



# City of Keizer

930 Chemawa Road NE \* PO Box 21000 \* Keizer, OR 97307-1000

Telephone: (503) 856-3430 \* Fax: (503) 856-3445

Website: [www.keizer.org](http://www.keizer.org)

## Application for Employment

*The City of Keizer is an equal opportunity employer. All applicants will be considered without regard to age, color, religion, sex, national origin or other protected status in accordance with applicable federal and state equal employment opportunity laws.*

### INSTRUCTIONS

1. Print, type or complete electronically.
2. Complete the application in its entirety. Answer each question. Incomplete applications will not be processed. Resumes will not be accepted in lieu of completed applications.
3. Submit your application on or before the posted closing date. Applications submitted after 5:00 p.m. on the closing date will not be considered.
4. Applications may be delivered via:
  - e-mail to [hr@keizer.org](mailto:hr@keizer.org);
  - fax to (503) 856-3445;
  - postal mail to PO Box 21000, Keizer, OR 97307-1000;
  - hand delivery to City Hall located at 930 Chemawa Rd NE, Keizer, Oregon

**\*NOTE\*** Applicants selected for an interview will be contacted by phone, e-mail or postal mail. Due to the volume of applications we receive, we are not able to confirm receipt or provide status personally to each applicant at this time. To check the status of this recruitment visit [www.keizer.org](http://www.keizer.org) and click current openings. Each recruitment is updated as the status changes.

### POSITION

Position Applied For:

Today's Date:

### GENERAL INFORMATION

Name (Last, First, M.I.):

Home Phone:

Mailing Address:

Work Phone:

City, State & Zip Code:

Cell/Mobile Phone:

E-Mail Address:

Message Phone:

Are you able to perform the essential job functions for the position in which you are applying? ☐ Yes ☐ No

Have you ever been employed by the City of Keizer? ☐ Yes ☐ No

Are you related to any City employee or official? ☐ Yes ☐ No

Are you legally eligible for employment in the U.S.A.? ☐ Yes ☐ No

*Proof of citizenship or immigration status will be required upon employment.*

Have you been convicted of a felony within the last 7 years? ☐ Yes ☐ No

*A conviction will not automatically disqualify you from further consideration for employment.*

If yes, please explain:

EDUCATION AND TRAINING	
1. Education	2. Training
3. Education	4. Training
5. Education	6. Training
7. Education	8. Training
9. Education	10. Training
11. Education	12. Training
13. Education	14. Training
15. Education	16. Training
17. Education	18. Training
19. Education	20. Training
21. Education	22. Training
23. Education	24. Training
25. Education	26. Training
27. Education	28. Training
29. Education	30. Training
31. Education	32. Training
33. Education	34. Training
35. Education	36. Training
37. Education	38. Training
39. Education	40. Training
41. Education	42. Training
43. Education	44. Training
45. Education	46. Training
47. Education	48. Training
49. Education	50. Training
51. Education	52. Training
53. Education	54. Training
55. Education	56. Training
57. Education	58. Training
59. Education	60. Training
61. Education	62. Training
63. Education	64. Training
65. Education	66. Training
67. Education	68. Training
69. Education	70. Training
71. Education	72. Training
73. Education	74. Training
75. Education	76. Training
77. Education	78. Training
79. Education	80. Training
81. Education	82. Training
83. Education	84. Training
85. Education	86. Training
87. Education	88. Training
89. Education	90. Training
91. Education	92. Training
93. Education	94. Training
95. Education	96. Training
97. Education	98. Training
99. Education	100. Training

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

☐ No

Colleges, Military, Trade, Vocational, Technical, Business or Other Schools Attended			
	Course of Study	Years	Type of Degree

Name and Location of School	Course of Study (List Major)	Years Completed	Type of Degree Received

## LICENSES, CERTIFICATIONS, PROFESSIONAL MEMBERSHIPS

List any **required** licenses and/or certifications listed in the job announcement or that pertain to the position for which you are applying.

[illegible]

SPECIALIZED SKILLS, QUALIFICATIONS AND CONSIDERATIONS	
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	
17.	
18.	
19.	
20.	
21.	
22.	
23.	
24.	
25.	
26.	
27.	
28.	
29.	
30.	
31.	
32.	
33.	
34.	
35.	
36.	
37.	
38.	
39.	
40.	
41.	
42.	
43.	
44.	
45.	
46.	
47.	
48.	
49.	
50.	
51.	
52.	
53.	
54.	
55.	
56.	
57.	
58.	
59.	
60.	
61.	
62.	
63.	
64.	
65.	
66.	
67.	
68.	
69.	
70.	
71.	
72.	
73.	
74.	
75.	
76.	
77.	
78.	
79.	
80.	
81.	
82.	
83.	
84.	
85.	
86.	
87.	
88.	
89.	
90.	
91.	
92.	
93.	
94.	
95.	
96.	
97.	
98.	
99.	
100.	

Include any military, volunteer and intern skills related to the job you are seeking

Foreign language(s):
----------------------

Computer Skills & Software Programs Used (list below)	Equipment Operation (list below)
Job Related Training	Job Related Skills

## EMPLOYMENT HISTORY

List all of your job(s) including any military, volunteer and intern experience in chronological order beginning with your most recent position. Clearly describe all of your duties with as much detail as possible. Do not omit any job. Complete each box in its entirety and do not substitute a resume, or other supplemental documentation, in lieu of completing this section. Explain all employment gaps in the Employment Notes box on page 5.

Current/Most Recent Employer:	Employer's Address:	Employer's Phone Number:
Your Job Title:	Supervisor's Name and Title:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Specific Job Duties Performed:	Starting Salary: \$	
	Current/Ending Salary: \$	
	Employed From (mo/yr):	
	Employed To (mo/yr):	
Reason for Leaving:		
Employer:	Employer's Address:	Employer's Phone Number:
Your Job Title:	Supervisor's Name and Title:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Specific Job Duties Performed:	Starting Salary: \$	
	Current/Ending Salary: \$	
	Employed From (mo/yr):	
	Employed To (mo/yr):	
Reason for Leaving:		
Employer:	Employer's Address:	Employer's Phone Number:
Your Job Title:	Supervisor's Name and Title:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Specific Job Duties Performed:	Starting Salary: \$	
	Current/Ending Salary: \$	
	Employed From (mo/yr):	
	Employed To (mo/yr):	
Reason for Leaving:		

EMPLOYMENT HISTORY (continued)		
Employer:	Employer's Address:	Employer's Phone Number:
Your Job Title:	Supervisor's Name and Title:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Specific Job Duties Performed:		Starting Salary: \$
		Current/Ending Salary: \$
		Employed From (mo/yr):  Employed To (mo/yr):
		Reason for Leaving:
Employer:	Employer's Address:	Employer's Phone Number:
Your Job Title:	Supervisor's Name and Title:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Specific Job Duties Performed:		Starting Salary: \$
		Current/Ending Salary: \$
		Employed From (mo/yr):  Employed To (mo/yr):
		Reason for Leaving:
Employer:	Employer's Address:	Employer's Phone Number:
Your Job Title:	Supervisor's Name and Title:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Specific Job Duties Performed:		Starting Salary: \$
		Current/Ending Salary: \$
		Employed From (mo/yr):  Employed To (mo/yr):
		Reason for Leaving:

*This page can be copied and added to the employment application if additional room is needed to list jobs.*

## EMPLOYMENT NOTES

Use this section to explain gaps in employment

## REFERENCES

List 3 non-relatives who are familiar with your professional qualifications and actual work history.

	Reference Name	Occupation	Relationship	Phone Number	Years Known
1					
2					
3					

## APPLICANT'S STATEMENT & SIGNATURE

Please read the following carefully before signing this application. Only those applications that are signed and dated are considered valid. If you have any questions regarding this statement, ask before signing.

By including my name and signature below, I certify that all answers to the questions and statements on the application (and resume or other supplementary material) are true and complete without omissions. 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.

I hereby authorize any person named in this application, any past/present employers and educational institutions to release information concerning my work or educational history to the City of Keizer and agree to hold past/present employers and supervisors harmless from all liability whatsoever related to the disclosure of any such information.

I agree to be responsible for familiarizing myself with all rules and regulations of the City as they presently exist or are later modified.

I hereby understand that employment with the City of Keizer is contingent upon successfully passing any drug screening, physical, psychological and/or any other exam required for employment.

I understand this application is valid for only the current recruitment. If I want to be considered for job openings other than this recruitment, I will submit a new application.

If my application was transmitted electronically, I agree to provide an original signature on my application prior to accepting employment.

I have read, understand and agree to the above.

Applicant's Signature:

Applicant's Printed or Typed Name:

Today's Date:

\_\_\_\_\_



# City of Keizer

930 Chemawa Road NE \* P.O. Box 21000 \* Keizer, OR 97307-1000

Telephone: (503) 856-3430 \* Fax: (503) 856-3445

Website: [www.keizer.org](http://www.keizer.org)

## Confidential Data Record

The City of Keizer is dedicated to a policy of equal opportunity in employment and will consider all applicants without regard to race, color, religion, sex, age, national origin, disability, marital status, or any other protected status.

The following information is **voluntary** and will not be used as a consideration in the selection process. The data is used to comply with state and federal reporting and to evaluate the effectiveness of our recruitment efforts. Failure to submit this form will not affect the status of your application.

Name: _____		Position Applied For _____	
<b>CHECK THE APPROPRIATE BOXES</b>			
Age: <input type="checkbox"/> Under 21 <input type="checkbox"/> 21 to 44 <input type="checkbox"/> 45 & over		Disability: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female			
<b>RACE IDENTIFICATION</b> check only one box below			
<input type="checkbox"/> Hispanic or Latino	A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race		
<input type="checkbox"/> White	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa		
<input type="checkbox"/> Black or African American	A person having origins in any of the black racial groups of Africa		
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands		
<input type="checkbox"/> 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		
<input type="checkbox"/> American Indian or Alaska Native	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.		
<b>RECRUITMENT SOURCES</b> How did you hear about this position?			
<input type="checkbox"/> City Website	<input type="checkbox"/> Other Website (please specify):		
<input type="checkbox"/> Newspaper	<input type="checkbox"/> Other (please specify):		
<input type="checkbox"/> State Employment Department			
<input type="checkbox"/> Professional/Trade Journal/Magazine			
<input type="checkbox"/> City Employee			

Please keep this page attached to the employment application even if left blank. Thank you.



# City of Keizer

930 Chemawa Road NE \* P.O. Box 21000 \* Keizer, OR 97307-1000

Telephone: (503) 856-3430 \* Fax: (503) 856-3445

Website: [www.keizer.org](http://www.keizer.org)

## 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 contact City of Keizer Human Resources at 503-856-3430. **This completed form and required documentation must be submitted when 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.

Applicant's Signature:

Applicant's Printed or Typed Name:

Social Security Number

Position Applied For:

Today's Date:

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 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.***

*This form is **OPTIONAL**. Only complete if you want to be considered for veteran's preference.*