City of Coos Bay
at your service

POSITION APPLIED FOR: _____

DATE _____

Applicant Information

NAME _____
Last First Middle

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

TELEPHONE Home _____ Message _____

Work _____ Cellular _____

Best time to call: At work _____ At home _____

May we contact you at work? Yes ☐ No ☐

EMAIL ADDRESS _____

Do you have a valid Driver's license? Yes ☐ No ☐ Type of license _____

Do you speak ☐ or write ☐ any languages fluently other than English?

Which language(s)? _____

Are you seeking ☐ FULL-TIME ☐ PART-TIME ☐ SEASONAL employment?

Have you been a member of the Oregon PERS Retirement System in the past? Yes ☐ No ☐

Do you have a high school diploma or GED certificate? Yes ☐ No ☐

Employment Experience

Please account for all periods of employment. Attach additional sheets if more space is needed. Begin with current or most recent employer and include all work history relevant to the position applied for. Include volunteer experience. Completion of this section is required.

Job Title _____ Start date_____ End Date _____

Employer _____

Address _____

Telephone _____

May we contact this employer? Yes ☐ No ☐ Direct Supervisor _____

Number of people you supervised _____ Starting Salary _____ Ending Salary _____

Reason for leaving _____

Duties and responsibilities _____

_____

Job Title _____ Start date_____ End Date _____

Employer _____

Address _____

Telephone _____

Number of people you supervised _____ Starting Salary _____ Ending Salary _____

Reason for leaving _____

Duties and responsibilities _____

_____

Job Title _____ Start date_____ End Date _____

Employer _____

Address _____

Telephone _____

Number of people you supervised _____ Starting Salary _____ Ending Salary _____

Reason for leaving _____

Duties and responsibilities _____

_____

Job Title _____ Start date_____ End Date _____

Employer _____

Address _____

Telephone _____

Number of people you supervised _____ Starting Salary _____ Ending Salary _____

Reason for leaving _____

Duties and responsibilities _____

_____

_____

Education and Training Summary

COLLEGES, NURSING, MILITARY, TRADES, BUSINESS OR OTHER SCHOOLS ATTENDED

Name of School and Location	Total Number of Hours	Type of Training or Major	Name of Certificate or Degree Received

Licenses and Certificates

List below any licenses/certificates that you have that may be required for this position.

Title of License or Certificate _____

Number _____ Issuing Agency _____ Expiration Date _____

Title of License or Certificate _____

Number _____ Issuing Agency _____ Expiration Date _____

Certification of Information/Release

BY MY SIGNATURE BELOW, I:

Authorize the investigation of all matters which the City of Coos Bay deem relevant to my qualifications for employment, including all statements made in this application and in any attachments or supporting documents and in any interviews. I authorize you to request and receive such information and I release from all liability any persons (such as current or former supervisors, co-workers, etc.) employers or other entities (schools, etc.) supplying it. I also release you from all liability, which might result from making the investigation.

Certify that the facts and information given in this application, in any attachment or supporting documents and in any interviews are (or will be) true and complete to the best of my knowledge. I understand that any falsification, misrepresentation or omission as well as any misleading statements or omissions, generally will result in denial of employment or immediate termination, regardless of when or how discovered.

Understand that I may be required to submit to pre-employment or post-employment physical examination or other professional examinations, medical inquiries and/or urinalysis tests for the presence of drugs or alcohol. I agree to such examinations inquiries or testing. I authorize release of the results to the City to evaluate my suitability for employment. I release the City from all liability arising out of or connected with any examinations, inquiries or testing.

Understand and agree that if I am hired the statements in these paragraphs will become a binding part of my employment relationship. I have read each of these statements. I have reviewed all of the information provided in this application and in any attachments or supporting documents.

Understand that if I am hired as a temporary employee, I cannot expect continued employment in a temporary position or to automatically become a regular employee. As a temporary employee, I may be disciplined or discharged from employment for any lawful reasons without warning.

NOTE: Applications or resumés cannot be returned. Please make necessary copies before submitting application. A separate application is required for each individual vacancy. Unsigned applications will not be processed.

Signature: _____ Date: _____

Confidential Applicant Survey

Providing this information is voluntary and will be kept confidential:

_____ _____ _____
Last Name First Name M.I.

Job Title Applied For _____ Application Date _____

Sex Male ☐ Female ☐ Date of Birth _____

I learned about this opening through: (check appropriate boxes)

☐ **Advertisement** (In which paper or magazine?) _____

☐ **Job Announcement** ☐ **Internet Web Site**

☐ **Job Hotline** ☐ **College Placement Office**

☐ **City Employee/Friend** ☐ **Walk-In**

☐ **Other** (please specify) _____

The City of Coos Bay is an equal opportunity employer. To help us comply with government recordkeeping, reporting, and other legal requirements, please complete the survey section below. Providing this information is voluntary and it will be kept in a confidential file separate from the application form.

A Veteran? Yes ☐ No ☐

Are you disabled? Yes ☐ No ☐ **Due to Veteran Service?** Yes ☐ No ☐

If you are disabled, we may seek your views if you feel reasonable accommodations for your disability are necessary to perform the duties of the position.

☐ Special examination procedures for the disabled may be arranged upon request. Please check if you require special testing procedures.

Ethnic Category (choose only one)

☐ **White** (Not of Hispanic origin), having origins in any of the original peoples of Europe, North Africa or the Middle East.

☐ **Black** (Not of Hispanic origin), having origins in any of the black racial groups of Africa.

☐ **Hispanic o**f Cuban, Mexican, Puerto Rican, Central or South American or other Spanish culture or origin regardless of race.

☐ **Asian or Pacific Islanders** Having origins in any of the original peoples of the Far East, Southeast Asia, Indian Subcontinent or the Pacific Islands.

☐ **American Indian or Alaska Native** Having origins in any of the original peoples of North American, and who maintain cultural identification through tribal affiliation or community recognition.

CITY OF COOS BAY
APPLICATION FOR EMPLOYMENT

500 Central Avenue – Coos Bay – Oregon 97420
541-269-8912

AUTHORIZATION FOR RELEASE INFORMATION

To Whom It May Concern

I respectfully request and authorize you to furnish the City of Coos Bay with any and all information that you may have concerning me, my employment, and educational records.

I hereby release you, your organization, and others from any liability or damage which may result from furnishing the information requested.

Authorization is hereby granted to the City of Coos Bay, Coos Bay Police Department, and/or any law enforcement agency to conduct a background check for the purpose of providing necessary clearance to participate in activities with the above organization. I acknowledge that the results of the background check will be kept confidential and only made available to the requesting agency.

_____
Print Name

_____ _____
Signature Date

City of Coos Bay Application Materials
Veterans' Preference Form

Under Oregon law, veterans who meet minimum qualifications for a position may be eligible for employment 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 call the City of Coos Bay at **541-269-8912.**

This completed form and the required documentation must be submitted to the City of Coos Bay at the time you submit your application.

A. QUALIFIED VETERAN QUESTIONS: You may 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(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.

"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(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 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.

Print Name	**Social Security Number**
Signature of Applicant	**Date**

Position Applied for: _____

ORS 408. 225-230

Preference will not be awarded without the appropriate documentation. You must submit all of the information requested including 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 providing the requested information or accompanying documents.