



## APPLICATION FOR EMPLOYMENT

The Town of Lakeview, Oregon is an equal-opportunity employer. All applicants will be considered without regard to age, race, color, national origin, religion, sex, sexual orientation, gender identity, mental or physical disability, or other protected status or activity in accordance with applicable federal and state equal employment opportunity laws. If you require an accommodation to participate in our application process, please contact Michele Parry at (541)947-2029. For some positions, a physical agility test may be required as part of the selection process based on the position classification and qualifications needed for the position.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

DATE AVAILABLE FOR EMPLOYMENT: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

Are you at least 18 years of age? Yes No

Have you ever been employed by the Town of Lakeview? Yes No

Are you employed now? Yes No

May we contact your present employer? Yes No

If yes, please give the contact's name and phone number: \_\_\_\_\_

Are you eligible to work in the United States? Yes No

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

For positions requiring driving only: Do you have a valid driver's license in this state? Yes No

License No. \_\_\_\_\_

Can you perform the essential functions of the job for which you are applying as described in the attached job description with or without reasonable accommodation? Yes No

Are you available to work: FULL-TIME PART-TIME OVERTIME

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## EDUCATION

HIGH SCHOOL NAME: \_\_\_\_\_ YEARS COMPLETED 9 10 11 12

COLLEGE NAME: \_\_\_\_\_ YEARS COMPLETED 1 2 3 4

COURSE OF STUDY: \_\_\_\_\_

GRADUATE COLLEGE NAME: \_\_\_\_\_ YEARS COMPLETED 1 2 3 4

COURSE OF STUDY: \_\_\_\_\_

POST-GRADUATE OR OTHER EDUCATION AND TRAINING: \_\_\_\_\_ YEARS COMPLETED 1 2 3 4

COURSE OF STUDY: \_\_\_\_\_

COURSE OF STUDY: \_\_\_\_\_

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## SPECIAL SKILLS, QUALIFICATIONS, CERTIFICATIONS

List and summarize any special certifications, skills and qualifications, volunteer activities, military training or experience, or other training or other activities related to the job you are seeking. For military veterans, please include information on and a n explanation of any transferrable skills obtained through military education or experience that relate, directly or indirectly, to the position for which you are applying:

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**REFERENCES**

List 3 non-relatives who are familiar with your skills, qualifications, performance/work history, and ability.

1-NAME: \_\_\_\_\_ OCCUPATION/RELATIONSHIP: \_\_\_\_\_

YEARS KNOWN: \_\_\_\_\_ PHONE: \_\_\_\_\_

2-NAME: \_\_\_\_\_ OCCUPATION/RELATIONSHIP: \_\_\_\_\_

YEARS KNOWN: \_\_\_\_\_ PHONE: \_\_\_\_\_

3-NAME: \_\_\_\_\_ OCCUPATION/RELATIONSHIP: \_\_\_\_\_

YEARS KNOWN: \_\_\_\_\_ PHONE: \_\_\_\_\_

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**EMPLOYMENT EXPERIENCE**

List your five (5) most recent jobs in order, starting with your present or most recent job. If self-employed, give the company name and supply business references. If you worked in a position under another name, please give the name(s). DO NOT LEAVE OUT ANY JOBS.

1-Employer: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Your Job Position \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

What did you like most about your job? \_\_\_\_\_

\_\_\_\_\_

What did you like least about your job? \_\_\_\_\_

\_\_\_\_\_

Were you discharged from this job?    Yes        No

If not, what was your reason for leaving? \_\_\_\_\_

\_\_\_\_\_

**2-Employer:** \_\_\_\_\_ **Supervisor's Name:** \_\_\_\_\_

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

Telephone: \_\_\_\_\_ **Your Job Position** \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

What did you like most about your job? \_\_\_\_\_

\_\_\_\_\_

What did you like least about your job? \_\_\_\_\_

\_\_\_\_\_

Were you discharged from this job?    Yes        No

If not, what was your reason for leaving? \_\_\_\_\_

\_\_\_\_\_

**3-Employer:** \_\_\_\_\_ **Supervisor's Name:** \_\_\_\_\_

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

Telephone: \_\_\_\_\_ **Your Job Position** \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

What did you like most about your job? \_\_\_\_\_

\_\_\_\_\_

What did you like least about your job? \_\_\_\_\_

\_\_\_\_\_

Were you discharged from this job?    Yes        No

If not, what was your reason for leaving? \_\_\_\_\_

\_\_\_\_\_

**4-Employer:** \_\_\_\_\_ **Supervisor's Name:** \_\_\_\_\_

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

Telephone: \_\_\_\_\_ **Your Job Position** \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

What did you like most about your job? \_\_\_\_\_

\_\_\_\_\_

What did you like least about your job? \_\_\_\_\_

\_\_\_\_\_

Were you discharged from this job?    Yes        No

If not, what was your reason for leaving? \_\_\_\_\_

\_\_\_\_\_

**5-Employer:** \_\_\_\_\_ **Supervisor's Name:** \_\_\_\_\_

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

Telephone: \_\_\_\_\_ **Your Job Position** \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

What did you like most about your job? \_\_\_\_\_

\_\_\_\_\_

What did you like least about your job? \_\_\_\_\_

\_\_\_\_\_

Were you discharged from this job?    Yes        No

If not, what was your reason for leaving? \_\_\_\_\_

\_\_\_\_\_

**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY THOSE APPLICATIONS THAT ARE COMPLETE, SIGNED, AND DATED ARE CONSIDERED VALID. IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK THEM BEFORE SIGNING.**

1. All answers and statements I have made on this application (and resume or other supplementary materials) are true and complete without omissions. I understand that any false, misleading, or incomplete information will be grounds for refusal to hire or for immediate discharge if I am employed. I authorize the Town of Lakeview to obtain information about me from any of the prior employers or persons named in this application, including those provided by me as references. I also agree to sign an authorization releasing these prior employers and persons of liability for providing such information.

Please initial: \_\_\_\_\_

2. I understand that if I am offered employment, I will be required to pass a criminal history check and may also be required to pass a driver's record check, credit check, pre-employment drug screen, and/or physical as a condition of being hired, depending on the position for which I am being hired and consistent with applicable laws.

Please initial: \_\_\_\_\_

3. I understand that if I am hired, I will be responsible for complying with all policies and rules of the Town of Lakeview as they presently exist or are later modified. I also understand that except as otherwise provided in a collective bargaining agreement applicable to my employment or a written employment agreement signed by the Town Manager (or by the Town Council if applicable to the Town Manager position), my employment with the Town of Lakeview will be terminable at-will for any reason and at any time without notice, at the option of the employer or myself, except as prohibited by applicable law.

Please initial: \_\_\_\_\_

4. I also understand that nothing in this application, the interview, or hiring process or in an offer of employment creates a contract for employment or continued employment with the Town of Lakeview and that no representative of the Town of Lakeview has any authority to change my at-will employment status or to otherwise enter into any employment agreement for any specified period of time, or to assure me of any future position, benefits, or terms and conditions of employment, except as specifically stated in a written agreement signed and dated by the Town Manager for the Town of Lakeview (or by the Town Council if applicable to the Town Manager position).

Please initial: \_\_\_\_\_

I have read, understand, and agree with all the above statements.

By: \_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

*NOTE: This application is valid only for the position applied for. To be considered for other job openings, you must submit a new application. Also, if you want to be considered for other job openings, you must submit an application for each specific job. Completed applications must be received by the personnel office no later than 5:00 pm on the closing date.*

## THE TOWN OF LAKEVIEW, OREGON 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. If you need further explanation or have special circumstances, please call Michele Parry at (541) 947-2029.

**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 activity duty under honorable conditions; or

I am receiving a nonservice-connected pension from the United States Department of Veterans Affairs.

**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). To order the letter, call 1-800-827-1000 and request a public employment preference letter.

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; or

I was awarded the Purple Heart for wounds received in combat.

I hereby claim the veteran's preference points and certify that the above information is true and correct. I understand that any false statements may result in my disqualification or dismissal, regardless of when they are discovered.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Service Number

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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

## DEFINITIONS

**Armed Forces** means 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). Reserve components mean:

- 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** means 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** means a person who:

- 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
  - a. was discharged or released from active duty under honorable conditions; or
  - b. is receiving a nonservice-connected pension from the United States Department of Veterans Affairs.

**Disabled veteran** means 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.

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