination, at the City's expense.

I understand that this application does not, by itself, create a contract of employment. I understand and agree that, if hired, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD OF TIME, and may, regardless of the date of payment of my wages or salary, BE TERMINATED AT ANY TIME, subject to City's policies and rights provided by written contract. I understand that NO PERSON IS AUTHORIZED TO CHANGE ANY OF THE TERMS MENTIONED IN THIS EMPLOYMENT APPLICATION FORM.

I certify I have read all of this application, and the information I have provided on all four (4) pages, as well as any pages I have attached to the application, is true and correct.

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

Signature

Date

THIS APPLICATION FOR EMPLOYMENT WILL REMAIN ON FILE ONE (1) YEAR FROM THE DATE IT IS RECEIVED

The
CITY OF LA GRANDE
Is an *EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER*
VOLUNTARY SURVEY

Periodically we may be required to file reports on the sex, ethnicity, disability, veteran and other protected status of employees.

As a public employer who subscribes to the merit principles, we are extremely desirous that information relative to employment opportunities with the City of La Grande reaches all segments of our community. By completing this form, you will aid us in determining how we are succeeding in being an "Equal Opportunity and Affirmative Action Employer."

Thank you for you cooperation.

1) POSITION APPLYING FOR: _____

2) DATE: _____

3) AGE: _____

4) HOW DID YOU LEARN ABOUT THIS JOB OPENING?

- City Job Announcement
- Employment Agency
- Professional/Association/Publication
- City Employee
- The Observer*
- School
- Other

5) RACE/ETHNIC IDENTIFICATION:

- Asian/Pacific Island
- Caucasian
- Native American/Alaskan Eskimo
- Black
- Hispanic

6) HANDICAP/DISABILTIY: Yes No

7) VETERAN: Yes No

City of La Grande
Veterans' Preference Form (ORS 408.230)

Veterans who meet the minimum qualifications for a position open for recruitment may be eligible for preference in employment under Oregon law. If you are a Qualified Veteran or Qualified Disabled Veteran and would like to be granted preference in the selection and hiring process for a specific posted job, please fill out this Veterans' Preference Form and provide proof of eligibility by submitting a copy of form DD-214 or 215 (copy 4). This completed form and required supporting documentation must be submitted with your application in order for consideration for Veterans' Preference.

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 non service – 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: _____