

CITY OF ONTARIO EMPLOYMENT APPLICATION

POSITION TITLE:	
RECRUITMENT OPEN DATE:	RECRUITMENT CLOSED DATE:

DATE/TIME APPLICATION RECEIVED: _____ BY: _____

The City of Ontario provides employment opportunity to all qualified employees and applicants, without unlawful 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 EEO 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, please complete the Veteran’s Preference Form and submit it with the required documentation, at the time you submit this application.

Your application may be considered incomplete, if you do not answer all of the questions, submit any required supplemental documentation, and sign your application.

How did you learn about this job opening? _____

PERSONAL INFORMATION			
FIRST NAME	MIDDLE INITIAL	LAST NAME	
ADDRESS			
* CITY	STATE	ZIP	
HOME PHONE		ALTERNATE PHONE	
EMAIL ADDRESS		<i>Typically, we will contact you via email about your application.</i>	
EDUCATION			
WHAT IS YOUR HIGHEST LEVEL OF EDUCATION:			
<input type="checkbox"/> High School Diploma/GED	<input type="checkbox"/> Some College	<input type="checkbox"/> Associate’s Degree	
<input type="checkbox"/> Technical College	<input type="checkbox"/> Master’s Degree	<input type="checkbox"/> Bachelor’s Degree	<input type="checkbox"/> Doctorate
COLLEGE/UNIVERSITY EDUCATION			
SCHOOL NAME		DEGREE RECEIVED	
SCHOOL LOCATION (CITY/STATE)	DID YOU GRADUATE? YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> SEMESTER <input type="checkbox"/> QUARTER IF NO, # OF UNITS COMPLETED:	
MAJOR			
SCHOOL NAME		DEGREE RECEIVED	
SCHOOL LOCATION (CITY/STATE)	DID YOU GRADUATE? YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> SEMESTER <input type="checkbox"/> QUARTER IF NO, # OF UNITS COMPLETED:	
MAJOR			
SCHOOL NAME		DEGREE RECEIVED	
SCHOOL LOCATION (CITY/STATE)	DID YOU GRADUATE? YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> SEMESTER <input type="checkbox"/> QUARTER IF NO, # OF UNITS COMPLETED:	

MAJOR			
PROFESSIONAL CERTIFICATES & LICENSES			
TYPE	DATE ISSUED (MONTH/YEAR)	EXPIRATION (MONTH/YEAR)	DATE
LICENSE NUMBER	ISSUING AGENCY		
PROFESSIONAL CERTIFICATES & LICENSES			
TYPE	DATE ISSUED (MONTH/YEAR)	EXPIRATION (MONTH/YEAR)	DATE
LICENSE NUMBER	ISSUING AGENCY		

Please list your current or most recent job first; then go backwards, for up to 10 years of employment. Use as many blocks as needed for your work history. If more blocks are needed, please provide an attachment. If you have volunteer work, or other unpaid work that is directly relevant to the position you are applying for, you are welcome to include that information. Please do not substitute "See Resume."

WORK HISTORY – #1			
DATES From To	EMPLOYER	POSITION TITLE	
ADDRESS	CITY	STATE	
COMPANY WEBSITE	PHONE NUMBER	SUPERVISOR (NAME & TITLE)	
HOURS WORKED PER WEEK	MONTHLY SALARY OR HOURLY RATE	MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>	
DUTIES			
REASON FOR LEAVING			
WORK HISTORY – #2			
DATES From To	EMPLOYER	POSITION TITLE	
ADDRESS	CITY	STATE	
COMPANY WEBSITE	PHONE NUMBER	SUPERVISOR (NAME & TITLE)	
HOURS WORKED PER WEEK	MONTHLY SALARY OR HOURLY RATE	MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>	
DUTIES			
REASON FOR LEAVING			

WORK HISTORY – #3		
DATES From To	EMPLOYER	POSITION TITLE
ADDRESS	CITY	STATE
COMPANY WEBSITE	PHONE NUMBER	SUPERVISOR (NAME & TITLE)
HOURS WORKED PER WEEK	MONTHLY SALARY OR HOURLY RATE	MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>
DUTIES		
REASON FOR LEAVING		
WORK HISTORY – #4		
DATES From To	EMPLOYER	POSITION TITLE
ADDRESS	CITY	STATE
COMPANY WEBSITE	PHONE NUMBER	SUPERVISOR (NAME & TITLE)
HOURS WORKED PER WEEK	MONTHLY SALARY OR HOURLY RATE	MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>
DUTIES		
REASON FOR LEAVING		
WORK HISTORY – #5		
DATES From To	EMPLOYER	POSITION TITLE
ADDRESS	CITY	STATE
COMPANY WEBSITE	PHONE NUMBER	SUPERVISOR (NAME & TITLE)
HOURS WORKED PER WEEK	MONTHLY SALARY OR HOURLY RATE	MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>
DUTIES		
REASON FOR LEAVING		
WORK HISTORY – #6		
DATES From To	EMPLOYER	POSITION TITLE

ADDRESS	CITY	STATE
COMPANY WEBSITE	PHONE NUMBER	SUPERVISOR (NAME & TITLE)
HOURS WORKED PER WEEK	MONTHLY SALARY OR HOURLY RATE	MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>
DUTIES		
REASON FOR LEAVING		

OFFICE SKILLS		
OFFICE SKILLS:		
COMPUTER SKILLS – Windows Programs		
* MICROSOFT WORD EXPERIENCE	<input type="checkbox"/> NO EXPERIENCE <input type="checkbox"/> BEGINNER (Typing letters/memos) <input type="checkbox"/> INTERMEDIATE (Mail merge, tables, forms) <input type="checkbox"/> ADVANCED (Styles, graphics, publications)	BRIEFLY EXPLAIN HOW YOU GAINED YOUR EXPERIENCE:
* MICROSOFT EXCEL EXPERIENCE	<input type="checkbox"/> NO EXPERIENCE <input type="checkbox"/> BEGINNER (Enter data, sorting data) <input type="checkbox"/> INTERMEDIATE (Formulas, charts/graphics) <input type="checkbox"/> ADVANCED (Linked sheets/import data)	BRIEFLY EXPLAIN HOW YOU GAINED YOUR EXPERIENCE:
* MICROSOFT ACCESS EXPERIENCE	<input type="checkbox"/> NO EXPERIENCE <input type="checkbox"/> BEGINNER (Enter data in a table) <input type="checkbox"/> INTERMEDIATE (Create tables/queries) <input type="checkbox"/> ADVANCED (Design custom forms/reports)	BRIEFLY EXPLAIN HOW YOU GAINED YOUR EXPERIENCE:
* OTHER:	<input type="checkbox"/> NO EXPERIENCE <input type="checkbox"/> BEGINNER <input type="checkbox"/> INTERMEDIATE <input type="checkbox"/> ADVANCED	BRIEFLY DESCRIBE OTHER COMPUTER SKILLS:
LANGUAGES OTHER THAN ENGLISH THAT YOU ARE PROFICIENT IN:		
LANGUAGE	<input type="checkbox"/> SPEAK <input type="checkbox"/> READ <input type="checkbox"/> WRITE	LANGUAGE <input type="checkbox"/> SPEAK <input type="checkbox"/> READ <input type="checkbox"/> WRITE

Do you have any special skills, qualifications, or licenses not already mentioned, which may be useful in the position for which you are applying:

SUPPLEMENTAL QUESTIONS

1. **Date you are available to start:**

2. **Are you willing and able to travel occasionally?** YES NO

3. **Please describe how you improve your skills related to this position.**

4. **Which of the following best describes your years of experience related to this position?**

- Less than 1 year
- 1 to 2 years
- 3 to 6 years
- 7 to 10 years
- More than 10 years
- None of the above

5. **Based on your answer to #4, give us examples of training, classes or education that helped you improve your skills related to this position.**

6. **Please describe why you want to work for the City of Ontario, in this job?**

UNDERSTANDING AND ASSURANCES

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED.

1. 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 if already hired, then termination. And, I understand that I may be required to verify any and all information submitted.
2. I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the U.S.
3. I understand that as allowed by law, policy, and/or [collective bargaining agreement], the City of Ontario may check my criminal background information, DMV information, references, education, certification, licenses, and/or any other source of information that might provide information about my suitability and qualifications for employment with the City of Ontario, I understand that as the recruitment progresses I may be required to provide additional information in order that a thorough background check can be completed.
4. As allowed by law, policy, and/or a [collective bargaining agreement] I agree to undergo any drug and/or alcohol testing that the City of Ontario may be required.
5. I certify that I have fully, accurately, and completely answered all questions, and have given all information requested in the application materials. I certify that I have not withheld any information relative to my application for employment. I understand that any wrong or incomplete information in my application materials may disqualify me for further consideration of employment, or, if discovered after I am hired, may be grounds for my dismissal.
6. I understand that all application-related information is subject to verification by the City of Ontario, and hereby give my consent to the City of Ontario to investigate my background and qualifications using any means, sources, and outside investigators at its disposal.
7. I understand that submission of this application does not necessarily mean that I will be hired. I understand and agree that, with the exception of employees subject to a collective bargaining agreement, if hired, my employment relationship with the City of Ontario will be "at-will". That means that either I or the City of Ontario may terminate this relationship at any time, for any reason, with or without cause or notice.
8. I authorize any of the persons or organizations referenced in this application, otherwise provided by me, otherwise provided by any person as developed through my employers and/or references, or otherwise provided by any other source, to give you any and all information concerning my previous employment, education, character, or any other information they might have, personal or otherwise, with regards to any of the subjects covered in my application materials. I release all such parties from all liability from any damages which may result from furnishing such information.

I understand that this completed application, and any other materials submitted, are the property of the City of Ontario and will not be returned. I understand that I must notify the City of Ontario of any changes to my contact information.

I have read and understand the above information.

X _____
Applicant's Signature

Date

AUTHORIZATION TO RELEASE INFORMATION

I understand that this document, signed by me, authorizes the City of Ontario and its representative, to investigate my background information, employment records, and any other records necessary to determine job-related qualifications for a position within the City of Ontario..

I hereby release all parties and persons from all liability and/or claims, now or in the future, arising from the furnishing of any information concerning my employment history, work performance, background information, character, education, training and any other employment investigation information, including good faith expressions of opinion, to the City of Ontario organization, or its representative, as requested.

I further agree not to sue the City of Ontario or any and all other persons providing information for my suitability to perform the job I have applied for, as a result of the furnishing of any information, including good faith expressions of opinion, to the City of Ontario.

I understand and agree that any information released to the City of Ontario is done so in strictest confidence and shall not be released to me, unless required by law to do so, even if I am rejected for employment.

Applicant's Name (PRINT)

Other Last Names Used

Applicant's Signature

Date

VETERANS' PREFERENCE FORM

Under Oregon law, veterans who meet minimum qualifications for a position may be eligible for 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 [insert contact information].

This completed form and the required documentation must be submitted at the time you submit your application.

A. QUALIFIED VETERAN QUESTIONS: You may be eligible to claim veterans' preference if you check at least one of the boxes below, and provide proof of eligibility by submitting a copy of your DD-214 or 215.

ORS 408.225 (1) (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; 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.

"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.

B. QUALIFIED DISABLED VETERAN QUESTIONS: You may claim additional employment preference if you can check at least one box in the section below and provide proof of eligibility by submitting both of the following documents:

1. A copy of your DD-214 or 215, Certificate of Release or Discharge, Copy 4, and
2. A public employment preference letter from the United States Department of Veterans Affairs. To order the letter, call 1-800-827-1000 and request a public employment preference letter.

ORS 408.225 (1) (c)

- I have a disability rating designated 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 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.

Applicant's Name

Signature

Date

Preference may not be awarded without the appropriate documentation. You must submit 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 these accompanying documents.