



CITY OF MADRAS EMPLOYMENT APPLICATION

The City of Madras ("City") is an equal employment opportunity employer. City considers applicants for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, disability, sexual orientation, and/or any other legally protected status. City is a drug-free workplace. Individuals who need an accommodation during the application process should request the accommodation in advance so necessary arrangements may be made. Please contact City if there is any part of this application that you do not understand before signing.

Print or type your information. Please supply an answer to every applicable question. Please indicate N/A if the particular question or matter is not applicable to you. If additional space is needed, attach a separate sheet. Because this application may be used for investigative purposes, DO NOT misstate or omit material facts. Statements made herein are subject to verification to determine your qualification for employment. If you are employed by City, this application will become part of your personnel file.

Candidates eligible for Veterans Preference must include a required Veterans Preference Form and appropriate certification to receive Veteran's Preference Points. Refer to the Veterans Preference Form as applicable.

General

Position: _____

Date: _____ How did you learn about this job? _____

Name: _____
Last First Middle

Address: _____
Street City State ZIP

Email Address: _____

Social Security No.: _____ **Telephone No.:** _____

Are you at least 18 years of age: Yes ___ No ___

Do you have a valid Oregon driver's license: Yes ___ No ___ **Driver's License No.:** _____

(A valid Oregon driver's license is required when stated on the job announcement or job description. If not required, write "N/A").

Have you ever had any license or certification suspended or revoked: Yes _____ No _____; If yes, please explain below:

Are you a veteran? Yes* _____ No _____

**Complete and attach form DD 214 or 215 to this application. If applicable, disabled veterans may also submit a copy of a disability preference letter.*

Are you legally eligible for employment in the US (at the time of employment)?: Yes _____ No _____

Education and Skills *Please attach additional pages if more space is needed.*

Did you graduate from high school or receive an equivalent diploma: Yes _____ No _____

Name of college or university you attended, if any: _____

From (mo/yr): _____ To (mo/yr): _____ Major: _____ Minor: _____

Year of graduation: _____ Certificates, degrees, etc. earned: _____

Have you received any specialized schooling or training: Yes _____ No _____

Name of school or training program: _____

From (mo/yr): _____ To (mo/yr): _____ Major: _____ Minor: _____

Year of graduation: _____ Certificates, degrees, etc. earned: _____

Please identify below any special training, licenses, certificates, office equipment, languages, or other special skills you may have that are pertinent to the position for which you are applying:

A job description for the position(s) for which you are applying has been provided. Are you able to perform the essential job functions required of the position with or without reasonable accommodation(s): Yes ___ No ___

Work History

Please list below all work experience for the past ten (10) years, paid or unpaid, beginning with your most recent job. Your work experience should include military, volunteer, and other jobs. Please attach additional pages if more space is needed.

Employer: _____ Job Title: _____

From (mo/yr): _____ To (mo/yr): _____ Full Time: _____ Part Time: _____

Supervisor's Name and Title: _____

Specific Duties: _____

Reason for Leaving: _____

May we contact this employer if you are still employed with the employer: Yes _____ No _____

Employer: _____ Job Title: _____
From (mo/yr): _____ To (mo/yr): _____ Full Time: ____ Part Time: ____
Supervisor's Name and Title: _____
Specific Duties: _____

Reason for Leaving: _____

May we contact this employer if you are still employed with the employer: Yes ____ No ____

Employer: _____ Job Title: _____
From (mo/yr): _____ To (mo/yr): _____ Full Time: ____ Part Time: ____
Supervisor's Name and Title: _____
Specific Duties: _____

Reason for Leaving: _____

May we contact this employer if you are still employed with the employer: Yes ____ No ____

Have you ever been terminated from a job or asked to resign: Yes ____ No ____ **If yes, please explain:**

Have you ever been convicted of a crime involving dishonesty (e.g., theft, shoplifting, robbery, embezzlement, forgery, etc.), drugs and/or controlled substances, violence (e.g., domestic violence), and/or criminal sexual conduct: Yes ____ No ____

If yes, please provide details concerning the criminal conviction, including the date of conviction and the type of crime of which you were convicted (please exclude any case processed in juvenile court or minor traffic violations). Your application will not be considered if you do not provide sufficient details. The conviction of a crime does not necessarily disqualify you from employment. You are not required to list an arrest and/or conviction when the record of such incident has been sealed or expunged. [This question is permissible under ORS 659A.360(4)(b).]

REFERENCES

Name: _____ Relationship: _____

Address: _____ Telephone Number: _____

Name: _____ Relationship: _____

Address: _____ Telephone Number: _____

Name: _____ Relationship: _____

Address: _____ Telephone Number: _____

SUPPLEMENTALS TO THIS APPLICATION MAY BE NECESSARY (AND BECOME PART OF THIS APPLICATION). THESE SUPPLEMENTALS CONCERN CRIMINAL BACKGROUND CHECKS AND (POSITION DETERMINED) PRE-EMPLOYMENT DRUG SCREENING. PLEASE INQUIRE WHETHER ANY SUPPLEMENTALS ARE NECESSARY IN CONNECTION WITH YOUR APPLICATION. ALL NEW EMPLOYEES MUST PASS A CRIMINAL BACKGROUND CHECK AND IN SAFETY SENSITIVE AND DOT LICENSED POSITIONS, MUST PASS A PRE-EMPLOYMENT DRUG SCREEN.

APPLICANT CERTIFICATION AND ACKNOWLEDGMENT

I certify that all statements made in connection with this application (whether contained herein (and/or in any supplements) or made by me or others at my request during the course of the employment process) are true and complete in all respects. I acknowledge and agree that any incorrect, incomplete, false, fraudulent, or misleading statements made by me, either verbally or in writing, and/or any omission, concealment, or failure to answer any question fully, completely, and accurately, whether made by me or others at my request, will result in rejection of this application, denial of employment, or termination from employment if discovered after employment. If I am employed by City, I agree to comply with its lawful orders, rules, policies, and regulations.

I authorize the investigation of all matters which City deems relevant to my qualifications for employment, including, without limitation, work records, reference checks, education, and an investigation into my driving record. I authorize and request that all my present and former employers, references, educational institutions, and any others to furnish and release information about me, my employment record, and/or education, including a statement of reasons for the termination of my employment and information regarding my work performance, disciplinary reports or actions, abilities, degrees obtained, transcripts, licenses and certifications, and other qualities and information City deems pertinent to my qualifications for employment. By signing below, I release City (and all providers of information) from any and all claims and/or liabilities arising out of or in any way connected with City's background investigation. If employed, I release City from any claims and/or liabilities for future references it may provide regarding my work history and performance with City.

I understand that if offered employment, I will be required to submit proof of my identity and legal right to work in the United States as a condition of employment.

I understand that, if employed, my employment relationship with City will be at-will. Therefore, subject to applicable law, my employment may be terminated (and I may voluntarily resign) at any time, for any reason or no reason, with or without cause or prior notice. Nothing contained in this application, or provided in connection herewith, will be construed as an offer or promise of employment, nor does this application create an employment contract or guarantee that employment or any benefit will be provided or continued for any period of time.

By signing below, I hereby affirm the foregoing and all other contents of this application. My signature below certifies that I have read and understand this application and agree to the terms and conditions contained in this application.

Applicant's Signature

Date

FOR MANAGEMENT USE ONLY	
Date Application Received: _____	
Was the application complete? Yes ___ No ___ Notes: _____	
Supplementals to Application Required: Yes ___ No ___	
Application Received by: _____	_____
Name and Title	Date

City of Madras
Past Employment History Disclosure and Authorization
(Employment Application Supplemental No. 1)

IF REQUESTED, THIS SUPPLEMENTAL MUST BE COMPLETED, SIGNED, AND RETURNED WITH YOUR APPLICATION. THIS SUPPLEMENTAL CONSTITUTES A PART OF THE APPLICATION.

Name (Applicant):

Last	First	Middle
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Address:

Street/ PO Box	City	State	Zip
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Social Security No.: _____

I understand that the City of Madras Police Department application process includes completion of a past employment history investigation. This investigation will be made subject to and in accordance with applicable law.

By signing below, (a) I authorize City to complete an investigation into my past employment history, and I release City (and all providers of information) from all claims and/or liabilities arising out of or in any way connected with City's investigation into my background past employment history.

Applicant's Signature

Date

City of Madras
Credit Report Disclosure and Authorization
(Employment Application Supplemental No. 2)

IF REQUESTED, THIS SUPPLEMENTAL MUST BE COMPLETED, SIGNED, AND RETURNED WITH YOUR APPLICATION. THIS SUPPLEMENTAL CONSTITUTES A PART OF THE APPLICATION.

Name (Applicant):

Last	First	Middle
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Address:

Street/ PO Box	City	State	Zip
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Social Security No.: _____

I understand that if I receive an offer of employment from City, the job offer may, in City's sole discretion, be made subject to City's investigation into my credit history. Any City investigation into my credit history will be made subject to and in accordance with applicable law. I will be provided a copy of any credit report obtained along with a written description of my rights before any adverse action is taken based upon my credit report.

By signing below, (a) I authorize City to procure my credit report and to complete an investigation into my credit history, and (b) I release City (and all providers of information) from all claims and/or liabilities arising out of or in any way connected with City's investigation into my credit history.

Applicant's Signature

Date

City of Madras
Criminal History Disclosure and Authorization
(Employment Application Supplemental No. 3)

IF REQUESTED, THIS SUPPLEMENTAL MUST BE COMPLETED, SIGNED, AND RETURNED WITH YOUR APPLICATION. THIS SUPPLEMENTAL CONSTITUTES A PART OF THE APPLICATION.

Name (Applicant):

Last

First

Middle

Address:

Street/ PO Box

City

State

Zip

Social Security No.: _____ Birth Date _____ (required for background report)

I understand that the City of Madras Police Department application process includes completion of a background and/or criminal history investigation. This investigation will be made subject to and in accordance with applicable law. The conviction of a crime will not necessarily disqualify me from employment. City will evaluate my circumstances and will consider, among other things, the nature and severity of the crime, the time elapsed since the conviction, and the nature of the position for which I am being considered.

By signing below, (a) I authorize City to complete an investigation into my background and criminal history, including obtaining any necessary or appropriate criminal investigative reports, and (b) I release City (and all providers of information) from all claims and/or liabilities arising out of or in any way connected with City's investigation into my background and/or criminal history.

Applicant's Signature

Date

City of Madras
Madras Police Department Personal History Questionnaire
 (Employment Application Supplemental No. 3)

IF REQUESTED, THIS SUPPLEMENTAL MUST BE COMPLETED, SIGNED, AND RETURNED WITH YOUR APPLICATION. THIS SUPPLEMENTAL CONSTITUTES A PART OF THE APPLICATION.

Name (Applicant):

Last	First	Middle
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Address:

Street/ PO Box	City	State	Zip
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If you answer yes to any of the questions below, please provide details concerning your answer in the explanation section.

Response	Background Questions
<input type="checkbox"/> Yes <input type="checkbox"/> No	1) Have you ever been denied employment and/or not selected for employment by a law enforcement agency? If yes, (a) identify the agency, (b) reason for denial, and (c) which phase of the employment process.
<input type="checkbox"/> Yes <input type="checkbox"/> No	2) Have you ever been disciplined by an employer for abusing vacation, sick, and/or other personal leave?
<input type="checkbox"/> Yes <input type="checkbox"/> No	3) Have you ever been released and/or terminated "for cause" from employment, a work experience job, a volunteer job, and/or an internship?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	4) If you have served in the military, have you ever been barred from re-enlistment, court-martialed, reduced in rank, given a judicial or non-judicial punishment, relieved of duty, and/or been discharged (other than an honorable discharge) from any branch of the military? (Check N/A if you have never served in the military).
<input type="checkbox"/> Yes <input type="checkbox"/> No	5) Are you currently in a hiring process with any other law enforcement agency? (If yes, identify the agency and what phase of the process.)

Question	<u>Explanations</u>
1	
2	
3	
4	
5	

Certification

I certify that all statements made in connection with this supplemental (whether contained herein (and/or in any attachments) or made by me or others at my request during the course of the employment process) are true and complete in all respects. I acknowledge and agree that any incorrect, incomplete, false, fraudulent, or misleading statements made by me, either verbally or in writing, and/or any omission, concealment, or failure to answer any question fully, completely, and accurately, whether made by me or others at my request, will result in rejection of this application, denial of employment, and/or termination from employment if discovered after employment.

Applicant's Signature

Date

City of Madras
Madras Police Department Driving Record Questionnaire
(Employment Application Supplemental No. 4)

THIS SUPPLEMENTAL MUST BE COMPLETED, SIGNED, AND RETURNED WITH YOUR APPLICATION. THIS SUPPLEMENTAL CONSTITUTES A PART OF THE APPLICATION.

Name (Applicant):

Last

First

Middle

Address:

Street/ PO Box

City

State

Zip

Social Security No.: _____

1. In the previous five years, have you been involved in a major traffic offense? Yes No

For the purposes of this supplemental, a "major traffic offense" includes, without limitation, the following: Driving Under the Influence of Intoxicants, Attempt to Elude, Reckless Driving, Driving While Suspended (Misdemeanor), Hit and Run, and/or any other misdemeanor or felony traffic offenses. If yes, please provide details concerning the offense, including the date of offense, the type of offense, and your involvement.

2. In the previous five years, have you ever been involved in an auto accident (reported or unreported)? Yes No
If "yes" please provide details concerning each accident, including the date and a description of the accident.

3. Please provide details concerning all traffic offenses, whether violation or criminal, including the date of the offense and type of offense in which you were cited and/or arrested in the previous five years.

Certification That My Answers Are True

I certify that all statements made in connection with this supplemental (whether contained herein (and/or in any attachments) or made by me or others at my request during the course of the employment process) are true and complete in all respects. I acknowledge and agree that any incorrect, incomplete, false, fraudulent, or misleading statements made by me, either verbally or in writing, and/or any omission, concealment, or failure to answer any question fully, completely, and accurately, whether made by me or others at my request, will result in rejection of this application, denial of employment, or termination from employment if discovered after employment.

Applicant signature: _____ Date _____

Evaluator(s) names: _____, _____, _____.

"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.

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 a copy of your DD-214 or 215, Certificate of Release or Discharge; and 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.)

- 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.

<input type="checkbox"/> I hereby claim veterans' preference, have attached proof of eligibility (as referenced above), and certify that the above information and supporting documentation are true and correct. I understand that any false statements may be cause for my disqualification or dismissal, regardless of when discovered.	
Position applied for:	
Type or print complete name:	
Signature:	Date:

ORS 408.225 - ORS 408.237

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.

PLEASE COMPLETE THIS FORM AND SUBMIT THE FORM AND ANY SUPPORTING DOCUMENTS WITH YOUR EMPLOYMENT APPLICATION BY THE POSTING DEADLINE.

MADRAS POLICE DEPARTMENT PRE-SCREEN

CANDIDATE NAME _____

If you answer yes to any of the below listed please complete the pre-screen explanation portion.

Candidate's Resoonse	<u>Background Pre-screen Questions</u>
<input type="checkbox"/> Yes <input type="checkbox"/> No	#1) Has your driver's license ever been suspended or revoked?
<input type="checkbox"/> Yes <input type="checkbox"/> No	#2) Have you ever been denied employment or not selected with a law enforcement agency? (If yes, identify the agency, the reason for denial and which phase of the process this took place in.)
<input type="checkbox"/> Yes <input type="checkbox"/> No	#3) Have you ever been disciplined by an employer for abusing vacation or personal days?
<input type="checkbox"/> Yes <input type="checkbox"/> No	#4) Have you ever been released from employment, work experience job, volunteer job, or internship, for cause?
<input type="checkbox"/> Yes <input type="checkbox"/> No	#5) As an employee, have you ever stolen from an employer or done anything in the course of employment in which you could have been criminally charged?
<input type="checkbox"/> Yes <input type="checkbox"/> No	#6) Were you ever in the military? If yes, were you ever barred from re-enlistment, court-martialed, reduced in rank, given a judicial or non-judicial punishment, relieved of duty, or given an other than honorable discharge from any branch of the military?
<input type="checkbox"/> Yes <input type="checkbox"/> No	#7) Other than for a traffic violation, have you ever been detained, arrested, or taken to jail for any reason?
<input type="checkbox"/> Yes <input type="checkbox"/> No	#8) Have you ever falsified information given to the police, <u>or</u> any of your employers past or present?
<input type="checkbox"/> Yes <input type="checkbox"/> No	#9) Within the last five years have you ingested or injected any illegal controlled substance including but not limited to, marijuana, methamphetamine, heroin, or cocaine.
<input type="checkbox"/> Yes <input type="checkbox"/> No	#10) Have you ever been involved in an investigation of an unethical or immoral nature.
<input type="checkbox"/> Yes <input type="checkbox"/> No	#11) Are you in a hiring process with any other agency? (If yes, identify the agency and what phase of the process you are in.)

Certification That My Answers Are True

My statements on this form, and any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that a knowing and willful false statement on this form can and will disqualify me as candidate for this position.

Applicant signature: _____ Date _____.

Evaluator(s) names _____.

MADRAS POLICE DEPARTMENT PRE-SCREEN

PRE-SCREEN EXPLANATIONS

Question 1:

Question 2:

Question 3:

Question 4:

Question 5:

Question 6:

Question 7:

Question 8:

Question 9:

Question 10:

Question 11 :