



CITY OF UMATILLA

Employment Application

Disclaimer: The City of Umatilla is committed to providing an equal opportunity for all individuals who are seeking employment. The objective of the City of Umatilla is to select the most qualified individuals for the job. We encourage you to provide us with complete and accurate information that demonstrates your qualifications to perform the duties of the job you are applying. In order for your application to be considered complete, please turn in this application along with a resume. Incomplete applications may not be considered. If you report false or inaccurate information, we will reject your application or terminate your employment if it is discovered that false or inaccurate information was given.

Any applicant who needs reasonable accommodation in any step of the hiring process may request assistance to demonstrate their qualifications to perform the duties of the job for which the applicant is applying. The applicant who needs reasonable accommodation should inform Human Resources at PO Box 130, Umatilla, OR 97882 or call (541) 922-3226.

General Information	
Name (Last, First)	Today's Date
Street Address	Phone Number
City, State, Zip	Email
Position Desired	Expected Salary
Type of Position you are willing to accept Full Time Part Time Overtime Weekends Evenings	Date Available
Have you ever applied for employment with us? Yes No	
If yes, what position and when?	
Are you able to perform the essential functions of this position, with or without reasonable accommodations? Yes No	

Education				
Did you graduate from high school or receive a G.E.D? Yes No Location:				
Name of School (List college, university, military, and other education)	Course of Study	Years Completed	Did you Graduate?	Degree/ Diploma

Additional Information

Clinical experience, Honors & Awards, Interests & Actives, Military Service, Personal, Professional Associations, Professional Memberships, Publications, Technical, Volunteer Experience, Other/Miscellaneous

Previous Employment (Start with your present or most recent employer)

Company Name	Telephone
Address	Dates of Employment (Month and Year) From: _____ To _____
Name of Supervisor	Reason for Leaving
Job Title and Work Description	

Company Name	Telephone
Address	Dates of Employment (Month and Year) From: _____ To _____
Name of Supervisor	Reason for Leaving
Job Title and Work Description	

Company Name	Telephone
Address	Dates of Employment (Month and Year) From: _____ To _____
Name of Supervisor	Reason for Leaving
Job Title and Work Description	

Company Name	Telephone
Address	Dates of Employment (Month and Year) From: _____ To _____
Name of Supervisor	Reason for Leaving
Job Title and Work Description	

Do Not Contact	
We may contact the employers listed above unless you indicate those you do not want us to contact	
Employer	Number
Reason	

Veterans
Oregon law requires that public employers grant certain preferences in the hiring and promotion of veterans and disabled veterans. The basic provisions and additional information can be found online through the Bureau of Oregon Labor and Industries (BOLI): https://www.oregon.gov/boli/workers/Pages/veterans-preference.aspx .
I qualify as a veteran under ORS 408.225 and am claiming veterans' preference: Yes No
I qualify as a disabled veteran under ORS 408.225 and am claiming disabled veterans' preference: Yes No

Acknowledgment Signature: I understand the purpose of this application form is to give me the opportunity to provide the City with information about my skills, experience, abilities, and other personal attributes that meet the qualifications requirements for the job position that is available. I understand that it is in my best interest to be thorough, accurate, and descriptive in providing this information. I also understand that a number of interviews may be required for consideration beyond the application form.

In submitting this application for employment, I understand that the City will investigate the information that I provide. If the City selects me for an interview, I understand that the City may require me to provide the City with a release and waiver form so that the City may contact a representative for each former employer, educational institution, and/or personal reference that I list on the application form or provide in an interview.

I understand that part of the application process at the City of Umatilla may include a controlled substance exam. I understand that if the City considers me for employment then the City will request a signed consent and waiver before I take the exam. I understand that if I refuse to sign the form or if my results are presumptively positive, then the City will not consider me for employment.

I understand that if the City of Umatilla offers me employment, I will complete a Form I-9 before I commence work provide the City with proper documentation that proves I am authorized to work in the United States. I understand that if I do not provide the City with proper documentation I will no longer qualify for an employment opportunity. I understand that I may obtain information about the documentation by contacting the City's Human Resource Department at P.O Box 130, Umatilla, OR 97882 or call (541) 922-3226. I can also contact the United States Citizenship and Immigration Services at 1-800-255-7688 or by visiting the website www.justice.gov/crt/about/osc

The information provided in this Application for Employment is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal. I acknowledge that the City will verify accuracy and completeness of the information I have provided and I authorize each employer, school, or person I have named to provide information regarding my employment education, character, and qualifications, and release each employer, school, or person from all liabilities for any damages that may result from furnishing information to the City. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

I, hereby authorize the City of Umatilla to make an investigation of my personal employment history and education. I understand that these investigations will include information of public record, which could include DMV records; civil and criminal courts; and other records as may be appropriate. If a report is obtained, the City must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.

I, hereby fully waive any rights or claims I have or may have against all current and/or former employers and their agents, employees, and representatives, as well as any damages that may directly or indirectly result from the use of the disclosure, or release of any information by any person or party whether such information is favorable or unfavorable of me. I, further waive any claim against the City and any outside agency utilized by the City as a result of any information, which is obtained in this investigation.

Signature _____
Date