



## CITY OF HUBBARD EMPLOYMENT APPLICATION

3720 2<sup>nd</sup> Street, PO Box 380 Hubbard, Oregon 97032  
Phone: (503) 981-9633 Fax: 503-981-8743

1. Position applied for: \_\_\_\_\_

Dept: \_\_\_\_\_

Date available: \_\_\_\_\_

Email: \_\_\_\_\_

Type of work for which you are applying: Full Time \_\_\_\_ Part Time \_\_\_\_ Seasonal \_\_\_\_

Desired Salary: \_\_\_\_\_

Have you ever applied for a position with the City before? \_\_\_\_\_

If so, explain: \_\_\_\_\_

2. Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
Street, P.O. Box City State Zip Code

Telephone No.: \_\_\_\_\_

If less than 5 years at this address, previous address:

Address: \_\_\_\_\_  
Street, P.O. Box City State Zip Code

3. Current Driver's License No: State and Class

\_\_\_\_\_

Previous Driver's License No: State and Class

\_\_\_\_\_

4. Do you claim veteran's preference? \_\_\_\_ Yes \_\_\_\_ No

If yes, please attach a copy of Federal DD214 or 215 or a veteran's disability preference letter from the US Department of Veterans Affairs.

5. Have you been discharged or resigned from any position? \_\_\_\_ Yes \_\_\_\_ No

If yes, explain here:

---

---

---

6. Are you able, at the time of employment, to submit verification of your legal right to work in the U.S.? \_\_\_\_\_ Yes \_\_\_\_\_ No

If hired, you must complete the I-9 form required by the U.S. Immigration and Naturalization Service no later than three (3) business days after your date of hire.

7. Name and location of High School:

---

Or, name of facility and location where certificate of equivalency was obtained (GED):

Schools attended after high school or special training received:

Name and Location (City and State)	Major	Total Number of Hours	# Hours, Degree, or Certificate Earned

8. List any special training, licenses, certificates, machine skills, office equipment or other special skills you may have that are pertinent to the position for which you are applying.

---

---

---

\* If additional space is needed for education, training or skills, attach supplemental sheet.

**Complete Work History: Begin with present employer or most recent experience.**

From \_\_\_\_\_ (Mo/Yr) Name of Employer: \_\_\_\_\_

To \_\_\_\_\_ (Mo/Yr) Address: \_\_\_\_\_

Type of firm: \_\_\_\_\_ Telephone no: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Describe Duties:

---

---

---

---

This position was ☐ full time ☐ part time

Reason for Leaving:

---

If you are still working here, may we contact this employer? ☐ Yes ☐ No

---

From \_\_\_\_\_ (Mo/Yr) Name of Employer:\_\_\_\_\_

To \_\_\_\_\_ (Mo/Yr) Address:\_\_\_\_\_

Type of firm: \_\_\_\_\_ Telephone no:\_\_\_\_\_

Job Title:\_\_\_\_\_ Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Describe Duties:

---

---

---

---

This position was ☐ full time ☐ part time

Reason for Leaving:

---

From \_\_\_\_\_ (Mo/Yr) Name of Employer:\_\_\_\_\_

To \_\_\_\_\_ (Mo/Yr) Address:\_\_\_\_\_

Type of firm: \_\_\_\_\_ Telephone no:\_\_\_\_\_

Job Title:\_\_\_\_\_ Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Describe Duties:

---

---

---

---

This position was ☐ full time ☐ part time

Reason for Leaving:

---

---

From \_\_\_\_\_ (Mo/Yr) Name of Employer:\_\_\_\_\_

To \_\_\_\_\_ (Mo/Yr) Address:\_\_\_\_\_

Type of firm: \_\_\_\_\_ Telephone no:\_\_\_\_\_

Job Title:\_\_\_\_\_ Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Describe Duties:

---

---

---

---

This position was [ ] full time [ ] part time

Reason for Leaving:

---

---

\*If additional space is needed for work history, please attach supplemental sheet.

9. **References** – In the spaces below give the names of ten (10) persons, minimum of five (5) that you are not related to who have known you for at least 1 year. There should be a combination of personal as well as business references. These individuals will be contacted during the background stage of the selection process.

Name	Address	Phone Number	Years Acquainted	Relationship

***This section is voluntary, but is appreciated. Not for interview purposes.***

How did you become aware of this employment opportunity?

- ☐ Newspaper - Which newspaper? \_\_\_\_\_
  - ☐ City Employment Announcement
  - ☐ City Employee
  - ☐ City Website
  - ☐ State Employment Office
  - ☐ Other Explain: \_\_\_\_\_
- 

## Selection Policy

The City of Hubbard is an equal opportunity employer and does not discriminate on the basis of race, color, religion, gender, national origin, marital status, age, mental or physical disability, familial status, sexual orientation, gender identity or source of income in the admission or access to, employment in, its programs or activities. Veterans are encouraged to apply for open positions and will be given preference over non-veterans if equally qualified.

The Director of Administration/City Recorder, acting as the Human Resources Director, has been designated the EEO Officer and Americans with Disabilities Act Coordinator. Any questions relating to either area, the grievance procedure and associated rights should be directed to the Human Resources Program within the Administration Department of the City of Hubbard.

The City of Hubbard is committed to maintaining a safe and healthy workplace. Any offer of employment will be contingent upon appropriate criminal and civil record checks, other necessary job-related checks and reference checks. In addition, some positions may require a physical and/or psychological examination and drug screen. Some criminal convictions may be disqualifying.

The position for which you are applying involves a competitive selection process. All applications will be reviewed by the Human Resources Department. Applicants whose backgrounds appear to most closely match the needs of particular vacancies will be forwarded to the hiring department for consideration for interview.

The most competitive applicants for a particular vacancy will be interviewed by the hiring department and a final selection will be made. Due to the extremely large number of applicants and the limited number of job opportunities, a number of applicants do not proceed to the interview phase.

A job application is an important reflection on you. The way in which you complete your application can make a difference in determining whether or not you are selected to be interviewed for a job. If you need assistance in completing this application, please notify the Director of Administration/City Recorder in the Administration Department who will provide the necessary accommodation for the application to be completed.

Applications received by the City of Hubbard become the property of the City of Hubbard and cannot be returned. If you have any questions, please feel free to contact Human Resources staff.

## Certification and Signature

I hereby certify that all statements and information provided on this application and throughout the interview process have been or will be true and complete.

I hereby authorize the City, its agents and employees to contact my former employers as well as others to verify information I have provided the City and to obtain information about me which the City deems relevant to my employment.

I authorize anyone having knowledge about me, including the officers, directors, owners, and employees of my former employers to disclose to the City all information relating to my past employment. I agree that any information released by my former employers to the City is released in good faith and I hereby waive the right to make any claim, suit, complaint, claim for damages, or legal action of any kind against any person, entity or their officers, directors, agents, insurers, or employees which relate in any way to providing information about me to the City, consistent with ORS 30.178.

I understand the City of Hubbard is committed to promoting safety and high standards of employee performance, productivity, and reliability. I agree that dependent on the position I am applying for, the City may require me to take and successfully pass a drug and alcohol test as a condition of my employment. I understand that if I have any prohibited substance in my system at the time of the drug test, the City may not hire me.

It is understood that by submitting this application for employment, I have agreed to allow the City to perform a review of publicly available criminal records as part of any background investigation.

---

Signature

---

Date

## Ethnicity & Race Data Collection Form

Providing this information is strictly voluntary on your part, and is not required to complete your Application for Employment. Nor will providing the information or not providing the information affect your application.

1. Race

How would you describe your racial identity?

\_\_\_\_\_ American Indian or Alaska Native (Persons having origins in and of the original peoples of North and South America (including Central America) and who maintain a tribal affiliation or community attachment)

\_\_\_\_\_ Asian (Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including Cambodia, China, India, Japan, Korean, Malaysia, Pakistan, the Phillipine Islands, Thailand, and Vietnam)

\_\_\_\_\_ Black or African American (Persons having origins in any of the original peoples of the Black racial groups of Africa)

\_\_\_\_\_ Native Hawaiian or other Pacific Islander (Persons having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands)

\_\_\_\_\_ White (Persons having origins in any of the original peoples of Europe, the Middle East, or North Africa)

Those who choose more than one race will be identified as “multi-racial” for reporting purposes.