

	<p style="text-align: center;"><b>Employment Application</b></p> <p style="text-align: center;">Please email all application materials to: <a href="mailto:hr@mcminnvilleoregon.gov">hr@mcminnvilleoregon.gov</a></p> <p style="text-align: center;">Applications may be submitted in hard copy at City Hall (230 NE 2<sup>nd</sup> St, McMinnville OR 97128), Monday – Friday between 8 am and 5 pm.</p> <p style="text-align: center;">Please call 503-434-2328 with any questions.</p>
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Job Applied for:	
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Name (Last, First, MI):	
Mailing Address:	
Telephone:	
Alternate Telephone:	
Email Address:	

**Certification & Signature**

I hereby certify that all statements made in this application are true, and I agree and understand that any written statement that is false, fraudulent, or misleading in this application or attached materials, or made in the course of any related employment process may cause forfeiture of employment.

- I certify that all statements contained herein are true and complete.
- I understand that I must prove that I am authorized to work in the United States if I am hired.
- I authorize the City of McMinnville to verify the employment and education information I provided on this employment application.
- I authorize my driving record to be checked if the position for which I am applying requires driving.
- I understand and agree to be subjected to a pre-employment drug screening and a criminal history background check, if applicable.

Signature:	Date:
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## Confidential Applicant Information

The City of McMinnville is dedicated to a policy of nondiscrimination in employment on the basis of race, color, religion, sex, national origin, age, disability, marital status, or any other non-merit factor. Reasonable accommodation will be made to enable successful applicant experiencing a disability to safely and properly perform the job for which they have applied.

The following information is necessary for the City of McMinnville to evaluate its hiring practices and to prepare reports required by law for the federal government. This information is voluntary and will be kept separate and confidential and has no bearing on the outcome of your application. Refusal to provide any information on this page will not subject you to adverse treatment in any aspect of employment with the City of McMinnville.

Name:		
Job Applied For:		
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth:	
Race/Ethnicity: we acknowledge this is an incomplete list and does not provide options for everyone. Please check all that apply.		
<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Hispanic/Latino
<input type="checkbox"/> Native American or Alaskan Native	<input type="checkbox"/> White/Caucasian (also includes people who identify as Middle Eastern or North African)	

How did you hear about this opportunity?

<input type="checkbox"/> City of McMinnville's website	
<input type="checkbox"/> Newspaper	Specify Newspaper:
<input type="checkbox"/> Other website	Specify website:
<input type="checkbox"/> Social media	Specify channel:
<input type="checkbox"/> From an existing employee	Specify employee:
<input type="checkbox"/> Other	Specify:

## City of McMinnville Veterans' Preference Form

**Under Oregon law, veterans who meet minimum qualifications for a position may be eligible for employment preference. If you think you may qualify, please read the following checklist carefully. Check the box for each item that is appropriate. If you need further explanation or have special circumstances, please call Human Resources at (503) 434-2328.**

*This completed form and the required documentation must be submitted to The City of McMinnville Human Resources Department at the time you submit your application.*

- A. QUALIFIED VETERAN QUESTIONS: You may claim veterans' preference if you check at least one of the boxes in the four sections below and provide proof of eligibility by submitting a copy of your DD-214 (or DD 215).**

ORS 408.225(d)

- ☐ *I served on active duty with the Armed Forces of the United States for a period of more than 178 consecutive days and was discharged or released under honorable conditions; or*
- ☐ *I served on active duty with the Armed Forces of the United States for 178 days or less and was discharged or released from active duty under honorable conditions because of a service-connected disability; or*
- ☐ *I served on active duty with the Armed Forces of the United States for at least one day in a combat zone and was discharged or released from active duty under honorable conditions; or*
- ☐ *I received a combat or campaign ribbon for service in the Armed Forces of the United States.*

**"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.**

- B. QUALIFIED DISABLED VETERAN QUESTIONS: You may claim additional employment preference if you can check at least one box in each of the three sections below and provide proof of eligibility by submitting both of the documents listed below:**

- 1. A copy of your DD-214 (or 215), Certificate of Release and Discharge, Copy 4, and**
- 2. 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.**

ORS 408.225(b)

- ☐ *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 points 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.**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
XXX - XX  
Social Security Number - last four

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Position Applied for \_\_\_\_\_

ORS 408.225-230

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 points, you must also submit the public employment preference letter from the Department of Veteran's Affairs. You will not receive preference without these accompanying documents.

# CRITERIA FOR VETERANS' PREFERENCE POINTS

An applicant or an employee seeking a promotion (or other City employment opportunity) **must meet the following eligibility requirements to be awarded Veterans' Preference Points as provided in ORS 408.230 and 408.235. These criteria must be identifiable in a copy of DD Form 214 or DD for 215 (Correction to DD Form 214) and VA Form 802 (if disabled). These forms must be submitted by the closing date for applications. If the information on the applicant's DD Form 214 (or 215) and/or VA form does not support the criteria outlined on this form, preference points will be denied.**

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**Veteran Status (Must meet all of the following criteria):  
[5 points for veteran, 10 points if disabled]**

**A. Time in Service:**

- ☛ **Active Duty Service in armed forces (Army, Navy, Air Force, Marines, or Coast Guard including the reserve components thereof, including Army Reserve, Navy Reserve, Marine Corps Reserve, Air Force Reserve, Coast Guard Reserve, Army National Guard of the United States and the Air National Guard of the United States) was more than 178 consecutive days and discharge was under honorable conditions; OR**
- ☛ **Service was for 178 days or less and discharge was under honorable conditions because of a service-connected disability; OR**
- ☛ **Served at least one day in a combat zone and discharge was under honorable conditions; OR**
- ☛ **Received a combat or campaign ribbon for service in the Armed Forces of the US.**

**B. Dates of Service:**

- ☛ **Applicant is eligible to use the preference provided in ORS 408.230 for a position for which application is made at any time after discharge or release from service in the Armed Forces. Date of discharge on Form DD 214 (or 215) is \_\_\_\_\_.**
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**Disabled Veteran (Proof of Disability must be submitted).**

- ☛ **Applicant is entitled to disability compensation from the USVA, or was discharged or released from active duty for a disability incurred or aggravated in the line of duty or was awarded the Purple Heart for wounds received in combat. [10 points for Disabled Veteran.]**
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**Promotional Veteran Points: Veterans' points are provided to employees seeking other City positions based on the criteria set forth above for veteran or disabled veteran.**

**Use of Veterans' Points: There are currently no restrictions on amount of times Veterans' Preference may be used by an applicant or employee.**