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## EMPLOYMENT APPLICATION

*The City of Carlton employment decisions without regard to race, color, gender, national origin, religion, marital status, age, prior industrial injury, mental or physical disabilities unrelated to job performance, or veterans. The City of Carlton is a Drug-Free Workplace and complies with the Oregon Smoke-Free Workplace law. Candidates who are provided a conditional offer of employment may be subject to a criminal history records check. Those candidates who will be in a safety sensitive position will be subject to a pre-employment drug test. Those candidates who will be required to hold a driver's license will be subject to a pre-employment DMV records check to ensure a safe driving record.*

THIS APPLICATION WILL BE CONSIDERED ONLY 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 WILL BECOME PART OF YOUR PERMANENT PERSONNEL FILE.

1. Position applied for: \_\_\_\_\_ Date available: \_\_\_\_\_

Type of work for which you are applying: \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Other

2. Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
Street, P.O. Box City State Zip

Phone: \_\_\_\_\_  
Home Business Cell

E-mail: \_\_\_\_\_  
Home Business

If less than 10 years at mailing address above, previous addresses:

Address: \_\_\_\_\_  
Street, P.O. Box City State Zip

Address: \_\_\_\_\_  
Street, P.O. Box City State Zip

Preferred method for immediate contact: \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_ U.S. Postal Mail

Have you been a member of Oregon PERS Retirement System in the past? \_\_\_\_\_ Yes \_\_\_\_\_ No

3. Do you hold a current, valid driver's license to perform essential job duties? \_\_\_\_\_ Yes \_\_\_\_\_ No

4. Name and location of High School: \_\_\_\_\_

Or, name of facility and location where certification of equivalency was obtained (GED):  
\_\_\_\_\_

Schools attended after high school or special training received:

| Name and Location<br>(City and State) | Major Area of Study | # of Years<br>Completed | Type of Degree<br>or Certificate<br>Received<br>(attach copy) |
|---------------------------------------|---------------------|-------------------------|---|
|                                       |                     |                         |   |
|                                       |                     |                         |   |
|                                       |                     |                         |   |

List below any licenses/certificates that you have that may be required for this position.

Title of License or Certificate: \_\_\_\_\_

Issuing Agency: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Title of License or Certificate: \_\_\_\_\_

Issuing Agency: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

5. Specialized Skills (Check skills/equipment operated)

Terminal                       Spreadsheet                       PC/MAC                       Shorthand  
 Word Processing                       Typewriter                       Other (please list): \_\_\_\_\_

\_\_\_\_\_

6. Professional Memberships & Affiliations (please list): \_\_\_\_\_

\_\_\_\_\_

7. Complete Work History: Complete this section for RELEVANT experience; you may summarize any work not directly related. List most recent employment first. You **must** complete this section fully. Do **not** refer to an attached résumé. A résumé may be submitted as an attachment. Include volunteer work if related.

From: \_\_\_\_\_ (Mo/Yr)                      Name of Employer: \_\_\_\_\_

To: \_\_\_\_\_ (Mo/Yr)                      Address: \_\_\_\_\_

Salary: \_\_\_\_\_ Type of firm: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Describe Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

If you are still working here, may we contact this employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

From: \_\_\_\_\_ (Mo/Yr) Name of Employer: \_\_\_\_\_

To: \_\_\_\_\_ (Mo/Yr) Address: \_\_\_\_\_

Salary: \_\_\_\_\_ Type of firm: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Describe Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

From: \_\_\_\_\_ (Mo/Yr) Name of Employer: \_\_\_\_\_

To: \_\_\_\_\_ (Mo/Yr) Address: \_\_\_\_\_

Salary: \_\_\_\_\_ Type of firm: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Describe Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

8. If hired, you will be required to submit identification in accordance with the Immigration and Naturalization Service requirements.

Do you have the legal right to work in the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you willing to relocate for this position? \_\_\_\_\_ Yes \_\_\_\_\_ No

9. Please indicate any language, other than English, that you can fluently speak, read and/or write.

\_\_\_\_\_

10. Are any of your friends, relatives or neighbors current employees for the City of Carlton?  Yes  No

If yes, please list their names: \_\_\_\_\_

11. Please list references of people who are not related to you and are not previous employers.

Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

12. A job description detailing the essential functions and duties of the job for which you are applying is attached:

Are you able to perform the essential job functions or duties with or without accommodation?  Yes  No

Are there items you would like to clarify or discuss?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

## APPLICANT STATEMENT

I certify the answers given herein are true and complete.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted.

I hereby understand and acknowledge that unless otherwise defined by applicable law, any employment relationship with this organization is of an “*at will*” nature, which means the Employee may resign at any time and the Employer may discharge the Employee at any time without cause. It is further understood this “*at will*” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand false or misleading information given in my application or interview(s) may result in discharge. I also understand I am required to abide by all rules and regulations of employer.

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Signature of Applicant

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Date

## EQUAL EMPLOYMENT OPPORTUNITY (EEO) RECORD KEEPING DATA

It is the policy of the City of Carlton to provide equal opportunity in all terms, conditions, and privileges of employment for all qualified job applicants and employees without regard to race, creed, color, national origin, sex, age, marital status, or disability. To help the City of Carlton comply with governmental record keeping, reporting, and other legal requirements, please complete the data below. Providing this information is voluntary.

**Please print clearly:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Position applied for: \_\_\_\_\_

Check the appropriate spaces:

Sex: \_\_\_ Female  
      \_\_\_ Male

Race: \_\_\_ White  
      \_\_\_ Black  
      \_\_\_ Hispanic  
      \_\_\_ Asian/Pacific Islander  
      \_\_\_ American Indian/Alaskan Native  
      \_\_\_ Other not previously noted: \_\_\_\_\_

I decline to respond

How did you learn about this recruitment?

- Newspaper: \_\_\_\_\_
- Internet website: \_\_\_\_\_
- Job information line: \_\_\_\_\_
- Other: \_\_\_\_\_

## 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) – 5 points*

**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:** *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) – 10 points*

- 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.

I, \_\_\_\_\_, claim my Veterans' Preference and certify I am eligible to do so.  
(print name here) \_\_\_\_\_ 5 points \_\_\_\_\_ 10 points

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

Position Applied For: \_\_\_\_\_

If you have any specific questions please contact City Hall at (503) 852-7575 or [cmartinez@ci.carlton.or.us](mailto:cmartinez@ci.carlton.or.us). This form and supporting documentation must be received by the Human Resources Department no later than the closing time and date of the job posting.

# CITY OF CARLTON

## FOR PERSONNEL DEPARTMENT USE ONLY

**Arrange Interview:** \_\_\_\_\_ Yes \_\_\_\_\_ No

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Interview Date: \_\_\_\_\_

**Employed:** \_\_\_\_\_ Yes \_\_\_\_\_ No

Date of Hire: \_\_\_\_\_

Job Title: \_\_\_\_\_ Hourly Rate/Salary: \_\_\_\_\_

By: \_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Date



**BACKGROUND RELEASE FORM**  
**PLEASE READ CAREFULLY**

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BY MY SIGNATURE BELOW I AUTHORIZE:

The City of Carlton to complete a background check. This authorization is valid for purposes of verifying information given pursuant to employment.

By my signature, I authorize all corporations, current employers, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county, and federal courts and agencies, military services and persons to release all information they may have about activities I may have been involved in.

This authorization shall be valid in original or copy form.

Specifically, I authorize the City of Carlton to check my (check all that you are authorizing):

- Employment References
- Personal References
- Educational Degrees
- Professional Certifications
- Driving Record
- Criminal Background
- Character References

Maiden names or other names by which you have been known:

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Social Security Number: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Current Address:

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Drivers License # \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

APPLICANT'S NAME (PLEASE PRINT)

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APPLICANT'S SIGNATURE

DATE

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