



City of Westfir
47441 Westoak Road
P.O. Box 296
Westfir, Oregon 97492
541-782-3983
cityhall@ci.westfir.or.us
www.ci.westfir.or.us

Application for Employment

The City of Westfir is an Equal Employment Opportunity employer. We are dedicated to a policy of selection of the best available candidate based on job-related criteria, education, knowledge, skills and abilities. We will not discriminate on the basis of race, color, religion, sex, national origin, age, marital status, or mental or physical disability. The City is a public agency and any information may be released if required by law.

Per Oregon Revised Statutes 408.225–237, the City grants a preference in hiring to veterans and disabled veterans as defined by State law. If you are eligible and wish to claim Veterans' Preference points, please include supporting documents along with your application materials. Under ORS 408.237, veterans with skills obtained through military education or experience that substantially relates to the position should demonstrate in their cover letter how those transferrable skills satisfy the essential functions of the position as set out in the job description.

Applicant's Name: _____ Date: _____

Address: _____

Telephone Number: _____ Email Address: _____

Have you ever worked or attended school under a different name? If so, under what name(s)?

Are you 18 years of age or older? Yes No

Are you either a U.S. citizen or an alien authorized to work in the U.S.? Yes No

Are you a veteran? Yes No

Do you wish to claim Veterans' Preference points under ORS 408.225–237? Yes No

In order to claim Veterans' Preference points, please complete the Veterans' Preference Form at the end of this application and include the proper supporting documents.

Position Desired

Position: _____ Start date available: _____

Wage rate desired: \$ _____ Hourly Monthly AnnuallyDo you prefer: Full-time Part-time If part-time, hours per week desired: _____

Hours you are available to work: _____

Days of week you are available to work: _____

Are you able to work? Weekends
 Holidays
 Nights
 OvertimeHave you previously worked for the City of Westfir? Yes No

Dates of employment with the City of Westfir: From _____ to _____

Reason(s) for leaving: _____

Former supervisor(s) at the City: _____

How did you learn about this opening? _____

Education

High School:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
Technical School:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
College/University:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
Post-Graduate Education:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
Other education, training or special skills:		

Skills

Are you experienced in using personal computers? Yes No PC Mac

If applying for Recorder: Are you able to use QuickBooks, Microsoft Word and Excel? _____

What other programs are you able to use? _____

Other information you would like us to know? _____

Work Experience

Please list all previous employment, beginning with the most recent. If you need more room, you may attach another sheet of paper.			
Employer:		Address:	
From	To	Position Held:	Reason for Leaving:
Supervisor's Name & Title:			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Duties:			
Starting Compensation:		Final Compensation:	
Employer:		Address:	
From	To	Position Held:	Reason for Leaving:
Supervisor's Name & Title:			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Duties:			
Starting Compensation:		Final Compensation:	

References

Identify three people who know your work, beginning with the most recent.

Name: _____ Phone Number: _____ Email: _____

Address: _____ City, State, Zip: _____

Position or Title: _____ Years Known: _____

Name: _____ Phone Number: _____ Email: _____

Address: _____ City, State, Zip: _____

Position or Title: _____ Years Known: _____

Name: _____ Phone Number: _____ Email: _____

Address: _____ City, State, Zip: _____

Position or Title: _____ Years Known: _____

Authorization and Acknowledgments

I affirm that the information I have provided in this application is true to the best of my knowledge, information and belief, and I have not knowingly withheld any information requested. I understand that withholding or misstating any information requested in this application is grounds for rejection of my application, and that providing false or misleading information in this application is grounds for discharge.

I authorize the City of Westfir to verify my references, record of employment, education record, and any other information I have provided. Unless otherwise noted, I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the City of Westfir, my former employers and all other persons and entities, from any and all claims, demands or liabilities arising out of or in any way related to such inquiry or disclosure.

Applicant Signature: _____ **Date:** _____

Veterans' Preference Form (ORS 408.230)

Veterans who meet the minimum qualifications 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 or 215 (Copy 4). This completed form and required supporting documentation must be submitted with your application in order for consideration for Veterans' Preference.

Qualified Veteran Questions: *Veterans' preference may be claimed if you check at least one of the boxes below and provide proof via form DD-214 or 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-connected 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; **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.

Qualified Disabled Veteran Questions: *Additional preference may be claimed if you check at least one box below and provide proof of eligibility via a copy of DD214 or 15, Copy 4, and a public employment preference letter from the United States Department of Veteran's Affairs (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: _____

This form and supporting documentation must be received by the City of Westfir no later than the closing time and date of the job posting. If you have any specific questions, please contact the City Recorder.