



Employment Application

The City of Ashland is an equal opportunity employer and will not discriminate against an employee or applicant for employment because of race, color, religion, sex, sexual orientation, age, marital status, national origin or mental or physical disability unless based on a bona fide occupational qualification. In accordance with Federal Law, proof of authorization to work in the United States is required upon employment.

Reasonable accommodation will be made for applicants with a disability which requires an auxiliary aid or service to participate in the selection process. Individuals requiring accommodation **MUST** inform the Personnel Office in writing no later than the final filing date as stated on the job announcement. Requests must include an explanation as to the type and extent of accommodation needed to participate in the selection process.

PLEASE TYPE OR PRINT IN BLUE OR BLACK INK

APPLICANT INFORMATION

NAME: _____ Last _____ First Middle	SOCIAL SECURITY INFORMATION: _____ <i>Last 4 Digits of Social Security Card No.</i> _____ <i>Please print name exactly as it appears on your card.</i>
CURRENT MAILING ADDRESS: _____ Address _____ City State Zip	CONTACT INFORMATION: Home: () - Message: () - Cell: () - E-Mail: _____

POSITION INFORMATION

The City of Ashland will only accept applications for advertised vacancies. Applicants who submit unsolicited applications and/or resumes will not be considered and will not receive a response from the Personnel Department.

POSITION APPLIED FOR: _____

RECRUITMENT NUMBER: _____ __Full-Time __Part-Time __Temporary



Please fill out all sections of this form completely. Failure to complete this application (including using "See Resume"), could result in rejection during the selection process. This application and all attachments (résumés, certificates, letters of reference, etc.) become property of the City of Ashland and will not be returned to the applicant.

SECTION 1 : PREVIOUS EMPLOYMENT/RELATIVES EMPLOYED WITH THE CITY

Are you employed by the City of Ashland at this time? Yes No

Were you previously employed by the City? Yes No

If **yes**, please specify your Job Title, Department and dates of employment.
(Attach additional sheets if necessary.)

TITLE _____	DEPT. _____	FROM _____	to _____
TITLE _____	DEPT. _____	FROM _____	to _____

Yes No

Do you have relatives employed by the City?

If **yes**, indicate:

NAME _____	DEPT. _____	RELATIONSHIP _____
NAME _____	DEPT. _____	RELATIONSHIP _____

SECTION 2 : CONVICTIONS

Have you ever been convicted of a felony or a misdemeanor other than a minor traffic violation? Yes No

(Conviction is not an automatic bar to employment. Each case is considered individually based on its relation to the duties of the position applied for.)

If yes, attach additional page with explanation of conviction (s) to this application.
Include: 1) Date, 2) Charge, 3) Jurisdiction, and 4) Disposition.

SECTION 3 : CERTIFICATION, AUTHORIZATION AND RELEASE

BY MY SIGNATURE BELOW, I:

Certify that all information I provide as part of this application process is true and complete to the best of my knowledge and that I understand that any misstatement of fact may result in my disqualification from consideration for City employment or in the termination of my employment with the City of Ashland;

Authorize the City of Ashland to contact my prior employers, educational institutions, references, and any institution or organization with whom I have been associated to give the City of Ashland any pertinent information about my employability; and

Further Release the individual, company, institution or organization and all individuals connected therewith from all liability whatsoever incurred in giving such information; and further release the City of Ashland from all liability whatsoever incurred in obtaining or using such information.

Signature of Applicant: _____ **Date:** _____



SECTION 4 : EMPLOYMENT HISTORY

In the following section, please be sure to describe the duties you have performed which demonstrate that you have the knowledge and skills to perform the duties of the job for which you are applying. You may include on-the-job training, volunteer activity and military experience. Please account for any periods of unemployment or self employment.

Begin with your present or most recent job - list all jobs separately. If a supplemental questionnaire is required, it must accompany this completed application.

EMPLOYMENT INFORMATION	DESCRIPTION OF JOB DUTIES AND RESPONSIBILITIES	ORGANIZATION CONTACT INFORMATION
Employed From: ____/____/____ to ____/____/____ <small>Mo/ Yr Mo/ Yr</small>	Job Duties: _____ _____ _____ _____ _____ _____	Employed By: _____
Your Title (s): _____		Address: _____
Starting Salary: \$_____		Phone Number: () _____
Ending Salary: \$_____		Supervisor's Name and Title: _____
Hours/week: _____		Reason for Leaving: _____
Number of people you supervised: _____		

May we contact this employer? ___ Yes ___ No

EMPLOYMENT INFORMATION	DESCRIPTION OF JOB DUTIES AND RESPONSIBILITIES	ORGANIZATION CONTACT INFORMATION
Employed From: ____/____/____ to ____/____/____ <small>Mo/ Yr Mo/ Yr</small>	Job Duties: _____ _____ _____ _____ _____ _____	Employed By: _____
Your Title (s): _____		Address: _____
Starting Salary: \$_____		Phone Number: () _____
Ending Salary: \$_____		Supervisor's Name and Title: _____
Hours/week: _____		Reason for Leaving: _____
Number of people you supervised: _____		



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Employed From: ____/____/____ to ____/____/____ Mo/ Yr Mo/ Yr	Job Duties: _____ _____ _____ _____ _____ _____	Employed By: _____
Your Title (s): _____		Address: _____
Starting Salary: \$ _____ Ending Salary: \$ _____		Phone Number: () _____
Hours/week: _____		Supervisor's Name and Title: _____
Number of people you supervised: _____		Reason for Leaving: _____
_____		_____

EMPLOYMENT INFORMATION	DESCRIPTION OF JOB DUTIES AND RESPONSIBILITIES	ORGANIZATION CONTACT INFORMATION
Employed From: ____/____/____ to ____/____/____ Mo/ Yr Mo/ Yr	Job Duties: _____ _____ _____ _____ _____ _____	Employed By: _____
Your Title (s): _____		Address: _____
Starting Salary: \$ _____ Ending Salary: \$ _____		Phone Number: () _____
Hours/week: _____		Supervisor's Name and Title: _____
Number of people you supervised: _____		Reason for Leaving: _____
_____		_____

SECTION 5 : EDUCATION

Have you graduated from High School or have a G.E.D.? Yes No

If no, list the highest grade you have completed: _____



Give information for additional education after high school:

COLLEGES, VOCATIONAL OR TECHNICAL SCHOOL, OR TRAINING CENTERS	MAJOR SUBJECT(S)	MINOR SUBJECT(S)	UNITS COMPLETED		TYPE OF DEGREE, DIPLOMA OR CERTIFICATE EARNED
			SEMESTER	QUARTER	

List below any licenses/certificates you possess that may be required for this position:

TYPE OF LICENSE OR CERTIFICATE: _____

Number: _____ Issuing Agency: _____ Exp. Date: _____

TYPE OF LICENSE OR CERTIFICATE: _____

Number: _____ Issuing Agency: _____ Exp. Date: _____

TYPE OF LICENSE OR CERTIFICATE: _____

Number: _____ Issuing Agency: _____ Exp. Date: _____

List below any additional skills that you would like us to know about in considering you for city employment:

Return your completed application to:

The City of Ashland Personnel Office • 20 East Main Street • Ashland, OR 97520
 Phone: (541) 552-2110 Fax: (541) 488-5311



Return your completed application to:

**The City of Ashland Personnel Office
20 East Main Street
Ashland, Oregon 97520**

Phone: (541) 552-2110 Fax: (541) 488-5311





VETERAN'S PREFERENCE FORM

The City of Ashland will grant preference in hiring and promotion to Veterans and Disabled Veterans who qualify under the provisions of ORS 408.230, OAR 839-006-435 and OAR 839-006-0470. To assist in determining whether you qualify for Veteran's Preference, please complete the following checklist. You may be eligible for 5 preference points as a qualified veteran, or 10 preference points as a qualified disabled veteran. Veteran's Preference Points will be added to your score for each phase of a hiring or promotional process.

This form and the required documentation must be submitted to the City of Ashland Human Resources Department, along with your completed City Employment Application and/or any other required supplemental materials.

CHECK THE BOX FOR EACH ITEM THAT FITS YOUR CIRCUMSTANCES:

Veteran Qualifications

You may claim 5 POINTS Veteran's Preference if you check **at least one box** below and provide **proof of eligibility** by submitting a copy of your certificate of release or discharge from active duty DD-214 or DD-215.

- I served on active duty* with the armed forces of the United States for period of more than 178 consecutive days and was discharged or released 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 because of a service-connected disability; **OR**
- I served on active duty* 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 for service in the armed forces of the United States.

** Attendance at a school under military orders, except schooling incident to an active enlistment or regular tour of duty, or normal military training as a reserve officer or member of an organized reserve or National Guard unit is not considered active duty.*



Disabled Veteran Qualifications

You may claim 10 POINTS Veteran's Preference if you can check **at least one box in each of the sections** below and provide **proof of eligibility** by submitting both of the documents listed below:

- 1) A copy of your DD-214, **and**
- 2) A copy of your Veteran's Administration letter stating your disability.

-
- I am entitled to disability compensation under laws administered by the United States Department of Veteran's Affairs; **OR**
 - I was discharged or released from active duty for a disability incurred or aggravated in the line of duty; **OR**
 - I am officially certified as having service connected disabilities; **OR**
 - I was awarded the Purple Heart for wounds received in combat.

I hereby claim Veteran's Preference Points and certify 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: _____

Date: _____ Title of Position Applied For: _____

Points will not be awarded without the appropriate documentation. A copy of your Certificate of Release or Discharge from Active Duty DD-214 or DD-215 must be submitted in all cases. If you are claiming Disabled Veteran Points, you must also submit an official letter from the Veteran's Affairs stating your disabled status. The City cannot recognize your status as a veteran without the appropriate documentation. The Civil Rights Division of the Bureau of Labor and Industries enforces the provisions of ORS 408.230. A person claiming a violation of ORS 408.230 may file a written complaint with the Civil Rights Division in accordance with ORS 659A.820.



City of Ashland
HUMAN RESOURCE DEPARTMENT
20 East Main Street
Ashland, Oregon 97520
Phone: (541) 552-2110
Fax: (541) 488-5311
TTY: (800) 735-2900



APPLICANT SURVEY

The City of Ashland is an equal opportunity employer. Under the federal government's equal employment regulations, the City is required to collect and maintain certain statistical data on job applicants. To aid the City in meeting these requirements, applicants are requested, not required, to provide the following information. This form will be separated from the application prior to any screening or testing and the information provided will be kept strictly confidential from the selection process.

ETHNIC CATEGORY:

(Please choose one)

- White** (not of Hispanic origin), having origins in any of the original peoples of Europe, North Africa or the Middle East.
- Black** (not of Hispanic origin), having origins in any of the Black racial groups of Africa.
- Hispanic**, of Cuban, Mexican, Puerto Rican, Central or South America or other Spanish culture or origin regardless of race.
- Asian or Pacific Islanders**, having origins in any of the original peoples of the Far East, Southeast Asia, Indian Subcontinent or the Pacific Islands.
- American Indian or Alaskan Native**, having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

Sex: Male Female **Age:** Under 40 40 and Over

ADVERTISING:

Position Applied For: _____ **Date:** _____

How did you learn about this position?

- Newspaper (Please specify which paper) _____
- Friend or relative who works for the City of Ashland
- Organization or Group (Please specify) _____
- Word-of-mouth, non-city employee
- Newsletter or Journal (Please specify) _____
- City of Ashland Website
- Website (Please specify which site) _____
- Other _____

THANK YOU!

