

Employment History

List all positions held, including part-time summer and/or volunteer work and periods of employment; do not omit any employers. Explain any gaps in employment in comment section. If you are submitting a resume, you are still required to provide the requested information in the space provided.

Current Employer		May we contact?	If YES, Contact Name:	
Employer Name:		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Telephone:		Dates Employed		
		To:	From:	
Address:		Starting Salary		Ending Salary
Job Title:		\$	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	\$ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
Reason for Leaving:				
Responsibilities:				

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Employer Name:		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Telephone:		Dates Employed		
		To:	From:	
Address:		Starting Salary		Ending Salary
Job Title:		\$	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	\$ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
Reason for Leaving:				
Responsibilities:				

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Employer Name:		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Telephone:		Dates Employed		
		To:	From:	
Address:		Starting Salary		Ending Salary
Job Title:		\$	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	\$ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
Reason for Leaving:				
Responsibilities:				

Special Training and Skills

Please list languages spoken fluently, other than English: _____

Please list pertinent skills, special training, and equipment you are trained to operate: _____

Please list any other accomplishments, awards, professional groups of which you are a member, or additional information you would like us to consider: _____

Professional/Work References:	
List name and telephone number of three professional/work references who are not related to you.	
Name, Company, Address	Telephone

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I further understand that any employment that is offered to me will be at-will and that this application does not create or imply a contract for employment.

APPLICANT SIGNATURE

DATE

Veteran's Preference Form

Under Oregon law, veterans who meet minimum qualifications for a position may be eligible for employment preference. Please read the following checklist carefully, and check the box for each item that applies to you.

IN ORDER TO BE ELIGIBLE TO RECEIVE VETERAN'S PREFERENCE, THIS COMPLETED FORM AND THE REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED TO THE HUMAN RESOURCES DEPARTMENT. PREFERENCE WILL NOT BE AWARDED WITHOUT THE APPROPRIATE DOCUMENTATION.

A. QUALIFIED VETERAN QUESTIONS: You may claim veteran's preference if you check at least one box below and provide proof of eligibility by submitting a copy of your form DD-214 or DD-215 that includes your discharge status.

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
- 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
- For 178 days or less and was discharged or released from active duty under honorable conditions because of a service-connected disability, or
- 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
- 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.

Please see the next page for applicable definitions.

B. QUALIFIED DISABLED VETERAN QUESTIONS: You may claim additional employment preference if you can check at least one box below and provide proof of eligibility by submitting both of the documents listed below:

1. A copy of your DD-214 or DD-215, Certificate of Release or Discharge, Copy 4, and
2. A public employment veteran's disability preference letter from the United States Department of Veterans' Affairs (unless the information is included in the DD Form 214/215).
 - I have a disability rating through 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;
 - I was awarded the Purple Heart for wounds received in combat.

I hereby claim veteran's 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

Service Number

Signature

Date

Position Applied For

DEFINITIONS

Armed Forces: The United States Army, Navy, Marine Corps, Air Force, and Coast Guard, including the reserve components thereof (Title 38 USC Part I Chapter 1 Section 101):

- a) The Army Reserve;
- b) The Navy Reserve;
- c) The Marine Corps Reserve;
- d) The Air Force Reserve;
- e) The Coast Guard Reserve;
- f) The Army National Guard of the United States; and
- g) The Air National Guard 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.

Combat Zone: an area designated by the President of the United States by executive order in which, on the dates designated by executive order, the Armed Forces of the United States are or have engaged in combat.

Veteran:

- a) Served on active duty with the Armed Forces of the United States:
 - A. For a period of more than 90 consecutive days beginning on or before January 31, 1955, and was discharged or released under honorable conditions;
 - B. 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;
 - C. For 178 days or less and was discharged or released from active duty under honorable conditions because of a service-connected disability;
 - D. For 178 days or less and was discharged or released from active duty under honorable conditions and has a disability rating from the United States Department of Veterans Affairs; or
 - E. For at least one day in a combat zone and was discharged or released from active duty under honorable conditions;
- b) 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
- c) Is receiving a nonservice-connected pension from the United States Department of Veterans Affairs.

Disabled Veteran: A person who has a disability rating from the United States Department of Veterans Affairs, a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty or a person who was awarded the Purple Heart for wounds received in combat.