

CITY OF HUBBARD EMPLOYMENT APPLICATION

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

1.	Position applied for:				
	Dept:				
	Date available:				
	Email:				
	Type of work for which you ar	e applying: Full Time	Part Time _	Seasonal	
	Desired Salary:				
	Have you ever applied for a po	osition with the City befor	e?	-	
	If so, explain:				
2.	Name:(Last)		25.11		
	Address: Street, P.O. Box	City		State	Zip Code
	Telephone No.:				
	If less than 5 years at this addr	ess, previous address:			
	Address:				
	Street, P.O. Box	City		State	Zip Code
3.	Current Driver's License No: State	e and Class			
	Previous Driver's License No: Star	te and Class			
4.	Do you claim veteran's preferences	Yes No			
	If yes, please attach a copy of I US Department of Veterans A		a veteran's disa	ability preferenc	e letter from th
5.	Have you been discharged or resign	ned from any position?	Yes 1	No	

Are you able, at the ti	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 collater than three (3) but				and Naturalization Service no	
Have you ever been o	convicted of a cri	me?Yes	_No		
A conviction record will not necessarily disqualify you for employment. If you answered yes, please desc fully the criminal conviction(s), listing the nature of the offense, year occurred, and outcome:					
Name and location o	Name and location of High School:				
Or, name of facility a	nd location wher	re certificate of ec	quivalency was obtain	ed (GED):	
Schools attended after	er high school or	special training re	eceived:		
Schools attended after Name and (City and	Location	special training re	Total Number of Hours	# Hours, Degree, or Certificate Earned	
Name and	Location		Total Number of	or Certificate	
Name and	Location		Total Number of	or Certificate	
Name and	Location		Total Number of	or Certificate	
Name and	Location		Total Number of	or Certificate	
Name and (City and	Location State) ng, licenses, certi	Major ficates, machine	Total Number of Hours	or Certificate	
Name and (City and	Location State) ng, licenses, certi	Major ficates, machine	Total Number of Hours	or Certificate Earned	

	ecent experience.	
From (Mo/Yr) Name of Employer:		
To (Mo/Yr) Address:		
Salary 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?	_YesNo	
From (Mo/Yr) Name of Employer:		
To (Mo/Yr) Address:		
Salary Type of firm:	Telephone no:	
Job Title: Supervisor's Name:	Title:	
Describe Duties:		
This position was [] full time [] part time		
Reason for Leaving:		
Reason for Leaving.		
From (Mo/Yr) Name of Employer:		
From (Mo/Yr) Name of Employer: To (Mo/Yr) Address:		

his position was	[] full time [] part time		
Reason for Leavin	g:		
From	(Mo/Yr) Name of Employer:		
Го	(Mo/Yr) Address:		
alary	Type of firm:	Telephone no:	
ob Title:	Supervisor's Name:	Title:	
	Supervisor's Name:	Title:	
ob Title:	Supervisor's Name:	Title:	
	Supervisor's Name:	Title:	
	Supervisor's Name:	Title:	
	Supervisor's Name:	Title:	
Describe Duties:	Supervisor's Name: [] full time [] part time	Title:	

10. **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

^{*}If additional space is needed for work history, please attach supplemental sheet.

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 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.

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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 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.	Ethnicity Are you Latino or Hispanic Yes No
	Persons of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture regardless of race.
2.	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.

Supplemental Questionnaire Police Department

1. Requirements

Must be a US citizen and at least 21 years of age by date of hire.

NO felony convictions. NO Class A Misdemeanor convictions within 24 months of application.

Must be able to work various shifts; nights, weekends, and holidays.

Must meet State requirements including vision, hearing, and standards for basic certification as a law enforcement officer by the Department of Public Safety Standards and Training (DPSST).

A valid Oregon driver's license, or ability to obtain by date of hire; **must pass driving records check** and, if hired, maintain a driving record that meets the City's standard. *Oregon law requires that an out-of-state license holder must obtain a valid Oregon license (with appropriate endorsements) within 30 days of becoming domiciled in the state (ORS 803.355).*

state (OKS 603.3	555).		
2. ARRES	ST RECORDS (Complete al	l areas)	
Have you ever b	een arrested or charged with	any criminal violation? Yes	No
	ters, even if not formally cha or bail forfeiture.	rged, or no court appearance, or i	f found not guilty, or if settled by
DATE	LOCATION	CHARGE	FINAL DISPOSITION
		-laws, or anyone with whom you other than traffic violations?	are closely associated or have lived
Yes	No		
3. TRAF	FIC RECORD		
Has your driving	g privilege ever been suspend	ed? Yes No	
If yes, what state	e was your license suspended	or revoked?	

List **all** traffic infractions and citations (except parking)

DATE	LOCATION	CHARGE	FINAL DISPOSITION

List all states in which you have been issued a driver's license. Start with most current driver's license.

STATE	LICENSE NUMBER	STATE	LICENSE NUMBER

4. MOTOR VEHICLE ACCIDENTS

Have you ever been involved in a motor vehicle accident?	Yes	No	
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DATE	LOCATION	INJURY?	POLICE INVESTIGATION/AGENCY
		YES / NO	YES / NO
		YES / NO	YES / NO
		YES / NO	YES / NO
		YES / NO	YES / NO
		YES / NO	YES / NO

5. ESSAY

On a supplemental sheet, write one or more paragraphs on why you want to work for the City of Hubbard Police Department. Your application will be rejected if this supplemental sheet is not attached.

6. PERSONAL PROFILE

You are going to be asked several personal questions regarding drug usage, work history, military service, credit history and other similar questions. You must answer them truthfully. **If you answer yes to any question, you must give a complete explanation on a separate sheet of paper.** Include approximate year or years that it took place. Your answers must be type written and attached to this application. A yes answer to the following questions does not mean that it will automatically disqualify you from further consideration. That is why a full explanation is so important.

Have you ever or are you now:

Used an illegal controlled substance as defined under the US Controlled Substances	YES	NO
Act?	IES	IVO
Illegally manufactured, sold or delivered any drugs?	YES	NO
Been a chronic user of alcoholic beverage?	YES	NO
Been arrested or convicted for driving under the influence or any alcohol-related offenses?	YES	NO
Been on duty under the influence of alcohol or drugs?	YES	NO
Been accused of abusing prescription medication?	YES	NO
Using any medication not prescribed to you?	YES	NO
Under medical treatment for any medical condition or injury?	YES	NO
Engaged in illegal gambling?	YES	NO
Can you meet the attendance requirements of this job? (i.e. holidays, rotating shifts and work days). Indicate how many days you took leave last year.	YES	NO
Did you have any unauthorized absences for work last year?	YES	NO
Been discharged from any position for failing to pass a probationary period?	YES	NO
Been discharged from any position?	YES	NO
Resigned from any position to avoid discharge or demotion?	YES	NO
Been subject to disciplinary action while employed as a law enforcement officer?	YES	NO
Had your wages attached or garnished?	YES	NO
Been a defendant to a small claims or other civil court action?	YES	NO
Had a judgment rendered against you?	YES	NO
Filed for bankruptcy or been declared bankrupt?	YES	NO
Been refused credit?	YES	NO
Had any of your property repossessed?	YES	NO
Been delinquent in paying any of your taxes?	YES	NO
Is there any current or pending civil action against you?	YES	NO
To your knowledge, have you ever been the subject to any criminal or civil rights investigation?	YES	NO
Advocated or participated in the violation of the laws of the US, this state, or any other state or political subdivision? If yes, please describe the violation.	YES	NO
Applied for employment with any criminal justice system agencies (Provide agency name and date(s) of application).	YES	NO
Had any licenses issued to you (other than driver's license)?	YES	NO
Had a license revoked or suspended? If so, explain and give date of revocation or suspension.	YES	NO
Been refused by a bonding company?	YES	NO
Should you be employed by this department, do you anticipate any income from any source other than your regular salary?	YES	NO
Do you presently have any income from any source other than your regular salary?	YES	NO
Have you applied for a permit to carry a concealed weapon?	YES	NO
If YES, was the permit granted?	YES	NO
If so, give date, name of law enforcement agency, and the purpose for the concealed weapon.		

CURRENT APPLICATIONS, BACKGROUNDS OR HIRING LISTS

Are you on a current hiring list with any police agency (background completed and waiting for opening	g):
1	
2	
3	
List all police agencies you are currently in the background investigation phase of the application proce	ess:
1	
2	
3	
List all police agencies you have made application for employment, but have not processed into the bac investigation phase:	ckground
1	
2	
3	
4	
5	
List all police agencies that you applied and the application was rejected or you were not offered the poresults of testing or background:	osition due
1	
2	
2	