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				EMPLO	DYMENT APPLICATION
The City of Milton- disability, marital s	Freewater considers applications application application and other legally	cations for all positions worotected status.	vithout regard to ra	ce, color, s	sex, age, religion, national origin,
, , , , , , , , , , , , , , , , , , ,	out and of any out of the second	(PLEASE TYPE	OR PRINT)		
	NFORMATION				
Position applie	ed for:		Date of Ap	plication	
Last Name	First Name	Middle Name	Home Pho	ne	Cell Phone
Address	City		State/Zip Business Phone		Business Phone
Email Address	3				
Do you posses	ss bilingual skills? Pl	ease specify.			
Are you related If yes, please s	d to any current City specify name	employee?			
Are you an Ve	teran?	If yes, please at	tach military pr	oof of se	rvice.
	uld you move within		y of the City?		
	∕ any/all hours availal	,			
_	- SPECIALIZED TRA				
	l of Education Acquir				
High School	Diploma or GED	College Degree		Gradua	ate School Degree
College(s) At	tended				
Limboot Collo	and Desires Formed				
Professional	ege Degree Earned				
Licenses/Cer	tificates				
Job-related s software	kills, training &				

EMPLOYMENT HISTORY			
Begin with your present or last job. LIST ALI include previous 10 year period. IF YOU NEE PAPER.	L WORK EXPERIENCE includ ED ADDITIONAL SPACE, PLE	ing military, volunteer ar EASE CONTINUE ON A	nd intern experience to SEPARATE SHEET OF
Present or Last Employer	Address		
Type of Business	Supervisor's Name Title		Phone
Your Title	Reason for Leaving (Be specific)		
Duties (Be specific-use space below	& continue on senarate s	sheet of naner).	
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		Leave Month	Leave Year
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Duties (Be specific-use space below	& continue on separate s	sheet of paper)	
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Next Previous Employer	Address		
Type of Business	Supervisor's Name	Title	Phone
Your Title	Your Title Reason for Leaving (Be specific)		
Duties (Be specific-use space below & continue on separate sheet of paper)			
, , , , , , , , , , , , , , , , , , , ,	1	Starting Month	Starting Year
		2 12.1 11.1 13 1110111111	2 13.1 11/9 1 2 21
		Leave Month	Leave Year

APPLICANT'S STATEMENT

The information in my application was freely given and is, to the best of my knowledge, true and complete. I understand that any false or misleading answer or statement will be sufficient grounds for immediate dismissal at any time. The City of Milton-Freewater is hereby authorized to contact my present and past employers as referenced and to receive from them any information about me contained in their personnel records and any evaluations of my job knowledge, skills and performance. I hereby release the City as well as those contacted by the City, from any liability or damage which may result from furnishing the information requested. The City may make copies of this authorization available to those contacted. IN ACCORDANCE WITH THE 1986 IMMIGRATION AND REFORM ACT, PROOF OF ELIGIBILITY TO WORK IN THE UNITED STATES IS REQUIRED UPON EMPLOYMENT.

APPLICANT'S SIGNATURE IS REQUIRED TO PROCESS APPLICATION:

SIGNATURE	DATE
GIGNATURE	DATE

NOTE: Applications and/or resumes cannot be returned. Please staple cover letters and resumes behind the application form. The City of Milton-Freewater cannot make copies. Please make necessary copies before submitting. An application is required for each position for which you wish to be considered. Notification of your standing in process may take up to three weeks.

PRE-EMPLOYMENT medical examination and/or substance (drug) screening may be required.

AMERICANS WITH DISABILITIES ACT (ADA) ACCOMMODATIONS WILL BE PROVIDED UPON REQUEST.

MAIL APPLICATIONS TO: City of Milton-Freewater Human Resource Department PO Box 6 Milton-Freewater, OR 97862

DELIVER APPLICATIONS TO: City of Milton-Freewater Human Resource Department 722 S. Main Street Milton-Freewater, OR

CITY OF MILTON-FREEWATER AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

I hereby request and authorize you to furnish the City of Milton-Freewater with any and all information that you have concerning me, my work record and my reputation. Information of a confidential or privileged nature may be included. Your reply will be used to assist the City of Milton-Freewater in determining my qualifications and fitness for the position I am seeking.

I hereby release you and your organization from any liability or damage which may or could result from furnishing the information requested above or from any subsequent use of such information in determining my qualifications for employment with the City of Milton-Freewater. I understand any information obtained will be strictly confidential.

I also understand that, as a matter of policy, the City of Milton-Freewater may conduct a criminal offender background check through the Oregon State Police Law Enforcement Data System (LEDS) and I hereby give my authorization to do so.

I also understand that any information gleaned by the City of Milton-Freewater through their investigation is the sole property of the City's. This information may be shared with the applicant at the discretion of the Human Resource Officer and/or City Manager. In compliance with the FCRA (Fair Credit Reporting Act) 15 U.S.C. § 1681g, any 3rd party consumer report shall be made available to the applicant.

Applicant's Signature	Applicant's Name (please type/print)
Social Security Number	Driver's License Number & State
Date of Birth (POLICE APPLICANT'S ONLY, or if UNDER 18 YEARS OF AGE)	Date Signed



CITY OF MILTON-FREEWATER VETERAN'S PREFERENCE FORM

Under Oregon law, veterans who <u>meet minimum qualifications for a position</u> may be eligible for employment preference. If you think you 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 contact Human Resources at 541-938-8243.

This completed form and the required application packet must be submitted to the City of Milton-Freewater Human Resources department at the time you submit your application.

A. Qualified Veteran Questions: You may claim veteran's preference if you check at least one box in each of the four sections below and provide proof of eligibility by submitting a copy of your DD-214 or DD-215, Certificate of Release and Honorable Discharge.

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ORS 408.225(d) □ I served on active duty with the Armed Forces of the United States for a preleased under honorable conditions; or □ I served on active duty with the Armed Forces of the United States for a preleased under honorable conditions because of a service-connected disability; or □ I received a combat or campaign ribbon for service in the Armed Forces of	period of more than 178 consecutive days and was discharged or
"Active Duty" does not include attendance at a school under militarenlistment or a regular tour of duty, or normal military training as a reserve or a National Guard unit.	
 B. Qualified Disabled Veteran Questions: You may claim additional one box in each of the three sections below and provide proof of elebelow: A copy of your DD-214 or DD-215, Certificate of Rele A public employment preference from the United State letter call 1-800-827-1000 and request a public employment preference from the United State letter call 1-800-827-1000 and request a public employment preference from the United State letter call 1-800-827-1000 and request a public employment preference from the United State letter call 1-800-827-1000 and request a public employment preference from the United State letter call 1-800-827-1000 and request a public employment preference from the United State letter call 1-800-827-1000 and request a public employment preference from the United State letter call 1-800-827-1000 and request a public employment preference from the United State letter call 1-800-827-1000 and request a public employment preference from the United State letter call 1-800-827-1000 and request a public employment preference from the United State letter call 1-800-827-1000 and request a public employment preference from the United State letter call 1-800-827-1000 and request a public employment preference from the United State letter call 1-800-827-1000 and request a public employment preference from the United State letter call 1-800-827-1000 and request a public employment preference from the United State letter call 1-800-827-1000 and request a public employment preference from the United State letter call 1-800-827-1000 and request a public employment preference from the United State letter call 1-800-827-1000 and request a public employment preference from the United State letter call 1-800-827-1000 and request a public employment preference from the United State letter call 1-800-827-1000 and request a public employment preference from the United State letter call 1-800-827-1000 and request a public employment preference from the United State letter call 1-800-827-10	ligibility by submitting both of the documents listed ease and Honorable Discharge, Copy 4, and tes Department of Veterans' Affairs. To order the byment preference letter. nited States Department of Veterans' Affairs; or
I hereby claim veterans' preference points and certify that the about that any false statements may be cause for my disqualification or	
Print Name	Social Security Number
Signature of Applicant	Date

ORS 408.225-230

Position Applied for: _____

Preference will not be awarded without the appropriate documentation. You must submit your DD-214 or DD-215 in all cases. If you are claiming disabled veteran points, you must also submit the public employment preference letter from the Department of Veterans' Affairs. You will not receive preference without these accompanying documents.

**Preference points are allocated as follows – 5 points or .05% for veterans' preference and 10 points or .10% for disabled veteran's preference where a number system or points are used to hire candidates. Points are applied at each step of the process that would result in a disqualification for scores.

CITY OF MILTON-FREEWATER ETHNIC SELF IDENTIFICATION FORM

The City of Milton-Freewater is an equal opportunity/affirmative action employer. In order to assess the City's recruiting program and to comply with federal government record keeping requirements, we are asking all applicants for employment to complete this form. This information will NOT be attached to your application and will be used for research and evaluation purposes only. Completion of this form is voluntary. Your cooperation in providing the information is greatly appreciated.

Position applied for		Date		
Male	_ Female	Are you over 40 years of age? Yes No		
		ETHNIC ORIGIN		
[] Native Amo	erican	Persons who identify themselves or are known as such by virtue of tribal association. Includes American Indian, Alaskan, and Eskimo.		
[] Filipino		All persons of Filipino descent.		
[] Black] Black All persons having origins in any Black racial groups of Africa.			
[] Caucasian		Persons of Indo-European descent except those included in other groups.		
[] Asian		Persons of Chinese, Indo-Chinese, Japanese or Korean decent.		
[] Hispanic		All persons of Mexican, Latin American, Spanish or Portuguese descent except those who are Black.		
[] Pacific Isla	ınder	Persons of Polynesian descent who are not included in any other group.		
[] Other				
[] Eas [] Val [] Tra [] Far	illa Walla Un stern Oregon ley Herald ide Publicatio mily or Friend	ian [] City Website [] CTUIR Tribal Website on [] Oregon Employment Service		

THANK YOU FOR YOUR INTEREST IN THE CITY OF MILTON-FREEWATER