



# CITY OF LYONS

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## EMPLOYMENT APPLICATION

Please complete all sections. Your application may not be considered if incomplete.

### JOB INFORMATION

POSITION APPLYING FOR: \_\_\_\_\_

### PERSONAL INFORMATION

FIRST NAME	MIDDLE INITIAL	LAST NAME
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ADDRESS \_\_\_\_\_

CITY	STATE	ZIP
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HOME PHONE	ALTERNATE PHONE
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EMAIL ADDRESS	WHICH METHOD DO YOU PREFER TO BE NOTIFIED ABOUT YOUR APPLICATION STATUS? <input type="checkbox"/> EMAIL <input type="checkbox"/> PAPER <input type="checkbox"/> PHONE
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### EDUCATION

WHAT IS YOUR HIGHEST LEVEL OF EDUCATION?

<input type="checkbox"/> Some High School	<input type="checkbox"/> Some College	<input type="checkbox"/> Associate's Degree	<input type="checkbox"/> Master's Degree
<input type="checkbox"/> High School	<input type="checkbox"/> Technical College	<input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> Doctorate

### HIGH SCHOOL EDUCATION

DID YOU GRADUATE FROM HIGH SCHOOL OR RECEIVE A G.E.D.?     YES     NO

SCHOOL NAME	CITY	ZIP
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### COLLEGE EDUCATION

SCHOOL NAME	DEGREE RECEIVED
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SCHOOL LOCATION (CITY/STATE)	DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> SEMESTER <input type="checkbox"/> QUARTER # OF UNITS COMPLETED:
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MAJOR \_\_\_\_\_



**EMPLOYMENT HISTORY Continued**

DATES From                      To	<b>EMPLOYER</b>	POSITION TITLE
ADDRESS	CITY	STATE, ZIP
PHONE NUMBER	SUPERVISOR (NAME & TITLE)	MAY WE CONTACT THIS EMPLOYER?

DUTIES

REASON FOR LEAVING

DATES From                      To	<b>EMPLOYER</b>	POSITION TITLE
ADDRESS	CITY	STATE, ZIP
PHONE NUMBER	SUPERVISOR (NAME & TITLE)	MAY WE CONTACT THIS EMPLOYER?

DUTIES

REASON FOR LEAVING

DATES From                      To	<b>EMPLOYER</b>	POSITION TITLE
ADDRESS	CITY	STATE, ZIP
PHONE NUMBER	SUPERVISOR (NAME & TITLE)	MAY WE CONTACT THIS EMPLOYER?

DUTIES

REASON FOR LEAVING

**SKILLS**

OFFICE SKILLS		TYPING (Words Per Minute)	DATA ENTRY (Words Per Minute)
OTHER SKILLS			
SKILL	SKILL LEVEL ___ BEGINNER ___ SKILLED ___ EXPERT		EXPERIENCE ___ Years ___ Months
SKILL	SKILL LEVEL ___ BEGINNER ___ SKILLED ___ EXPERT		EXPERIENCE ___ Years ___ Months

**EMPLOYMENT OBJECTIVE**

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**REFERENCE INFORMATION – Please list others not listed above.**

NAME OF REFERENCE	PHONE NUMBER	EMAIL
ADDRESS	___ Personal ___ Business ___ Work Other: _____	
NAME OF REFERENCE	PHONE NUMBER	EMAIL
ADDRESS	___ Personal ___ Business ___ Work Other: _____	

**ADDITIONAL INFORMATION**

Volunteer Experience, Military Service, Personal, Professional Associations, Interests, Activities, Other/Miscellaneous

**APPLICATION SIGNATURE**

I hereby certify that I understand that I will have to produce documentation verifying identity and employment eligibility in the U.S. I understand that I may be required to verify any and all information given on this application.

I certify that all the information provided in this application is true and accurate and I have not withheld any information relative to my application. I understand that any misrepresentation or omission, as well as any misleading statements or omissions of application information, attachments or supporting documents may result in denial of employment or immediate termination.

I understand that an in-depth background check will be conducted prior to employment with the City of Lyons. This may include, but is not limited to, a Criminal History check, a DMV check, education, and certification verification, and contact with previous employers and references in order to determine suitability for employment and ability to qualify for employment with the City of Lyons.

I authorize representatives of the City of Lyons to contact the employers and references listed in this application (or otherwise provided by me), except as otherwise indicated, and any other person as developed through these contacts to determine my suitability for employment. I understand that as the process progresses, I may be required to provide additional information in order that a thorough background check can be completed.

I understand and agree that, if hired, my employment relationship with the City of Lyons will be “**at-will**” meaning for no definite period and the relationship may be terminated at any time and without prior notice by either party.

I understand that this completed application is the property of the City of Lyons and will not be returned. I understand that I must notify the City Manager of the City of Lyons of any changes in my name, address, or phone number.

I have read and understand the above information.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

This page intentionally left blank. SEE NEXT PAGE for Veterans' Points consideration.

## **Veterans' Preference Form (ORS 408.230)**

Veterans who meet the minimum qualifications for a position open for recruitment may be eligible for preference in employment under Oregon law. If you are a Qualified Veteran or Qualified Disabled Veteran and would like to be granted preference in the selection and hiring process for a specific posted job, please fill out this Veterans' Preference Form and provide proof of eligibility by submitting a copy of form DD-214 or 215 (copy 4). This completed form and required supporting documentation must be submitted with your application in order for consideration for Veterans' Preference.

**Qualified Veteran Questions:** *Veterans' preference may be claimed if you check at least one of the boxes below and provide proof via form DD-214 or 215 (Copy 4)*

**ORS 408.225(f)** – 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;
- 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;
- For a period of 178 days or less and was discharged or released from active duty under honorable conditions because of a service due to a service-connected disability;
- For a period of 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;
  - 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**
  - Is receiving a nonservice – connected pension from the United States Department of Veterans Affairs.

**Qualified Disabled Veteran Questions:** *Additional preference may be claimed if you check at least one box below and provide proof of eligibility via a copy of DD214 or 15, Copy 4, and a public employment preference letter from the United States Department of Veteran's Affairs (letter may be requested by calling 800-827-1000)*

- 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.

I hereby claim Veterans' Preference, have attached proof of eligibility as directed 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.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Position Applied For:** \_\_\_\_\_

*This form and supporting documentation must be received by the City Manager no later than the closing time and date of the job posting. If you have any specific questions please contact the City Manager.*

*(503) 859-2167 or [cityoflyons@wavecable.com](mailto:cityoflyons@wavecable.com)*