



Return applications to:

**Human Resources
City of McMinnville
230 NE Second Street
McMinnville, Oregon 97128
Phone: (503) 434-2328**

hr@mcminnvilleoregon.gov

Fax (503) 472-4104

***CITY OF McMINNVILLE
EMPLOYMENT APPLICATION
An Equal Opportunity Employer***

Job applied for	X	X
-----------------	---	---

CONTACT INFORMATION

Name (Last, First, MI):
Mailing Address:
City, State, And Zip Code:
Home Telephone:
Work Telephone:
Message (If Different):
E-mail Address:

CERTIFICATION AND SIGNATURE

I hereby certify that all statements made in this application are true, and I agree and understand that any written statement that is false, fraudulent, or misleading in this application or attached materials, or made in the course of any related employment process may cause forfeiture of employment.

- I certify that all statements contained herein are true and complete.
- I understand that I must prove that I am authorized to work in the United States if I am hired.
- I authorize the employing agency to verify the employment and education information provided on this employment application.
- 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 a criminal history background check, if applicable.

Signature (must be in ink):	Date:
-----------------------------	-------

EDUCATION AND TRAINING HISTORY

Do you have a high school diploma or GED certificate? (Circle One) YES NO

List high schools, colleges, military, trade, business, or other schools attended:

<i>Name And Location Of School</i>	<i>Course Of Study</i>	<i>Credits Earned In Quarter Or Semester Hours</i>	<i>Graduated (Yes/No)</i>	<i>Degree Or Certificate Received</i>

LICENSES, REGISTRATIONS, CERTIFICATES

List any required professional license, registration, certificate, Oregon Commercial Driver’s License (CDL), Oregon Driver’s License, etc. and provide description, issuing state or agency, number, and expiration date. For those positions which require a driver’s license, driving records may be reviewed:

<i>Description</i>	<i>Issuing State /Agency</i>	<i>ID Number</i>	<i>Exp. Date</i>

SPECIALIZED SKILLS AND KNOWLEDGE

List any specialized skills or knowledge that demonstrate your ability to perform the job for which you are applying (software programs, fluency in a foreign language, keyboarding speed, etc.):

WORK HISTORY

The information provided 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 and duplicate the same format used on this application.

JOB NUMBER 1		Job Title			
Name of Employer			Supervisor's Name		Supervisor's Title
Employer's Address			City	ST	Phone
Employment Dates:	From	To	Avg Hrs Worked/ Wk		
DUTIES:					
SUPERVISION/LEAD WORK (CHECK THE AREAS YOU WERE RESPONSIBLE FOR):					
ρ Assigning and Reviewing Work		ρ Handling Disciplinary Problems		ρ Hiring or Recommending Hiring	
ρ Rating Work Performance		ρ Responding to Grievances		ρ Not Responsible for Any of These	
LIST THE NUMBER OF EMPLOYEES YOU SUPERVISED AND THEIR JOB TITLES:					# Employees:
JOB NUMBER 2		Job Title			
Name of Employer			Supervisor's Name		Supervisor's Title
Employer's Address			City	ST	Phone
Employment Dates:	From	To	Avg Hrs Worked/ Wk		
DUTIES:					
SUPERVISION/LEAD WORK (CHECK THE AREAS YOU WERE RESPONSIBLE FOR):					
ρ Assigning and Reviewing Work		ρ Handling Disciplinary Problems		ρ Hiring or Recommending Hiring	
ρ Rating Work Performance		ρ Responding to Grievances		ρ Not Responsible for Any of these	
LIST THE NUMBER OF EMPLOYEES YOU SUPERVISED AND THEIR JOB TITLES:					# Employees:

JOB NUMBER 3	Job Title		
---------------------	-----------	--	--

Name of Employer	Supervisor's Name	Supervisor's Title
------------------	-------------------	--------------------

Employer's Address	City	ST	Phone
--------------------	------	----	-------

Employment Dates:	From	To	Avg Hrs Worked/ Wk
-------------------	------	----	--------------------

DUTIES:

SUPERVISION/LEAD WORK (CHECK THE AREAS YOU WERE RESPONSIBLE FOR):

Assigning and Reviewing Work
 Handling Disciplinary Problems
 Hiring or Recommending Hiring
 Rating Work Performance
 Responding to Grievances
 Not Responsible for Any of These

LIST THE NUMBER OF EMPLOYEES YOU SUPERVISED AND THEIR JOB TITLES: # Employees:

JOB NUMBER 4	Job Title		
---------------------	-----------	--	--

Name of Employer	Supervisor's Name	Supervisor's Title
------------------	-------------------	--------------------

Employer's Address	City	ST	Phone
--------------------	------	----	-------

Employment Dates:	From	To	Avg Hrs Worked/ Wk
-------------------	------	----	--------------------

DUTIES:

SUPERVISION/LEAD WORK (CHECK THE AREAS YOU WERE RESPONSIBLE FOR):

Assigning and Reviewing Work
 Handling Disciplinary Problems
 Hiring or Recommending Hiring
 Rating Work Performance
 Responding to Grievances
 Not Responsible for Any of these

LIST THE NUMBER OF EMPLOYEES YOU SUPERVISED AND THEIR JOB TITLES: # Employees:

CITY OF McMinnville
CONFIDENTIAL APPLICANT INFORMATION

The City of McMinnville is dedicated to a policy of nondiscrimination in employment on the basis of race, color, religion, sex, national origin, age disability, marital status, or any other non-merit factor. Reasonable accommodation will be made to enable any disabled employee or applicant for employment to safely and properly perform the job for which they have applied.

The following information is necessary for the City of McMinnville to evaluate its hiring practices and to prepare reports required by law for the federal government. This information is voluntary and will be kept separate and confidential. Refusal to provide any information on this page will not subject the applicant to adverse treatment in any aspect of employment with the City of McMinnville.

Please check the appropriate boxes and complete the required entries.

Name	
Job Applied For	
Sex: ρ Female ρ Male	Date of Birth:
Ethnic Background (Check One):	
π Caucasian (not of Hispanic origin): Persons having origin in any of the original peoples of Europe, North Africa, or the Middle East.	
π African American (not of Hispanic origin): Persons having origins in any of the black ethnic groups.	
π Hispanic: Persons having origins in any of the Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures, regardless of ethnicity.	
π Asian or Pacific Islander: Persons having origins in any of the peoples of the Far East, Southeast Asia, the India subcontinent or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.	
π Native American or Alaskan Native: Persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.	

To help us identify the best meanings of advertising for our positions, please tell us where and/or how you heard about this position.

City of McMinnville's Website _____

Newspaper (identify which paper, please) _____

Word of Mouth _____

Other Website (please identify which site) _____

Publication (please identify which publication) _____

Thank you for your assistance.

**City of McMinnville
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 Human Resources at (503) 434-2328.

This completed form and the required documentation must be submitted to The City of McMinnville Human Resources Department 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 in the four sections below and provide proof of eligibility by submitting a copy of your DD-214 (or DD 215).**

ORS 408.225(d)

- I served on active duty with the Armed Forces of the United States for a 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 under honorable conditions because of a service-connected disability; 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 for service in the Armed Forces of the United States.*

"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 each of the three sections below and provide proof of eligibility by submitting both of the documents listed below:**

- 1. A copy of your DD-214 (or 215), Certificate of Release and 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(b)

- 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 points 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

XXX - XX

Social Security Number - last four

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 points, you must also submit the public employment preference letter from the Department of Veteran's Affairs. You will not receive preference without these accompanying documents.

CRITERIA FOR VETERANS' PREFERENCE POINTS

An applicant or an employee seeking a promotion (or other City employment opportunity) **must meet the following eligibility requirements to be awarded Veterans' Preference Points as provided in ORS 408.230 and 408.235. These criteria must be identifiable in a copy of DD Form 214 or DD for 215 (Correction to DD Form 214) and VA Form 802 (if disabled). These forms must be submitted by the closing date for applications. If the information on the applicant's DD Form 214 (or 215) and/or VA form does not support the criteria outlined on this form, preference points will be denied.**

**Veteran Status (Must meet all of the following criteria):
[5 points for veteran, 10 points if disabled]**

- A. **Time in Service:**
- ☛ **Active Duty Service in armed forces (Army, Navy, Air Force, Marines, or Coast Guard including the reserve components thereof, including Army Reserve, Navy Reserve, Marine Corps Reserve, Air Force Reserve, Coast Guard Reserve, Army National Guard of the United States and the Air National Guard of the United States) was more than 178 consecutive days and discharge was under honorable conditions; OR**
 - ☛ **Service was for 178 days or less and discharge was under honorable conditions because of a service-connected disability; OR**
 - ☛ **Served at least one day in a combat zone and discharge was under honorable conditions; OR**
 - ☛ **Received a combat or campaign ribbon for service in the Armed Forces of the US.**
- B. **Dates of Service:**
- ☛ **Applicant is eligible to use the preference provided in ORS 408.230 for a position for which application is made at any time after discharge or release from service in the Armed Forces. Date of discharge on Form DD 214 (or 215) is _____.**
-

Disabled Veteran (Proof of Disability must be submitted).

- ☛ **Applicant is entitled to disability compensation from the USVA, or was discharged or released from active duty for a disability incurred or aggravated in the line of duty or was awarded the Purple Heart for wounds received in combat. [10 points for Disabled Veteran.]**
-

Promotional Veteran Points: Veterans' points are provided to employees seeking other City positions based on the criteria set forth above for veteran or disabled veteran.

Use of Veterans' Points: There are currently no restrictions on amount of times Veterans' Preference may be used by an applicant or employee.