

CITY OF ST. HELENS EMPLOYMENT APPLICATION



Date Received Stamp

Received by: _____

The City does not discriminate on the basis of mental or physical disability, age, race, color, religion, gender, sexual orientation, national origin, marital status, veterans status, or any other legally protected status in the admission or access to or treatment of employment in its programs and activities, and is an Equal Opportunity/Affirmative Action Employer.

JOB INFORMATION			
POSITION TITLE			
PERSONAL INFORMATION			
FIRST NAME	MIDDLE INITIAL	LAST NAME	
ADDRESS			
CITY	STATE		ZIP
PHONE NUMBER	ALTERNATE PHONE		
EMAIL ADDRESS	WHICH METHOD DO YOU PREFER TO BE NOTIFIED ABOUT YOUR APPLICATION STATUS? EMAIL PAPER PHONE		
EDUCATION			
WHAT IS YOUR HIGHEST LEVEL OF EDUCATION:			
Some High School	Some College	Associate's Degree	Master's Degree
High School	Technical College	Bachelor's Degree	Doctorate
HIGH SCHOOL EDUCATION			
DID YOU GRADUATE FROM HIGH SCHOOL OR RECEIVE A G.E.D.? YES NO			
IF NO, WHAT WAS THE HIGHEST LEVEL COMPLETED? 7 8 9 10 11 12			
SCHOOL NAME		CITY	STATE
COLLEGE/UNIVERSITY EDUCATION			
SCHOOL NAME		DEGREE RECEIVED	
SCHOOL LOCATION (CITY/STATE)		DID YOU GRADUATE? YES NO	SEMESTER QUARTER
MAJOR		# OF UNITS COMPLETED	
SCHOOL NAME		DEGREE RECEIVED	
SCHOOL LOCATION (CITY/STATE)		DID YOU GRADUATE? YES NO	SEMESTER QUARTER
MAJOR		# OF UNITS COMPLETED	
SCHOOL NAME		DEGREE RECEIVED	
SCHOOL LOCATION (CITY/STATE)		DID YOU GRADUATE? YES NO	SEMESTER QUARTER
MAJOR		# OF UNITS COMPLETED	
DRIVER'S LICENSE INFORMATION			
IF THE POSITION INVOLVES DRIVING, DO YOU HAVE A VALID LICENSE? YES NO		STATE ISSUED	CLASS
CERTIFICATES & LICENSES			
TYPE	DATE ISSUED (MO/YR)	EXPIRATION (MO/YR)	
LICENSE NUMBER	ISSUING AGENCY		
TYPE	DATE ISSUED (MO/YR)	EXPIRATION (MO/YR)	
LICENSE NUMBER	ISSUING AGENCY		

WORK HISTORY

DATES From	To	EMPLOYER	POSITION TITLE	
ADDRESS		CITY		STATE
COMPANY WEBSITE		PHONE NUMBER	HOURS WORKED PER WEEK	
SUPERVISOR (NAME & TITLE)			MAY WE CONTACT THIS EMPLOYER? YES NO	

DUTIES

REASON FOR LEAVING

DATES From	To	EMPLOYER	POSITION TITLE	
ADDRESS		CITY		STATE
COMPANY WEBSITE		PHONE NUMBER	HOURS WORKED PER WEEK	
SUPERVISOR (NAME & TITLE)			MAY WE CONTACT THIS EMPLOYER? YES NO	

DUTIES

REASON FOR LEAVING

WORK HISTORY

DATES From	To	EMPLOYER	POSITION TITLE	
ADDRESS		CITY		STATE
COMPANY WEBSITE		PHONE NUMBER	HOURS WORKED PER WEEK	
SUPERVISOR (NAME & TITLE)			MAY WE CONTACT THIS EMPLOYER? YES NO	
DUTIES				

REASON FOR LEAVING

DATES From	To	EMPLOYER	POSITION TITLE	
ADDRESS		CITY		STATE
COMPANY WEBSITE		PHONE NUMBER	HOURS WORKED PER WEEK	
SUPERVISOR (NAME & TITLE)			MAY WE CONTACT THIS EMPLOYER? YES NO	
DUTIES				

REASON FOR LEAVING

SKILLS**OFFICE SKILLS**

TYPING (WORDS PER MINUTE)

10-KEY (CHARACTERS PER MINUTE)

OTHER SKILLS

SKILL	SKILL LEVEL BEGINNER	SKILLED	EXPERT	LENGTH OF EXPERIENCE (YEARS OR MONTHS)
SKILL	SKILL LEVEL BEGINNER	SKILLED	EXPERT	LENGTH OF EXPERIENCE (YEARS OR MONTHS)
SKILL	SKILL LEVEL BEGINNER	SKILLED	EXPERT	LENGTH OF EXPERIENCE (YEARS OR MONTHS)

LANGUAGES OTHER THAN ENGLISH THAT YOU ARE PROFICIENT IN

LANGUAGE

SPEAK

READ

WRITE

LANGUAGE

SPEAK

READ

WRITE

EMPLOYMENT OBJECTIVE**ADDITIONAL INFORMATION**

Clinical Experience, Honors & Awards, Interests & Activities, Military Service, Personal, Professional Associations, Professional Memberships, Publications, Technical, Volunteer Experience, Other/Miscellaneous

ATTACHMENTS

Please list any attachments you are including with your application.

REFERENCES

Please list three professional references.

FULL NAME		RELATIONSHIP	
COMPANY		PHONE	
ADDRESS			
FULL NAME		RELATIONSHIP	
COMPANY		PHONE	
ADDRESS			
FULL NAME		RELATIONSHIP	
COMPANY		PHONE	
ADDRESS			

MILITARY SERVICE

BRANCH		FROM	TO
RANK AT DISCHARGE		TYPE OF DISCHARGE	
IF OTHER THAN HONORABLE, EXPLAIN			

SIGNATURE VERBIAGE

I hereby certify that I understand that I will have to produce documentation verifying identity and employment eligibility in the U.S. I understand that I may be required to verify any and all information given on this application.

I certify that all the information provided in this application is true and accurate and I have not withheld any information relative to my application. I understand that any misrepresentation or omission, as well as any misleading statements or omissions of application information, attachments or supporting documents may result in denial of employment or immediate termination.

I understand that an in-depth background check may be conducted prior to employment with the City of St. Helens. This may include, but is not limited to, a Criminal History check, a DMV check, 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 St. Helens.

I authorize representatives of the City of St. Helens to contact the employers and references listed in this application (or otherwise provided by me), except as otherwise indicated, and any other person as developed through these contacts in order to determine my suitability for employment. I understand that as the process progresses I may be required to provide additional information in order that a thorough background check can be completed. I understand and agree that, if hired, my employment relationship with the City of St. Helens will be "at-will," meaning for no definite period and the relationship may be terminated at any time and without prior notice by either party. I understand that this completed application is the property of the City of St. Helens and will not be returned. I understand that I must notify the Human Resources department of the City of St. Helens of any changes in my name, address, or phone number.

I have read, understand and agree with the above information.

X _____
SIGNATURE OF APPLICANT

DATE

Completed applications must be received at City Hall by the deadline. Postmarks not accepted. Please be sure to sign page 5 and 8, or your application will not be accepted. Incomplete applications will not be accepted.

Send to:

City of St. Helens
Attn: Human Resources
P.O. Box 278
St. Helens, OR 97051

Deliver to:

City of St. Helens
265 Strand Street
St. Helens, OR 97051

Questions:

Please call City Hall at 503-397-6272

SUPPLEMENTAL QUESTIONS

The purpose of the following questions is to provide us with statistics needed to evaluate our recruitment program as well as to prepare statistical reports required by Federal, State and local agencies. The information obtained also includes additional job related information, such as your preference of work hours and locations, to better evaluate you for the position for which you are applying.

QUESTIONS WITH AN * REQUIRE A RESPONSE. YOUR APPLICATION MAY NOT BE CONSIDERED IF INCOMPLETE.

*LAST NAME

*MONTH/DAY OF BIRTH

*1. IN ADDITION TO THE "OTHER NAME" YOU MAY HAVE ALREADY PROVIDED, ARE THERE ADDITIONAL NAMES YOU HAVE WORKED OR ATTENDED SCHOOL UNDER? IF SO, UNDER WHAT NAME(S)? IF YOU HAVE NEVER WORKED OR ATTENDED SCHOOL UNDER ANOTHER NAME, PLEASE ENTER "NA."

NA

*2. DATE YOU ARE AVAILABLE TO START

*3. HAVE YOU PREVIOUSLY WORKED FOR THE CITY OF ST. HELENS?

YES

NO

*IF YOU ANSWERED "YES" PLEASE EXPLAIN, INCLUDING DATE(S) AND POSITION TITLE(S).

4. This is a voluntary question; however, if you are interested in **veterans hiring considerations**, we will need to know your veteran's status. Do you meet the definition of a veteran? A veteran is defined as: (1) A veteran must have served on active duty with the Armed Forces of the United States for a period of more than 90 consecutive days beginning January 31, 1955 or 178 consecutive days beginning after January 31, 1955, and have been discharged under honorable conditions; or (2) A veteran must have served on active duty with the Armed Forces of the United States for 178 days or less and have been discharged under honorable conditions because of a service-connected disability (disabled veteran); or (3) A veteran must have served on active duty with the Armed Forces of the United States for at least one day in a combat zone and have been discharged under honorable conditions; or (4) A veteran must have received a qualifying military decoration for service in the Armed Forces of the United States; or (5) Be receiving a nonservice-connected pension from the US Dept. of Veterans Affairs. A veteran may submit his/her Certificate of Release or Discharge from Active Duty (a federal DD form 214 or 215) with his/her application for employment.

YES

NO

5. This is a voluntary question; however, if you are interested in **disabled veterans hiring considerations**, we will need to know your veteran's status. Do you meet the definition of a disabled veteran? The definition of a disabled veteran is: (1) Entitled to disability compensation under laws administered by the US Dept. of Veterans Affairs; or (2) Discharged or released from active duty for a disability incurred or aggravated in the line of duty; or (3) Awarded the Purple Heart for wounds received in combat. A disabled veteran may submit a copy of his/her veteran's disability preference letter from the U.S. Department of Veterans Affairs.

YES

NO

CITY OF ST. HELENS

Equal Employment Opportunity Form



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APPLICANT INFORMATION

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Home Phone: () _____ Last 4 digits of SSN: _____

Position Applied for: _____

VOLUNTARY INFORMATION

This information is being requested in accordance with federal regulations. The information is voluntary and will not be used when considering you for employment with our company.

Racial or Ethnic Group

American Indian/Alaskan

Asian/Pacific Islander

Black/African American

Hispanic/Latino

White/Caucasian

Other

Gender

Female

Male

Military Service

Pre-Vietnam Era

Vietnam Era

Post-Vietnam Era

Disabled Veteran

How did you FIRST hear about this position? (Please check one only)

Chronicle Newspaper

City Website

Oregon Employment Dept.

Spotlight Newspaper

City Employee

Friend/Relative

Oregonian Newspaper

City Facebook

Other _____



Authorization to Release Information

I hereby authorize the City of St. Helens, its employees, agents, or representatives, to perform an investigation into my background. The intent of this authorization is to give my consent for full and complete disclosure of the records, including criminal history or arrest records, and motor vehicle records.

I authorize custodians of the records of any agency or company as described herein to release such information upon request of any employee, agent, or representative of St. Helens.

I understand that the information requested is solely for the use of St. Helens, and may only be disclosed by St. Helens as authorized by law.

I believe to the best of my knowledge that all information I have provided is accurate, true, and correct, and that I fully understand the terms of this release. I indemnify, release and hold harmless St. Helens, its employees, agents, and representatives, and those supplying references and character references, from any and all claims, defamation, demands, and/or liabilities arising out of, or related to, such investigations, disclosures, or admissions.

Copies and facsimile transmissions of this authorization that show my signature are as valid as the original release signed by me.

Printed Name

Signature

Date Signed

Date of Birth

Social Security Number

Driver's License Number State

CONFIDENTIAL