



Employment Application

Human Resources Department
22560 SW Pine Street
Sherwood, OR 97140

PLEASE COMPLETE A SEPARATE APPLICATION FOR EACH
POSITION YOU APPLY FOR

The City of Sherwood provides employment opportunity to all qualified employees and applicants, without unlawful regard to race, color, religion, gender, sexual orientation, national origin, age, disability, genetic information, veteran's status, or any other status protected by applicable federal, Oregon, or local law. Our EEO policy applies to all aspects of the employment relationship-including but not limited to, recruitment, hiring, compensation, promotion, demotion, transfer, disciplinary action, layoff, recall, and termination of employment.

To claim veterans' preference in hiring, please complete the Veterans Preference form and submit it with the required documentation, at the time you submit this application.

Your application may be considered incomplete if you do not submit all required supplemental documentation, and sign your application.

Position Applied For:		
Name:		
<i>Last</i>	<i>First</i>	<i>M.I.</i>
Address:		
<i>Street</i>	<i>City and State</i>	<i>Zip</i>
Home Phone:	Business Phone:	Cell Phone:
Other/Former Names:		Email Address:
How did you learn about this position?		
<input type="checkbox"/> Newspaper <input type="checkbox"/> Internet (note) <input type="checkbox"/> Walk-In <input type="checkbox"/> Referred by City Employee <input type="checkbox"/> Referral <input type="checkbox"/> Education Facility <input type="checkbox"/> Other (note)		
Note:		
Do have computer experience? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Windows <input type="checkbox"/> Mac <input type="checkbox"/> Other (note)		
Note:		
What software applications are you most familiar with?		
Can you, after employment, submit verification of your legal right to work in the U.S?		

Education:

Check highest level completed:

High School/GED Community College College/University

	Name and location of school	Graduated?		Type of Diploma or Degree	Course of Study/Major
		Yes	No		
HS or GED					
Vocational Technical Jr. College					
College or University					

	Name and location of school	Graduated?		Type of Diploma or Degree	Course of Study/Major
		Yes	No		
Other					
Other					
Other					

Please list any licenses, training, certificates, or memberships you currently have that may be helpful in this position:

Experience: Please list your previous employment beginning with your most recent experience. You may include all applicable military, non-paid or volunteer work. If you had more than one position with the same employer, list each separately. Use additional sheets if necessary.

May we contact your present employer? YES NO

Month/Year	Employer:	Supervisor:
From:	Address:	Phone:
To:	<i>Street City State Zip</i>	Reason for leaving:
Position Title:	Job Duties:	
Last Salary: \$		

Month/Year	Employer:	Supervisor:
From:	Address:	Phone:
To:	<i>Street City State Zip</i>	Reason for leaving:
Position Title:	Job Duties:	
Last Salary: \$		
Month/Year	Employer:	Supervisor:
From:	Address:	Phone:
To:	<i>Street City State Zip</i>	Reason for leaving:
Position Title	Job Duties:	
Last Salary: \$		
Month/Year	Employer:	Supervisor:
From:	Address:	Phone:
To:	<i>Street City State Zip</i>	Reason for leaving:
Position Title:	Job Duties:	
Last Salary: \$		

References:

Name:	Phone:	Relationship/Years acquainted:
Name:	Phone:	Relationship/Years acquainted:
Name:	Phone:	Relationship/Years acquainted:

Have you ever been discharged or requested to resign from any position? If yes, explain here:

Certificate of Applicant (*read carefully before signing*): I hereby certify that all statements made in this application are true and I agree and understand that any misstatements of facts herein may cause forfeiture of employment. I authorize previous employers and references to release information as necessary to verify my qualifications for employment.

Date: _____

Signature: _____

VETERANS' PREFERENCE FORM

Under Oregon law, veterans who meet minimum qualifications for a position may be eligible for 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 contact Human Resources at 503-625-4201.

This completed form and the required documentation must be submitted at the time you submit your application.

A. QUALIFIED VETERAN QUESTIONS: You may be eligible to claim veterans' preference if you check at least one of the boxes below, and provide proof of eligibility by submitting a copy of your DD-214 or 215.

ORS 408.225 (1) (f)

- 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 non-service-connected pension from the United States Department of Veterans Affairs.

"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 the section below and provide proof of eligibility by submitting both of the following documents:

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

- I have a disability rating designated 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 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.

Applicant's Name

Signature

Date

Preference may not be awarded without the appropriate documentation. You must submit your DD-214 or 215 in all cases. If you are claiming disabled veteran preference you must also submit the public employment preference letter from the Department of Veterans Affairs. You will not receive preference without these accompanying documents.



APPLICATION FOR EMPLOYMENT

POSITION: _____

The City of Sherwood is an Equal Opportunity Employer. We are requesting the information on this page only to comply with state and federal record keeping requirements. You are not required to complete this page and there will be no negative impact if you choose not to do so. This information will be kept separate from the rest of your application form and kept confidential except as allowed for by the Rehabilitation Act of 1973, the Vietnam Era Veterans Readjustment Assistance Act of 1974 and the Americans with Disabilities Act of 1990.

Name (First, MI, Last) _____

DATE OF BIRTH: _____

SEX: Male Female

RACE/ETHNIC BACKGROUND:

- White (not of Hispanic origin)
- Black (not of Hispanic origin)
- Hispanic
- Asian or Pacific Islander
- American Indian or Alaskan Native

DISABILITY STATUS:

- I am disabled
- I require accommodation in the hiring process. Please explain: _____

VETERAN STATUS:

- I am a Veteran
- I am a disabled Veteran (Department of Veterans' Affairs established.)
- I am a Vietnam Era Veteran

REFERRAL SOURCE:

- Newspaper (please specify) _____
- Education Facility (please specify) _____
- Internet (please specify) _____
- Other Agency (please specify) _____
- Direct Mailing
- Referred by City of Sherwood Employee
- Walk In
- Other (please specify) _____

THE INFORMATION PROVIDED ON THIS PAGE WILL NOT BE USED TO EVALUATE YOUR QUALIFICATIONS FOR EMPLOYMENT, ONCE THE INFORMATION HAS BEEN RECORDED, THIS PAGE WILL BE REMOVED FROM YOUR APPLICATION MATERIALS. NO PERSON INVOLVED IN THE SELECTION PROCESS WILL HAVE ACCESS TO THIS INFORMATION EXCEPT AS REQUIRED TO ENSURE DISCRIMINATION IS AVOIDED.

IF YOU BELIEVE YOUR CIVIL RIGHTS IN EMPLOYMENT MATTERS HAVE BEEN VIOLATED AT ANY TIME DURING THE COURSE OF YOUR CONSIDERATION FOR EMPLOYMENT, CONTACT THE HUMAN RESOURCES DEPARTMENT AT (503) 625-4201.

PLEASE ATTACH THIS PAGE AS THE LAST PAGE OF YOUR APPLICATION MATERIALS.