



# MOLALLA POLICE DEPARTMENT

PO BOX 248 / 117 N. MOLALLA AVE.

MOLALLA, OR 97038 503-829-8817

## APPLICATION FOR EMPLOYMENT

We consider applicant for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital, veteran status, sexual orientation or any other protected class recognized under federal or Oregon law.

**INSTRUCTIONS:** Use full names. Incomplete applications will not be considered.

Position Applied for: \_\_\_\_\_

Date of Application: \_\_\_\_\_ Date Received: \_\_\_\_\_ Initials: \_\_\_\_\_

How did you hear about this opening?

Online  Newspaper  Friend/Relative  LEDS/DPSST  Employ. Agency  Other

Last Name: \_\_\_\_\_

First: \_\_\_\_\_ Full Middle: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing if different: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

# EDUCATION HISTORY

High School or GED

Name: \_\_\_\_\_

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

Did you earn a diploma: \_\_\_\_ Yes \_\_\_\_ No      Did you earn a GED? \_\_\_\_ Yes \_\_\_\_ No

Courses of Study/Clubs/Sports/Extra-curricular activities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ College \_\_\_\_ Undergrad \_\_\_\_ Grad \_\_\_\_ Other: \_\_\_\_\_

Name: \_\_\_\_\_

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

Did you graduate: \_\_\_\_ Yes \_\_\_\_ No      # of years attended: \_\_\_\_\_

Courses of Study/Clubs/Sports/Extra-curricular activities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ College \_\_\_\_ Undergrad \_\_\_\_ Grad \_\_\_\_ Other: \_\_\_\_\_

Name: \_\_\_\_\_

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

Did you graduate: \_\_\_\_ Yes \_\_\_\_ No      # of years attended: \_\_\_\_\_

Courses of Study/Clubs/Sports/Extra-curricular activities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# REFERENCES

List three personal references that you have known for at least two (2) years that are not related to you or a former employer.

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #'s: \_\_\_\_\_

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #'s: \_\_\_\_\_

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #'s: \_\_\_\_\_

# EMPLOYMENT HISTORY

**INSTRUCTIONS:** Start with your current or last job. Include military service, volunteer activities, and any periods of unemployment. Exclude organizations that indicate any protected status if desired. Please make additional copies if needed.

Employer Name: \_\_\_\_\_

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

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Start date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ End date : \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Immediate supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Work performed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employer Name: \_\_\_\_\_

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

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Start date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ End date : \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Immediate supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Work performed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

## ADDITIONAL INFORMATION

List any foreign languages you are fluent in: \_\_\_\_\_

Military experience: \_\_\_\_\_ (see last page)

List any job related skills or attributes you will bring to the position: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you applied with the City of Molalla before? \_\_\_\_ Yes \_\_\_\_ No

If yes, when: \_\_\_\_\_ What position: \_\_\_\_\_

Have you been employed with the City of Molalla? \_\_\_\_ Yes \_\_\_\_ No

If yes, when: \_\_\_\_\_ What position: \_\_\_\_\_

Are you currently employed? \_\_ Yes \_\_ No May we contact your current employer? \_\_ Yes \_\_ No

On what date would you be able to start work? \_\_\_\_\_

Are you currently on "lay-off" status and subject to recall? \_\_\_\_ Yes \_\_\_\_ No

Have you ever been CONVICTED of a felony? \_\_\_\_ Yes \_\_\_\_ No\*

\* A requirement of the job is to work with LEDS on a daily basis. You must be able to be LEDS certified within 60 days of hire. To be certified on LEDS, you must not be convicted of a felony.

**NOTE TO APPLICANT:** Do not answer this question unless you have been informed about the requirements of the job for which you are applying.

A job description for the position you have applied for is attached. Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in this job or occupation? \_\_\_\_ Yes \_\_\_\_ No

I certify that all answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained herein as may be necessary in arriving at an employment decision. I understand and acknowledge that false or misleading information given in my application or interview(s) may result in discharge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# VETERAN'S PREFERENCE POINTS

Under Oregon law ORS 408.235-408.238, veterans who meet the minimum qualifications for a position open for recruitment 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 contact Molalla Police Department at 503-829-8817.

***This completed form and required documentation must be submitted along with your employment application for veterans' preference points to be applied.***

**Qualified Veteran Questions:** Employer will add five (5) Veterans' preference points during each stage of the screening and interview process if you check at least one box in the section below and provide proof of eligibility by submitting a copy of your DD-214 or 215 that includes your discharge status, e.g. honorable discharge.

**ORS 408.225 (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;
- 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;
- For a period of 178 days or less and was discharged or released from active duty under honorable conditions because of a service due to a service related disability;
- For a period of 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;
- For at least one day in a combat zone and was discharged or released from active duty under honorable conditions;
- 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
- Receiving a nonservice-connected pension from the United States Department of Veterans Affairs

**Qualified Disabled Veteran Questions:** Employer will add ten (10) Veteran's Preference points at each state of the screening and interview process if you provide proof of eligibility by submitting all of the following documents:

1. A copy of your DD214 or 215 showing your discharge status, and
2. A public employment preference letter from the United States Department of Veteran's Affairs (letter may be requested by calling 800-827-1000).

**Check the applicable box below:**

- 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.

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I hereby claim Veterans' 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 \_\_\_\_\_

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

Date \_\_\_\_\_

Position Applied for \_\_\_\_\_

## SUPPLEMENTAL INFORMATION

Sworn positions (police officers): please fill out the additional information below. It will be used to complete a pre-employment criminal background check.

Are you a US Citizen? \_\_\_\_\_ Yes \_\_\_\_\_ No

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Non-sworn positions (support staff): please fill out the additional information below. It will be used to complete a criminal background check ONLY upon receiving a conditional job offer.

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Social Security #: \_\_\_\_\_

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Printed Last, First, Middle name

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Signature