



CITY OF TOLEDO

Employment Application

INSTRUCTIONS

Answer each question fully and accurately. If you need additional space, please continue your answer(s) on a separate sheet of paper. This application will be considered for a specific position. 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. Please print or type. Your application may not be considered if incomplete or submitted past an established deadline.

JOB INFORMATION

Position Applied for: _____ Date: _____

Employment status sought: Full-time Part-time Temporary Seasonal

Available Start Date: _____

PERSONAL INFORMATION

Last Name First Name Middle Initial

Street Address Mailing Address (if different)

City State Zip Code

Primary Phone Number: _____ Alternate Phone Number: _____

E-mail address: _____

Are you able, at the time of employment, to submit verification of your legal right to work in the United States? Yes No (Proof of identity will be required upon employment)

Have you been employed with the City of Toledo before? Yes No

If yes, please list dates employed: _____

POLICE APPLICANTS ONLY: Have you ever been convicted, plead Guilty or No Contest, or forfeited bond or bail for any crime other than traffic violations? Yes No

If yes, please explain (Conviction does not necessarily disqualify you from employment).

EDUCATION		List any colleges, military, trade, business or other schools attended.		
Do you have a high school diploma or GED Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No				
School Name	Location	Diploma / Degree	Courses Studied	Did you graduate?

EMPLOYMENT HISTORY			
<p>This 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.</p>			
Employer (1):		Address:	
Job Title:		Dates Employed:	
Supervisor:		Phone Number:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Duties:			
Reason for Leaving:			
Employer (2):		Address:	
Job Title:		Dates Employed:	

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

CERTIFICATES & LICENSES		List any professional license, registration, or certificate required or preferred for the position.	
Do you have a high school diploma or GED Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Type	Issuing Agency	Date Issued	Date Expires

QUALIFICATIONS & SKILLS		
Skill	Skill Level <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Expert	Experience (Months or Years)
Skill	Skill Level <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Expert	Experience (Months or Years)
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The City of Toledo provides equal employment opportunities to all employees and applicants for employment and prohibits discrimination and harassment of any type without regard to race, color, religion, age, sex, national origin, disability status, genetics, protected veteran status, sexual orientation, gender identity or expression, or any other characteristic protected by federal, state or local laws.

ACKNOWLEDGEMENT	
Initials	I certify that the information contained in this application is true and accurate and I have not withheld any information relative to my application. I understand that any misrepresentation, omission knowingly made may be cause for disqualification and removal from public service if appointed.
Initials	I understand that an in-depth background check may be conducted prior to employment with the City of Toledo. This may include, but is not limited to, a Criminal History check, a DMV check, drug screening, education and certification verification, and contact with previous employers and references in order to determine suitability for employment and ability to qualify for employment with the City of Toledo.
Signature:	Date:

OFFICE USE ONLY	
Date Received:	Employee Initials:

Veterans' Preference Form

Under Oregon law, veterans who meet the minimum qualifications for a position may be eligible for employment preference. If you think you qualify, **please read this document carefully**. Check each box that applies to you. If you need further explanation or have special circumstances, call City Recorder Lisa Figueroa at 541-336-2247, extension 2060.

This completed form and the required documentation must be submitted at the time you submit your employment application. Information submitted on or with this form will be used solely to determine your veteran's preference.

Part 1: Qualified Veteran

You may claim veteran's preference if you are able to check at least one of the following seven boxes and **provide proof of eligibility by submitting a copy of your DD-214 or 215** (and Certification of Honorable Discharge if the DD-214 or 215 does not specifically indicate the type of discharge) or a letter from the United States Department of Veterans Affairs indicating you receive a nonservice-connected pension. "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. ORS 408.225(1)(e)

- 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; or
- I served on active duty with the Armed Forces of the United States 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; 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 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; 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 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 nonservice-connected pension from the United States Department of Veterans Affairs.

Part 2: Qualified Disabled Veteran

You may claim additional veteran's preference if you can check any of the following three boxes and provide proof of eligibility by submitting a copy of your DD-214 or 215 (and Certificate of Honorable Discharge if the DD-214 or 215 does not specifically indicate the type of discharge) and a public employment preference letter from the United States Department of Veterans Affairs or other verifiable documentation certifying disabled veteran status.

ORS 408.225(1)(c)

- 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 claim veteran's preference 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 _____ Position Applied For _____
Signature _____ Date _____

Preference will not be awarded without proper documentation. Late or incomplete submittals will not be considered. Qualified veterans receive 5 preference points and qualified disabled veterans receive 10 preference points, applied at each step of the application process that would result in a disqualification.