



City of Klamath Falls, Oregon EMPLOYMENT APPLICATION

HR USE ONLY

___ Vet verified ___ Education

___ Experience ___ Other

Physical Address - 226 S. Fifth Street

Mailing Address - P.O. Box 237

Klamath Falls, Oregon 97601

Applications must be typed or printed in ink. Complete each section, "see resume" is not acceptable for providing information on the application. However, a resume is acceptable as an attachment to the application.

Position applied for:

Name:

Present Address:	City	State	Zip
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How long have you lived there?	Years	Months
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Previous Address:	City	State	Zip
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How long did you lived there?	Years	Months
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Phone #	Cell #	Message #
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Email Address	Date Available to Work
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Have you ever worked for the City of Klamath Falls before? [] Yes [] No	If yes, please give dates & position:
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Driver License # & State	Commercial Driver's License? [] Yes [] No If yes, type:
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Have you ever pled guilty or "no contest" to, or been convicted of, a crime involving dishonesty, breach of trust, or immoral conduct? [] Yes [] No
If yes, please give the date(s) and details:

Have you been arrested for any matters for which you are out on bail or on your own recognizance pending trial?
[] Yes [] No
If yes, please give the date(s) and details:

Note: Answering "yes" to the two questions above does not constitute an automatic bar to employment. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account. (Do not include minor traffic violations, and convictions for which the record has been sealed or expunged, any conviction for which probation has been successfully completed or otherwise discharged and the case has been judicially dismissed, referrals to and participation in any pretrial or post trial diversion programs, and marijuana related offenses that occurred over two years ago in answering these questions.)

RECORD OF PREVIOUS EMPLOYMENT

Please list below the names of your present and/or past employers (to include a minimum of your last 5 employers) in chronological order, with present or last employer listed first. Be sure to account for all periods of time including military service and any period of unemployment. If self-employed, give firm name and supply business reference. (Add additional page if necessary)

Present or last employer		Address	
Date Hired	Date Left	Phone # ()	
Position Title		Starting Salary Ending Salary	
Duties:			
Reason for leaving			
Supervisor's Name/Title		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Next employer		Address	
Date Hired	Date Left	Phone # ()	
Position Title		Starting Salary Ending Salary	
Duties:			
Reason for leaving			
Supervisor's Name/Title		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Next employer		Address	
Date Hired	Date Left	Phone # ()	
Position Title		Starting Salary Ending Salary	
Duties:			
Reason for leaving			
Supervisor's Name/Title		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Next employer		Address	
Date Hired	Date Left	Phone # ()	
Position Title		Starting Salary Ending Salary	
Duties:			
Reason for leaving			
Supervisor's Name/Title		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Next employer		Address	
Date Hired	Date Left	Phone # ()	
Position Title		Starting Salary Ending Salary	
Duties:			
Reason for leaving			
Supervisor's Name/Title		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Have you ever been terminated or asked to resign from any job? [☐] **Yes** [☐] **No**

If yes, please explain circumstances:

Please explain fully any gaps in your employment history:

May we contact your current employer? [☐] **Yes** [☐] **No**

If no, please explain:

Please indicate any actual experience, special training and qualifications that you have which you feel are relevant to the position for which you are applying:

Have you ever used another name? [☐] **Yes** [☐] **No**

Is any additional information relative to change of name, use of an assumed name, or nickname necessary to enable a check on your work and educational report? If yes, please explain:

If hired, can you furnish proof that you are over 18 years of age? [☐] **Yes** [☐] **No**

EDUCATION AND TRAINING

Name of High School

City

State

Diploma or GED?

Name of College or University

City

State

Diploma, Degree, Certificate or Number of Credit Hours

Major Area of Study

Name of Trade or Correspondence School

City

State

Diploma, Degree, Certificate or Number of Credit Hours

Major Area of Study

Other

City

State

Diploma, Degree, Certificate or Number of Credit Hours

Major Area of Study

Office Skills

Please indicate level of knowledge/experience in the following areas:

E = Excellent G = Good M = Minimal N = None
_____ Computer Software (Word processing, Spreadsheet, Database, etc.)
_____ Computer Networked Systems
_____ Office equipment (Fax, Photo Copier, Typewriter, etc.)
_____ 10 Key by touch
_____ Multi-line telephone, voicemail, communication equipment.

If applicable, what is your typing speed?

If applicable, what is your shorthand speed?

Heavy Equipment (Please list machinery /equipment related to this position you are able to operate:

List any additional training, certificates, licenses or other related qualifications you have for this position:

The City of Klamath Falls does not discriminate on the basis of race, color, national origin, sex, religion, age, or disability in employment or the provision of services. In compliance with the Americans with Disabilities Act, the City of Klamath Falls will provide reasonable accommodations to qualified individuals with disabilities and encourages both prospective and current employees to discuss potential accommodations with the employer.

PERSONAL REFERENCES

Please list persons who know you well – not previous employers or relatives.

Name	Occupation	Address (Street, City & State)	Telephone Number	# of Years Known

THIS APPLICATION WILL BE CONSIDERED ONLY FOR THE SPECIFIC POSITION FOR WHICH YOU HAVE APPLIED. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT FOR ANY OTHER POSITION, YOU MUST RE-APPLY.

I certify that all of the information that I have provided on this application is true and accurate.

Signature of Applicant (Cannot be an electronic signature)

Date

City of Klamath Falls
500 Klamath Avenue
Klamath Falls, OR 97601

RECRUITMENT INFORMATION

Please complete the following information for our records.

Position applied for: _____

How did you hear about the position?

- ☐ Jobs Available Publication
- ☐ Professional Newsletter or Magazine
- ☐ Internet Job Posting
- ☐ City Website
- ☐ Direct mailing
- ☐ Herald & News Classifieds
- ☐ Major Newspaper _____
- ☐ Work Connection
- ☐ City Bulletin Board
- ☐ City Employee
- ☐ Other: _____

City of Klamath Falls

SUPPLEMENTAL EMPLOYMENT INFORMATION

This portion of the employment application is used for statistical purposes only. Please submit it with your application. It will be **removed** & filed prior to review by the Human Resource Director. Information on this page will not be used to make any employment decision and will be kept strictly confidential.

☐ I prefer not to provide the information requested on this page.

Position Applied For: _____

Date: _____

Sex: ☐ Male ☐ Female

Age: ☐ Under 40 ☐ Over 40

RACE

- ☐ 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 of Africa.
- ☐ 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.
- ☐ Native 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.
- ☐ Other Please describe/explain

VETERAN STATUS

- Are you a veteran? ☐ YES ☐ NO
- Are you a Vietnam Veteran? ☐ YES ☐ NO
- ☐ Disabled Veteran (entitled to disability compensation, but not classified as a special disabled veteran) ☐ Special Disabled Veteran (30% or more disability, discharged or released from active duty for disability incurred or aggravated in the line of duty)

DISABLED

Do you consider yourself mentally or physically challenged?

☐ YES ☐ NO

If yes, please explain:

AN EQUAL OPPORTUNITY EMPLOYER

The City of Klamath Falls is an Equal Employment Opportunity Employer. We are dedicated to a policy of nondiscrimination in employment on the basis of race, color, religion, sex, national origin, age, marital status, family relationship, or mental or physical handicap.

In compliance with the Americans with Disabilities Act, the City of Klamath Falls will provide reasonable accommodations to qualified individuals with disabilities and encourages both prospective and current employees to discuss potential accommodations with the employer.

APPLICANT STATEMENT

In the event of my employment to a position with the City of Klamath Falls, I will comply with all rules and regulations of the City. I understand that the City of Klamath Falls reserves the right to require me to submit to a test for the presence of drugs in my system prior to employment and at any time during my employment, to the extent permitted by law. I also understand that any offer of employment may be contingent upon the passing of a physical examination. I consent to the disclosure of the results of any physical examination and related tests to the City of Klamath Falls. I also understand that I may be required to take other tests such as personality and honesty tests, prior to employment and during my employment. I understand that should I decline to sign this consent, or decline to take any of the above tests, my application for employment may be rejected or my employment may be terminated. I understand that bonding may be a condition of hire. If it is, I will be advised either before or after hiring, and a bond application will have to be completed.

I understand that the City of Klamath Falls may obtain and use a consumer report from a consumer reporting agency, may investigate my driving record and my criminal record and may prepare a background report whereby information is obtained through personal interviews with my neighbors, friends, personal references, and others with whom I am acquainted. This inquiry includes information as to my character, general reputation, personal characteristics, credit history and mode of living. I understand that I have the right to make a written inquiry within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation. I further understand that the City of Klamath Falls may contact my previous employers and I authorize those employers to disclose to the City of Klamath Falls all records and information pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, I hereby fully waive any rights or claims I have or may have against my former employers, their agents, employees, and representatives, as well as other individuals who release information to the City of Klamath Falls, and release them from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me. I authorize the persons named herein as personal references to provide the City of Klamath Falls with any pertinent information they may have regarding myself.

I hereby state that all the information that I provided on this application or any other documents filled out in connection with my employment, and in any interview, is true and correct. I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that if I am employed and any such information is later found to be false or incomplete in any respect, I may be dismissed.

If hired, I agree as follows: My employment and compensation is terminable at-will, is for no definite period, and my employment and compensation may be terminated by the City of Klamath Falls at any time and for any reason whatsoever, with or without good cause at the option of either City of Klamath Falls or myself. No implied, oral, or written agreements contrary to the express language of this agreement are valid unless they are in writing and signed by the City Manager. No supervisor or representative of the City of Klamath Falls has any authority to make any agreements contrary to the foregoing. This agreement is the entire agreement between the City and myself regarding the rights of the City or myself to terminate employment with or without good cause, and this agreement takes the place of all prior and contemporaneous agreements, representations, and understandings of myself and the City of Klamath Falls.

Note: If you, the applicant, have any questions regarding this statement, please ask them of the City of Klamath Falls Human Resources representative before signing.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT & AGREEMENT

I hereby acknowledge that I have read the above statements and understand the same.

Signature

Date



Veterans' Preference Form

Under Oregon law, veterans who meet minimum qualifications for a position may be eligible for employment 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 City of Klamath Falls, Human Resources at 541.883.5317.

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

A. QUALIFIED VETERAN QUESTIONS: You may 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(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 nonservice-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(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.

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.

Print Name

Signature of Applicant

Date

Position Applied for: _____

ORS 408. 225-230

Preference will 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.