

# City of Florence

## Application for Employment

*The City of Florence is an equal opportunity employer.*  
[www.ci.florence.or.us](http://www.ci.florence.or.us)

Human Resources  
 250 Highway 101  
 Florence, OR 97439  
 (541) 997-3437  
[recruitment@ci.florence.or.us](mailto:recruitment@ci.florence.or.us)



City of Florence provides equal employment opportunity to all qualified employees and applicants, without regard to race, color, religion, gender or gender identity, 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, you must 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 BECOMES PART OF YOUR PERMANENT PERSONNEL FILE. YOUR APPLICATION MAY NOT BE CONSIDERED IF INCOMPLETE, UNSIGNED, OR SUBMITTED PAST AN ESTABLISHED DEADLINE.**

Position				
Position Applying For			How did you hear about this position?	
Personal Information				
Full Legal Name				
Address		City	State	Zip
Best Contact Phone Number mobile <input type="checkbox"/> home <input type="checkbox"/>		Email Address (our primary contact method)		
Are you able, at the time of employment, to submit verification of your legal right to work in the United States? <b>Yes <input type="checkbox"/> No <input type="checkbox"/></b> (Proof of identity will be required upon employment)				
Are you a Veteran? <b>Yes <input type="checkbox"/> No <input type="checkbox"/></b> (if yes, please complete the attached Veteran's Preference form)		Are you over 18 years old? <b>Yes <input type="checkbox"/> No <input type="checkbox"/></b>		
Are any of your relatives employed by City of Florence? <b>Yes <input type="checkbox"/> No <input type="checkbox"/></b> (There are some limitations on the employment of relatives. Each case is considered separately for potential conflict of interest)		If yes, please put the relative's name and position.		
Have you ever been a member of State of Oregon Public Employees Retirement System (PERS)? <b>Yes <input type="checkbox"/> No <input type="checkbox"/></b>				
Education		List any colleges, military, trade, business or other schools attended.		
Do you have a high school diploma or GED Certificate? <b>Yes <input type="checkbox"/> No <input type="checkbox"/></b>				
School Name	Location (city/state)	Diploma/Degree	Major/Minor	Did you Graduate?

## Certificates & Licenses

List any professional license, registration, or certificate required or preferred for the position. If you need additional space, attach a separate sheet.

Type	Issuing Agency	Date Issued	Date Expires

## Employment History

The 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.

Employer (1)	Job Title	Dates Employed	
Address	City	State	Zip
Supervisor Name	Phone Number	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Reason for leaving			
Duties			
Employer (2)	Job Title	Dates Employed	
Address	City	State	Zip
Supervisor Name	Phone Number	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Reason for leaving			
Duties			

Employer (3)	Job Title	Dates Employed	
Address	City	State	Zip
Supervisor Name	Phone Number	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Reason for leaving			
Duties			

Employer (4)	Job Title	Dates Employed	
Address	City	State	Zip
Supervisor Name	Phone Number	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Reason for leaving			
Duties			

## Certification & Signature

I hereby certify that all statements made in this application are true, and I agree and understand that any statement that is false, fraudulent, or misleading in this application or attached material, during the interview or screening process, or discovered in the course of any employment-related process (post hire) may result in the revoking of a job offer or termination of employment.

- I certify that all statements contained herein are true and complete.
- I understand that I must provide proof I am authorized to work in the United States, in accordance with federal law, if I am hired.
- I authorize the employing agency to verify the employment and education information provided in this employment application.
- 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.
- I authorize my driving record to be checked if the position for which I am applying requires driving.
- I understand and agree to be subjected to a pre-employment drug screening and criminal history background check, if applicable.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Veterans' Preference Form (ORS 408.230)**

Veterans who meet the minimum qualifications and special requirements 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-214/215 (copy 4)**. This completed form and required supporting documentation must be received by Human Resources no later than the closing time and date of the job posting.

**Qualified Veteran Questions:** *Veterans' preference (5 points) may be claimed if you check at least one of the boxes below and provide proof via form DD-214/215 (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 related 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
- ☐ For at least one day in a combat zone and was discharged or released from active duty under honorable conditions
- ☐ And 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
- ☐ And am receiving a nonservice – connected pension from the United States Department of Veterans Affairs

**Qualified Disabled Veteran Questions:** *Veterans' preference (10 points) may be claimed if you check at least one box below and provide proof of eligibility via a copy of DD214/215 (Copy 4), and a public employment preference letter from the United States Department of Veteran's Affairs if the information is not on your DD214 (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:** \_\_\_\_\_

*If you have any specific questions please contact Human Resources. If we do not receive the necessary information as described on this form, we will NOT grant you veteran points/preference you request. We will NOT contact you to request missing information.*