

Positions applying for: Full time  Part Time  All

Position applying for specifically: \_\_\_\_\_



City of Molalla  
P.O. Box 248  
Molalla, OR 97038  
Phone: 503-829-6855  
Fax: 503-829-3676

## Employment Application

Full Name:

Address:

Email Address:

Home Phone:

Cell Phone:

Date Available for Work:

Are you over the age of 18?: Yes  No

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

Do you have a current driver's license? Yes  No

Have you applied with the City of Molalla previously? Yes  No

If yes, please explain:

Are you bonded or bondable? Yes  No

### Education

	School Name and Mailing Address	Degree/Major
High School		
College or Trade School		
Professional School		
Other		

*Continued next page...*

**Employment History (List up to 3)**

**Employer Name:**

**Last title held:**

**Address:**

**Phone Number:**

**Supervisor Name:**

**Employed From:                      To**

**Describe duties performed, skills used, achievements, promotions, and other accomplishments:**

**Reason for Leaving (be specific):**

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**Employer Name:**

**Last title held:**

**Address:**

**Phone Number:**

**Supervisor Name:**

**Employed From:                      To**

**Describe duties performed, skills used, achievements, promotions, and other accomplishments:**

**Reason for Leaving (be specific):**

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**Employer Name:**

**Last title held:**

**Address:**

**Phone Number:**

**Supervisor Name:**

**Employed From:                      To**

**Describe duties performed, skills used, achievements, promotions, and other accomplishments:**

**Reason for Leaving (be specific):**

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**Please list two additional references, other than relatives and previous employers:**

Name	Position	Affiliation	Phone Number

**Use this space to add additional information to describe your full qualifications for the position applied for:**

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# CITY OF MOLALLA

## Veterans' Preference Form

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 City of Molalla at 503-829-6855.

***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: \_\_\_\_\_

## APPLICANT ACKNOWLEDGEMENT

I understand this application does not represent a contract for employment. I understand that an acceptance of an offer for employment does not create a contractual obligation upon the City of Molalla to continue to employ me for any period of time in the future. I understand that no representative from the City has any authority to enter into any specific time period or to promise me a promotion and/or guarantee my employment for a specific time period or to promise me a promotion or transfer, etc., either prior to Commencement of employment or after I have become employed, or to assure me of any benefits or terms and conditions of employment, or to make any agreement contrary to the aforementioned.

I hereby represent that each answer to questions incorporated into this application and all other information otherwise furnished by me shall be true, complete, and correct. I understand that incorrect, incomplete, false, or misleading statement/answer/information furnished by me either verbally, or in writing will subject my application to disqualification from further consideration and/or if already employed by the City, when the aforementioned is detected, I will be subject to discipline up to and including discharge, for falsifying a City record/document, regardless of how much time has elapsed since the date I was employed. In the event the City employs me, I agree to comply with its orders, rules, regulations, safety policies, and performance standards. Within not more than three (3) days of employment, I will provide proof as required on the US Government 1-9 form that I am legally eligible for employment in the United States. If I cannot provide such proof in accordance with Federal Law, I understand that I will be terminated.

An offer of employment is conditioned upon several criteria, and tests for substance abuse is required by the City of Molalla in applicable positions allowable by law.

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

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

# Release of information



City of Molalla  
P.O. Box 248  
Molalla, OR 97038  
Phone: 503-829-6855  
Fax: 503-829-3676

*I understand that individuals and employers **named** below will be contacted about my employment history. The individuals and employers named below are authorized to release information (documents or oral information) about my employment history, including information about my work ethic, my qualifications for employment, promotion or pay raises, employment termination (if applicable) or other disciplinary action. I hereby release them from all liability for issuing such information. I understand that the information below is requested for the sole purpose of determining my eligibility for hire with the City of Molalla and will not be used to discriminate against me in the violation of any law.*

*I specifically **do not authorize** the employers listed below to release information regarding:*

\_\_\_\_\_.

*A fax or photographic copy of this authorization shall be valid as the original.*

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

*Please make copies of this sheet if you run out of room.*

Signature of applicant: \_\_\_\_\_

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

