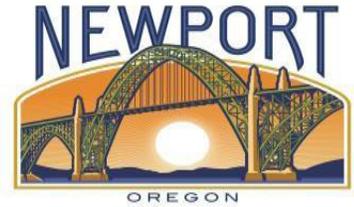


CITY OF NEWPORT

169 SW Coast Highway, Newport, Oregon 97365



Employment Application

The City of Newport considers applicants for all positions without regard to race, color, religion, sex, national origin, disability, marital status, sexual orientation, or any other legally protected status.

Position Applied for:	Requisition Number:
------------------------------	----------------------------

APPLICANT INFORMATION					
Last Name	First	M.I.	Date		
Street Address			Apartment/Unit #		
Mailing	City	State		ZIP	
Phone	E-mail Address		Date Available		
Are you lawfully authorized to work in the U.S.?		YES <input type="checkbox"/> NO <input type="checkbox"/>			
Have you ever worked for the City of Newport?		YES <input type="checkbox"/> NO <input type="checkbox"/>		If so, when?	
Are you a Veteran? YES <input type="checkbox"/> NO <input type="checkbox"/>		If yes, fill out attached Veterans Preference Form & Transferable Skills Form			
Do you have a valid driver's license? YES <input type="checkbox"/> NO <input type="checkbox"/>		CDL Yes <input type="checkbox"/> No <input type="checkbox"/>	Class:	Endorsements:	

THIS SECTION MUST BE COMPLETED BY LAW ENFORCEMENT APPLICANTS ONLY	
Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever been convicted of a crime? YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, explain

EDUCATION	
High School	Address
Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College	Address
Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other	Address
Did you complete certification? YES <input type="checkbox"/> NO <input type="checkbox"/>	Certificate

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ()
Full Name	Relationship
Company	Phone ()
Full Name	Relationship
Company	Phone ()

PREVIOUS EMPLOYMENT (Please provide all previous employment for the last 10 years)

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

DISCLAIMER AND SIGNATURE

By my signature/inserting my name below and submitting electronically, I certify that all answers and statements on the application are true and complete to the best of my knowledge. I understand that should the City learn, at any time, of any untruthful or misleading answers, my application may be rejected, my name removed from consideration, or my employment with the City terminated.

Signature

Date

NOTE: Applications and/or resumes cannot be returned. The City of Newport cannot make copies. Please make necessary copies before submitting. A new application is required for each position that you wish to be considered for.

Successful completion of a pre-employment background check is required for all positions. Pre-employment substance screening may be required. An employment offer may be contingent on passing a physical examination for some position classifications. American with Disabilities Act accommodations will be provided upon request.

The City of Newport is an Equal Opportunity and Veterans' Preference employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, age, mental or physical disability, marital status, protected Veterans' status, or any other legally protected class under state, federal, or local law.

In compliance with federal law, all person hired will be required to verify identity and eligibility to work in the United States and to complete the required employment verification document form upon hire.

A presidential Executive order and subsequent Federal Acquisition Regulation (FAR) rule required federal contractors to use E-Verify to electronically verify the employment eligibility of employees working under covered federal contracts. The order and the rule reinforce Federal government policy that the Federal government does business only with organizations that have a legal workforce.



CITY OF NEWPORT
169 SW Coast Highway
Newport, OR 97365
541-574-0604

RELEASE AND WAIVER

APPLICANTS NAME: _____ **DATE:** _____

Important: Please read carefully and initial each paragraph before signing.

By my signature and initials placed below, I state/represent/affirm the information provided in the employment application (and accompanying resume, if any) is true and complete, and I understand that any false information or significant omission may disqualify me from further consideration for employment, and may be justification for my dismissal from employment, if discovered at a later date. I agree to immediately notify the City of Newport (hereinafter referred to as the "City") if I should be convicted of a felony, or any crime involving dishonesty or a breach of trust while my job application is pending, at the time of a contingent job offer, or during my period of employment, if hired.

Initials: _____

I authorize the investigation of all statements contained in this application and accompanying resume, if any. I also authorize the City to contact my present employer (unless otherwise noted in the application), past employers, listed references and any other persons or entity with knowledge of me. I understand that if my position is one which warrants inquiry, the City may request an investigative consumer report from a consumer reporting agency that includes information as to my character, general reputation, personal characteristics, and mode of living. I understand that the investigative consumer report may involve personal interviews with my neighbors, friends, relatives, former employers, schools, and others. I also understand that under the Federal Fair Credit Reporting Act I have the right to make a written request to the City, within a reasonable time, for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.

Initials: _____

I authorize any person, school, current employer (except as previously noted), past employer(s), and organizations named in this application form and accompanying resume, if any, and any other person or entity with knowledge of me to provide the City with any information and opinion which the City regards as useful to it in making a hiring decision. I release such persons and organizations from any legal liability in making such statements or furnishing any and all information the City may seek.

Initials: _____

I understand that this application by itself does not create a contract of employment. I understand and agree that, if hired, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD OF TIME, and may, regardless of the date of payment of my wages or salary, BE TERMINATED AT ANY TIME, subject to City ordinances, policy, and rights provided by written contract.

Initials: _____

Signature: _____ Date: _____



City of Newport Veteran's Preference Form

Under Oregon law, Veterans who meet minimum qualifications for a position may be eligible for employment preference. If you think you 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 541-574-0604.

This completed form and the required documentation must be submitted to The City of Newport Human Resources Department at the time you submit your application.

A. Qualified Veteran Questions: You may claim Veteran's Preference if you check at least one box in any of the four sections below and provide proof of eligibility by submitting a copy of your DD-214 or DD-215, Certificate of Release and Honorable Discharge.

ORS 408.225 (d)

- I served on active duty with the Armed Forces of the United States for a period of more than 178 consecutive days 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 and was discharged or released under honorable conditions because of a service-connected disability; 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 for service in the Armed Forces of the United States.

"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 any of the three sections below and provide proof of eligibility by submitting both of the documents listed below:

1. A copy of your DD-214 or 215, Certificate of Release and Honorable Discharge, Copy 4, and
2. A public employment preference 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 (b)

- 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 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

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 your DD-214 or 215 in all cases. If you are claiming Disabled Veteran points, you must also submit the public employment preference letter from the Department of Veterans' Affairs. You will not receive preference without these accompanying documents.

**Preference points are allocated as follows 5 points or .05% for Veteran's Preference and 10 points or .10% for Disabled Veteran's Preference where number system or points are used to hire candidates. Points are applied at each step of the process that would result in a disqualification.

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

ⁱ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

CITY OF NEWPORT

169 SW Coast Highway, Newport, Oregon 97365



EEO Voluntary Information

The information you provide below is voluntary.

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

Gender: Male Female

Race/Ethnicity: (Please check one below)

Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture of origin regardless of race.

White (Not Hispanic or Latino): - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American (Not Hispanic or Latino): - A person having origins in any of the black racial groups of Africa.

Asian: - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

American Indian or Alaska Native (Not Hispanic or Latino): - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Two or More Races (Not Hispanic or Latino): - All persons who identify with more than one of the above five races.

Veteran **Non-Veteran**

Disability: Any physical and/or mental condition which might cause you difficulty in securing, retaining, or advancing in employment. If you are disabled, please check the "YES" box. YES NO

CITY OF NEWPORT

169 SW Coast Highway, Newport, Oregon 97365



Voluntary Completion By Applicant Not For Interview Purposes

RECRUITMENT SOURCE
How did you become aware of this employment opportunity?
Newspaper (please specify) <input type="checkbox"/>
State Employment Office <input type="checkbox"/>
City Website <input type="checkbox"/>
LOC Website <input type="checkbox"/>
Social Media (please specify) <input type="checkbox"/>
Direct Mailing <input type="checkbox"/>
Walk In <input type="checkbox"/>
City Employee Referral <input type="checkbox"/>
Other Agency (please specify)
Education Facility (please specify)
Other (please specify)