



City of Troutdale
APPLICATION FOR EMPLOYMENT

City Hall
219 E. Historic Columbia River Hwy.
Troutdale, OR 97060-2078
Phone: 503.665.5175
Fax: 503.208.7103

<p>For Office Use Only:</p> <p>Date Received: _____</p> <p>Received by: _____</p>
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An application is required for each vacancy. We DO NOT accept resumes in lieu of an application.

The City is an equal employment opportunity employer. All applicants will be considered without regard to race, color, national origin, age, religion, gender, sexual orientation, gender identity, marital status, mental or physical disability, or other protected status or activity in accordance with applicable federal and state equal employment opportunity laws. If you require accommodation to participate in our application process, please contact Human Resources at 503-674-7267.

Answer each question fully and accurately. If you need additional space, please continue your answer(s) on a separate sheet of paper. PLEASE PRINT OR TYPE.

Position Applied for: _____

Employment status sought: Full-time [] Part-time [] Temporary []

Date you are available for employment: _____

Where you saw this position advertised: [] City website [] Facebook [] Oregonlive [] Craigslist [] Other

APPLICANT INFORMATION

_____	_____	_____
Last Name	First Name	Middle Initial

_____	_____	_____	_____
Street Address	City	State	Zip Code

Primary phone: (_____)_____-____ Secondary phone: (_____)_____-_____

E-mail Address: _____

Are you at least 18 years of age? [] YES [] NO

May we contact your present employer? [] YES [] NO

If YES, give name & telephone number: _____

Are you eligible to work in the United States? [] YES [] NO

Are you a Veteran? [] YES [] NO *If YES, complete the attached Veterans Preference Form.*

Have you ever applied here, or been employed here before? [] YES [] NO

For jobs which include driving a City vehicle: Do you have a valid Driver's license? [] YES [] NO

Driver's License Number: _____ State: _____

Can you perform the essential functions of the job(s) for which you are applying (based upon job description)?

[] YES

[] NO

EDUCATION

	<u>High School</u>	<u>College</u>	<u>Post-Graduate or Other Vocational, Technical, or Other Education or Training</u>
School Name			
Years Completed (circle)	9 10 11 12	1 2 3 4	1 2 3 4 5+
Course of study/major or Degree Obtained			

Summarize special certifications, skills and qualifications, volunteer activities, military training and/or experience, other training, employment or other activities related to the job you are seeking. *For military veterans, please include any transferable skills obtained through military education or experience that substantially relate, directly or indirectly, to the position for which you are applying:*

WORK HISTORY

List your six (6) most recent jobs in order, starting with your present or most recent job. If Self-Employed, give firm name and supply business references. If you worked in any position under another name, please give the name(s).

Do not leave out any jobs.

Employer:	Supervisor:	Dates: _____ to _____
Address:		Phone:
Position(s) Held:	Describe duties:	

Were you discharged from this job? [] Yes [] No

What is, or was, your reason for leaving:

Employer:	Supervisor:	Dates: _____ to _____
Address:	Phone:	
Position(s) Held:	Describe duties:	
Were you discharged from this job? <input type="checkbox"/> Yes <input type="checkbox"/> No What was the <u>reason for leaving</u>:		

Employer:	Supervisor:	Dates: _____ to _____
Address:	Phone:	
Position(s) Held:	Describe duties:	
Were you discharged from this job? <input type="checkbox"/> Yes <input type="checkbox"/> No What was the <u>reason for leaving</u>:		

Employer:	Supervisor:	Dates: _____ to _____
Address:	Phone:	
Position(s) Held:	Describe duties:	
Were you discharged from this job? <input type="checkbox"/> Yes <input type="checkbox"/> No What was the <u>reason for leaving</u>:		

Employer:	Supervisor:	Dates: _____ to _____
Address:	Phone:	
Position(s) Held:	Describe duties:	
Were you discharged from this job? [] Yes [] No What was the <u>reason for leaving</u>:		

Employer:	Supervisor:	Dates: _____ to _____
Address:	Phone:	
Position(s) Held:	Describe duties:	
Were you discharged from this job? [] Yes [] No What was the <u>reason for leaving</u>:		

REFERENCES

Give three references who are familiar with your job related skills, qualifications, and performance. Do not list relatives.

Name	Address	Telephone No.	Yrs. Acquainted	Occupation

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY THOSE APPLICATIONS THAT ARE SIGNED AND DATED ARE CONSIDERED VALID. IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK THEM BEFORE SIGNING.

1. All answers and statements I have made on this application (and resume or other supplementary materials) are true and complete without omissions. I understand that any false, misleading, or incomplete information will be grounds for refusal to hire or for immediate discharge if I am employed. I authorize the City of Troutdale to obtain information about me from any of the prior employers or persons named in this application, including those provided by me as references. I also agree to sign an authorization releasing these prior employers and persons of liability for providing such information.

Please initial: _____

2. I understand that if I am offered employment, I will be required to pass a criminal history check and may also be required to pass a driver's record check, credit check, pre-employment drug screen, and/or physical as a condition of being hired, depending on the position for which I am being hired and consistent with applicable laws.

Please initial: _____

3. I understand that if I am hired I will be responsible for complying with all policies and rules of the City as they presently exist or are later modified. I also understand that except as otherwise provided in an applicable collective bargaining agreement or other written employment agreement signed by the City Manager or City Personnel Officer, my employment with the City will be terminable at-will for any reason and at any time without notice, at the option of the employer or myself, except as prohibited by applicable law.

Please initial: _____

4. I also understand that nothing in this application, the interview, or hiring process or in an offer of employment creates a contract for employment or continued employment with the City, and that no representative of the City has any authority to change my at-will employment status or to otherwise enter into any employment agreement for any specified period of time, or to assure me of any future position, benefits, or terms and conditions of employment, except as specifically stated in a written agreement signed and dated by City Personnel Officer.

Please initial: _____

I have read, understand and agree with all of the above statements.

By: _____
Signature of Applicant

Date



City of Troutdale Veteran's Preference Form

<p style="color: red;">For Office Use Only:</p> <p>Date Received: _____</p> <p>Received by: _____</p>

Under Oregon law, **veterans** who meet minimum qualifications for a position may be eligible for employment preference. Please read the following checklist carefully, and check the box for each item that applies to you. If you need further explanation or have special circumstances, please call Human Resources at 503-665-5175. **This completed form and the required supporting documentation must be submitted to The City of Troutdale 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 below and provide proof of eligibility by submitting a copy of your form DD-214 or DD-215 that includes your discharge status.

- 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
 - For a period of more than 178 consecutive days beginning after January 31, 1955 and was discharged or released under honorable conditions, or
 - For 178 days or less and was discharged or released from active duty under honorable conditions because of a service-connected disability, or
 - 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
 - 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 activity duty under honorable conditions; **or**
- I am receiving a non-service-connected pension from the United States Department of Veterans Affairs.

Please see the next page for applicable definitions.

B. QUALIFIED DISABLED VETERAN QUESTIONS: You may claim additional employment preference if you can check at least one box below and provide proof of eligibility by submitting both of the documents listed below:

1. A copy of your DD-214 or DD-215, Certificate of Release or Discharge, Copy 4, and
 2. A public employment veteran's disability preference letter from the United States Department of Veterans' Affairs (unless the information is included in the DD Form 214/215). To order the letter, call 1-800-827-1000 and request a public employment preference letter.
- I have a disability rating through 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 _____

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 unless the information is included in the federal DD Form 214/215. You will not receive preference without these accompanying documents.

DEFINITIONS

Armed Forces means the United States Army, Navy, Marine Corps, Air Force, and Coast Guard, including the reserve components thereof. (Title 38 USC Part I Chapter 1 Section 101). Reserve components mean:

- (a) The Army Reserve;
- (b) The Navy Reserve;
- (c) The Marine Corps Reserve;
- (d) The Air force Reserve;
- (e) The Coast Guard Reserve;
- (f) The Army National Guard of the United States; and
- (g) The Air National Guard 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.

Combat zone means an area designated by the President of the United States by executive order in which, on the dates designated by executive order, the Armed Forces of the United States are or have engaged in combat.

Veteran means a person who:

- (a) Served on active duty with the Armed Forces of the United States:
 - (B) For a period of more than 90 consecutive days beginning on or before January 31, 1955, and was discharged or released under honorable conditions;
 - (C) 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;
 - (D) For 178 days or less and was discharged or released from active duty under honorable conditions because of a service-connected disability;
 - (E) For 178 days or less and was discharged or released from active duty under honorable conditions and has a disability rating from the United States Department of Veterans Affairs; or
 - (F) For at least one day in a combat zone and was discharged or released from active duty under honorable conditions;
- (b) 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
- (c) Is receiving a non service connected pension from the United States Department of Veterans Affairs.

Disabled veteran means a person who has a disability rating from the United States Department of Veterans Affairs, a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty or a person who was awarded the Purple Heart for wounds received in combat.

EMPLOYEE RIGHTS AND RESPONSIBILITIES UNDER THE FAMILY AND MEDICAL LEAVE ACT

Basic Leave Entitlement

FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to eligible employees for the following reasons:

- for incapacity due to pregnancy, prenatal medical care or child birth;
- to care for the employee's child after birth, or placement for adoption or foster care;
- to care for the employee's spouse, son, daughter or parent, who has a serious health condition; or
- for a serious health condition that makes the employee unable to perform the employee's job.

Military Family Leave Entitlements

Eligible employees whose spouse, son, daughter or parent is on covered active duty or call to covered active duty status may use their 12-week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings.

FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered servicemember during a single 12-month period. A covered servicemember is: (1) a current member of the Armed Forces, including a member of the National Guard or Reserves, who is undergoing medical treatment, recuperation or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list, for a serious injury or illness*; or (2) a veteran who was discharged or released under conditions other than dishonorable at any time during the five-year period prior to the first date the eligible employee takes FMLA leave to care for the covered veteran, and who is undergoing medical treatment, recuperation, or therapy for a serious injury or illness.*

***The FMLA definitions of "serious injury or illness" for current servicemembers and veterans are distinct from the FMLA definition of "serious health condition".**

Benefits and Protections

During FMLA leave, the employer must maintain the employee's health coverage under any "group health plan" on the same terms as if the employee had continued to work. Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms.

Use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

Eligibility Requirements

Employees are eligible if they have worked for a covered employer for at least 12 months, have 1,250 hours of service in the previous 12 months*, and if at least 50 employees are employed by the employer within 75 miles.

***Special hours of service eligibility requirements apply to airline flight crew employees.**

Definition of Serious Health Condition

A serious health condition is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee's job, or prevents the qualified family member from participating in school or other daily activities.

Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than 3 consecutive calendar days combined with at least two visits to a health care provider or one visit and

a regimen of continuing treatment, or incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.

Use of Leave

An employee does not need to use this leave entitlement in one block. Leave can be taken intermittently or on a reduced leave schedule when medically necessary. Employees must make reasonable efforts to schedule leave for planned medical treatment so as not to unduly disrupt the employer's operations. Leave due to qualifying exigencies may also be taken on an intermittent basis.

Substitution of Paid Leave for Unpaid Leave

Employees may choose or employers may require use of accrued paid leave while taking FMLA leave. In order to use paid leave for FMLA leave, employees must comply with the employer's normal paid leave policies.

Employee Responsibilities

Employees must provide 30 days advance notice of the need to take FMLA leave when the need is foreseeable. When 30 days notice is not possible, the employee must provide notice as soon as practicable and generally must comply with an employer's normal call-in procedures.

Employees must provide sufficient information for the employer to determine if the leave may qualify for FMLA protection and the anticipated timing and duration of the leave. Sufficient information may include that the employee is unable to perform job functions, the family member is unable to perform daily activities, the need for hospitalization or continuing treatment by a health care provider, or circumstances supporting the need for military family leave. Employees also must inform the employer if the requested leave is for a reason for which FMLA leave was previously taken or certified. Employees also may be required to provide a certification and periodic recertification supporting the need for leave.

Employer Responsibilities

Covered employers must inform employees requesting leave whether they are eligible under FMLA. If they are, the notice must specify any additional information required as well as the employees' rights and responsibilities. If they are not eligible, the employer must provide a reason for the ineligibility.

Covered employers must inform employees if leave will be designated as FMLA-protected and the amount of leave counted against the employee's leave entitlement. If the employer determines that the leave is not FMLA-protected, the employer must notify the employee.

Unlawful Acts by Employers

FMLA makes it unlawful for any employer to:

- interfere with, restrain, or deny the exercise of any right provided under FMLA; and
- discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

Enforcement

An employee may file a complaint with the U.S. Department of Labor or may bring a private lawsuit against an employer.

FMLA does not affect any Federal or State law prohibiting discrimination, or supersede any State or local law or collective bargaining agreement which provides greater family or medical leave rights.

FMLA section 109 (29 U.S.C. § 2619) requires FMLA covered employers to post the text of this notice. Regulation 29 C.F.R. § 825.300(a) may require additional disclosures.



For additional information:
1-866-4US-WAGE (1-866-487-9243) TTY: 1-877-889-5627
WWW.WAGEHOUR.DOL.GOV

U.S. Department of Labor | Wage and Hour Division



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