



*City of Klamath Falls, Oregon*  
**EMPLOYMENT APPLICATION**

|                                 |                |
|---------------------------------|----------------|
| HR USE ONLY                     |                |
| <input type="checkbox"/> Accept |                |
| <input type="checkbox"/> Reject |                |
| ___ Education                   | ___ Experience |
| ___ Other                       |                |

Physical Address - 226 S. Fifth Street  
 Mailing Address - P.O. Box 237  
 Klamath Falls, Oregon 97601

Applications must be typed or printed in ink. Complete each section, "see resume" is not acceptable for providing information on the application. However, a resume is acceptable as an attachment to the application.

|  |           |  |        |
|--|-----------|--|--------|
| Position applied for:  |           |  |        |
| Name:  |           |  |        |
| Present Address:   | City      | State  | Zip    |
| How long have you lived there?   |           | Years  | Months |
| Previous Address:  | City      | State  | Zip    |
| How long did you lived there?  |           | Years  | Months |
| Phone #  | Message # | Cell #   |        |
| Email Address  |           | Date Available to Work                                       |        |
| Have you ever worked for the City of Klamath Falls before?<br>[ ] Yes [ ] No   |           | If yes, please give dates & position:                        |        |
| Driver License # & State   |           | Commercial Driver's License?<br>[ ] Yes [ ] No If yes, type: |        |
| Have you ever pled guilty or "no contest" to, or been convicted of, a crime involving dishonesty, breach of trust, or immoral conduct? [ ] Yes [ ] No<br>If yes, please give the date(s) and details:  |           |  |        |
| Have you been arrested for any matters for which you are out on bail or on your own recognizance pending trial?<br>[ ] Yes [ ] No<br>If yes, please give the date(s) and details:  |           |  |        |
| <p><b>Note:</b> Answering "yes" to the two questions above does not constitute an automatic bar to employment. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account. (Do not include minor traffic violations, and convictions for which the record has been sealed or expunged, any conviction for which probation has been successfully completed or otherwise discharged and the case has been judicially dismissed, referrals to and participation in any pretrial or post trial diversion programs, and marijuana related offenses that occurred over two years ago in answering these questions.)</p> |           |  |        |

## RECORD OF PREVIOUS EMPLOYMENT

Please list below the names of your present and/or past employers (to include a minimum of your last 5 employers) in chronological order, with present or last employer listed first. Be sure to account for all periods of time including military service and any period of unemployment. If self-employed, give firm name and supply business reference. (Add additional page if necessary)

|                          |           |   |  |
|--------------------------|-----------|---|--|
| Present or last employer |           | Address   |  |
| Date Hired               | Date Left | Phone #<br>(    )   |  |
| Position Title           |           | Starting Salary<br>Ending Salary  |  |
| Duties:                  |           |   |  |
| Reason for leaving       |           |   |  |
| Supervisor's Name/Title  |           | May we contact this employer?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| Next employer            |           | Address   |  |
| Date Hired               | Date Left | Phone #<br>(    )   |  |
| Position Title           |           | Starting Salary<br>Ending Salary  |  |
| Duties:                  |           |   |  |
| Reason for leaving       |           |   |  |
| Supervisor's Name/Title  |           | May we contact this employer?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|                         |           |   |  |
|-------------------------|-----------|---|--|
| Next employer           |           | Address   |  |
| Date Hired              | Date Left | Phone #<br>(    )   |  |
| Position Title          |           | Starting Salary<br>Ending Salary  |  |
| Duties:                 |           |   |  |
| Reason for leaving      |           |   |  |
| Supervisor's Name/Title |           | May we contact this employer?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| Next employer           |           | Address   |  |
| Date Hired              | Date Left | Phone #<br>(    )   |  |
| Position Title          |           | Starting Salary<br>Ending Salary  |  |
| Duties:                 |           |   |  |
| Reason for leaving      |           |   |  |
| Supervisor's Name/Title |           | May we contact this employer?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| Next employer           |           | Address   |  |
| Date Hired              | Date Left | Phone #<br>(    )   |  |
| Position Title          |           | Starting Salary<br>Ending Salary  |  |
| Duties:                 |           |   |  |
| Reason for leaving      |           |   |  |
| Supervisor's Name/Title |           | May we contact this employer?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |

Have you ever been terminated or asked to resign from any job? [ ] **Yes** [ ] **No**

If yes, please explain circumstances:

Please explain fully any gaps in your employment history:

May we contact your current employer? [ ] **Yes** [ ] **No**

If no, please explain:

Please indicate any actual experience, special training and qualifications that you have which you feel are relevant to the position for which you are applying:

Have you ever used another name? [ ] **Yes** [ ] **No**

Is any additional information relative to change of name, use of an assumed name, or nickname necessary to enable a check on your work and educational report? If yes, please explain:

If hired, can you furnish proof that you are over 18 years of age? [ ] **Yes** [ ] **No**

## EDUCATION AND TRAINING

Name of High School

City

State

Diploma or GED?

Name of College or University

City

State

Diploma, Degree, Certificate or Number of Credit Hours

Major Area of Study

Name of Trade or Correspondence School

City

State

Diploma, Degree, Certificate or Number of Credit Hours

Major Area of Study

Other

City

State

Diploma, Degree, Certificate or Number of Credit Hours

Major Area of Study

**Office Skills**

Please indicate level of knowledge/experience in the following areas:

- E = Excellent      G = Good      M = Minimal      N = None
- \_\_\_\_\_ Computer Software (Word processing, Spreadsheet, Database, etc.)
- \_\_\_\_\_ Computer Networked Systems
- \_\_\_\_\_ Office equipment (Fax, Photo Copier, Typewriter, etc.)
- \_\_\_\_\_ 10 Key by touch
- \_\_\_\_\_ Multi-line telephone, voicemail, communication equipment.

If applicable, what is your typing speed?  
If applicable, what is your shorthand speed?

**Heavy Equipment** (Please list machinery /equipment related to this position you are able to operate:

List any additional training, certificates, licenses or other related qualifications you have for this position:

The City of Klamath Falls does not discriminate on the basis of race, color, national origin, sex, religion, age, or disability in employment or the provision of services. In compliance with the Americans with Disabilities Act, the City of Klamath Falls will provide reasonable accommodations to qualified individuals with disabilities and encourages both prospective and current employees to discuss potential accommodations with the employer.

**PERSONAL REFERENCES**

Please list persons who know you well – not previous employers or relatives.

| Name | Occupation | Address<br>(Street, City & State) | Telephone<br>Number | # of Years<br>Known |
|------|------------|-----------------------------------|---------------------|---------------------|
|      |            |                                   |                     |                     |
|      |            |                                   |                     |                     |
|      |            |                                   |                     |                     |

THIS APPLICATION WILL BE CONSIDERED ONLY FOR THE SPECIFIC POSITION FOR WHICH YOU HAVE APPLIED. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT FOR ANY OTHER POSITION, YOU MUST RE-APPLY.

I certify that all of the information that I have provided on this application is true and accurate.

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

\_\_\_\_\_  
Date

City of Klamath Falls  
500 Klamath Avenue  
Klamath Falls, OR 97601

**RECRUITMENT INFORMATION**

Please complete the following information for our records.

Position applied for: \_\_\_\_\_

How did you hear about the position?

- Jobs Available Publication
- Professional Newsletter or Magazine
- Internet Job Posting
- City Website
- Direct mailing
- Herald & News Classifieds
- Major Newspaper \_\_\_\_\_
- Work Connection
- City Bulletin Board
- City Employee
- Other: \_\_\_\_\_

# City of Klamath Falls

## SUPPLEMENTAL EMPLOYMENT INFORMATION

This portion of the employment application is used for statistical purposes only. Please submit it with your application. It will be **removed** & filed prior to review by the Human Resource Director. Information on this page will not be used to make any employment decision and will be kept strictly confidential.

I prefer not to provide the information requested on this page.

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

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

| Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female   |  | Age: <input type="checkbox"/> Under 40 <input type="checkbox"/> Over 40 |  |
|--|--|---|--|
| RACE   |  |   |  |
| <input type="checkbox"/> White   | (Not of Hispanic origin). All persons having origins in any of the original peoples of Europe, North Africa, or Middle East  |   |  |
| <input type="checkbox"/> Black   | (Not of Hispanic origin). All persons having origins in any of the black racial groups of Africa.  |   |  |
| <input type="checkbox"/> Hispanic  | All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.   |   |  |
| <input type="checkbox"/> Asian or Pacific Islander   | All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands.                                       |   |  |
| <input type="checkbox"/> Native American Indian or Alaskan Native  | All persons having origins in any of the original peoples of North America who maintain cultural identification through tribal affiliation or community recognition.             |   |  |
| <input type="checkbox"/> Other   | Please describe/explain  |   |  |
| VETERAN STATUS   |  |   |  |
| Are you a veteran?   | <input type="checkbox"/> YES   | <input type="checkbox"/> NO   |  |
| Are you a Vietnam Veteran?   | <input type="checkbox"/> YES   | <input type="checkbox"/> NO   |  |
| <input type="checkbox"/> Disabled Veteran<br>(entitled to disability compensation, but not classified as a special disabled veteran)   | <input type="checkbox"/> Special Disabled Veteran<br>(30% or more disability, discharged or released from active duty for disability incurred or aggravated in the line of duty) |   |  |
| DISABLED   |  |   |  |
| Do you consider yourself mentally or physically challenged?  |  |   |  |
| <input type="checkbox"/> YES <input type="checkbox"/> NO   |  |   |  |
| If yes, please explain:  |  |   |  |
| AN EQUAL OPPORTUNITY EMPLOYER  |  |   |  |
| The City of Klamath Falls is an Equal Employment Opportunity Employer. We are dedicated to a policy of nondiscrimination in employment on the basis of race, color, religion, sex, national origin, age, marital status, family relationship, or mental or physical handicap.    |  |   |  |
| In compliance with the Americans with Disabilities Act, the City of Klamath Falls will provide reasonable accommodations to qualified individuals with disabilities and encourages both prospective and current employees to discuss potential accommodations with the employer. |  |   |  |

# APPLICANT STATEMENT

In the event of my employment to a position with the City of Klamath Falls, I will comply with all rules and regulations of the City. I understand that the City of Klamath Falls reserves the right to require me to submit to a test for the presence of drugs in my system prior to employment and at any time during my employment, to the extent permitted by law. I also understand that any offer of employment may be contingent upon the passing of a physical examination. I consent to the disclosure of the results of any physical examination and related tests to the City of Klamath Falls. I also understand that I may be required to take other tests such as personality and honesty tests, prior to employment and during my employment. I understand that should I decline to sign this consent, or decline to take any of the above tests, my application for employment may be rejected or my employment may be terminated. I understand that bonding may be a condition of hire. If it is, I will be advised either before or after hiring, and a bond application will have to be completed.

I understand that the City of Klamath Falls may obtain and use a consumer report from a consumer reporting agency, may investigate my driving record and my criminal record and may prepare a background report whereby information is obtained through personal interviews with my neighbors, friends, personal references, and others with whom I am acquainted. This inquiry includes information as to my character, general reputation, personal characteristics, credit history and mode of living. I understand that I have the right to make a written inquiry within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation. I further understand that the City of Klamath Falls may contact my previous employers and I authorize those employers to disclose to the City of Klamath Falls all records and information pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, I hereby fully waive any rights or claims I have or may have against my former employers, their agents, employees, and representatives, as well as other individuals who release information to the City of Klamath Falls, and release them from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me. I authorize the persons named herein as personal references to provide the City of Klamath Falls with any pertinent information they may have regarding myself.

I hereby state that all the information that I provided on this application or any other documents filled out in connection with my employment, and in any interview, is true and correct. I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that if I am employed and any such information is later found to be false or incomplete in any respect, I may be dismissed.

If hired, I agree as follows: My employment and compensation is terminable at-will, is for no definite period, and my employment and compensation may be terminated by the City of Klamath Falls at any time and for any reason whatsoever, with or without good cause at the option of either City of Klamath Falls or myself. No implied, oral, or written agreements contrary to the express language of this agreement are valid unless they are in writing and signed by the City Manager. No supervisor or representative of the City of Klamath Falls has any authority to make any agreements contrary to the foregoing. This agreement is the entire agreement between the City and myself regarding the rights of the City or myself to terminate employment with or without good cause, and this agreement takes the place of all prior and contemporaneous agreements, representations, and understandings of myself and the City of Klamath Falls.

**Note:** If you, the applicant, have any questions regarding this statement, please ask them of the City of Klamath Falls Human Resources representative before signing.

## **DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT & AGREEMENT**

I hereby acknowledge that I have read the above statements and understand the same.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# FAIR CREDIT REPORTING ACT DISCLOSURE and AUTHORIZATION

The City of Klamath Falls, when considering your application for employment, when making a decision whether to offer you employment, and when deciding whether to continue your employment (if you are hired) and when making other employment related decisions directly affecting you, may wish to obtain and use a “consumer report” from a “consumer reporting agency.” These terms are defined in the Fair Credit Reporting Act (“FCRA”), which applies to you. As an applicant for employment or employee of the City of Klamath Falls, you are a “consumer” with rights under the FCRA.

A “consumer reporting agency” is a person or business that, for monetary fees, dues or a cooperative non-profit basis, regularly assembles or evaluates consumer credit information or other information on consumers for the purpose of furnishing “consumer reports” to others, such as the City of Klamath Falls.

A “consumer report” is any written, oral or other communication of any information by a “consumer reporting agency” bearing on a consumer’s credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living which is used or collected for the purpose of servicing as a factor in establishing the consumer’s eligibility for employment purposes.

If the City of Klamath Falls obtains a “consumer report” about you, and if the City of Klamath Falls considers any information in the “consumer report” when making an employment related decision that directly and adversely affects you, you will be provided with a copy of the “consumer report” before the decision is finalized. You also may contact the Federal Trade Commission about your rights under the FCRA as a “consumer” with regard to “consumer reports” and “consumer reporting agencies.”

## Authorization

By signing below, I, \_\_\_\_\_, hereby voluntarily authorize the City of Klamath Falls to obtain “consumer reports” about me from a “consumer reporting agency” and to consider the “consumer reports” when making decisions regarding my employment at the City of Klamath Falls. I understand that I have rights under the FCRA, including the rights discussed above.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness’ Name

\_\_\_\_\_  
Date

*Para informacion en espanol, visite [www.ftc.gov/credit](http://www.ftc.gov/credit) o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.*

## **A Summary of Your Rights Under the Fair Credit Reporting Act**

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to [www.ftc.gov/credit](http://www.ftc.gov/credit) or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identify theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most

cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.ftc.gov/credit](http://www.ftc.gov/credit).
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.ftc.gov/credit](http://www.ftc.gov/credit).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:**

| <b>TYPE OF BUSINESS:</b>  | <b>CONTACT:</b>  |
|---|--|
| Consumer reporting agencies, creditors and others not listed below  | Federal Trade Commission: Consumer Response Center - FCRA<br>Washington, DC 20580 1-877-382-4357   |
| National banks, federal branches/agencies of foreign banks (word "National or initials "N.A." appear in or after bank's name)         | Office of the Comptroller of the Currency<br>Compliance Management, Mail Stop 6-6<br>Washington, DC 20219 800-613-6743                             |
| Federal Reserve System member banks (Except national banks, and federal branches/agencies of foreign banks)                           | Federal Reserve Board<br>Division of Consumer & Community Affairs<br>Washington, DC 20551 202-452-3693   |
| Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name) | Office of Thrift Supervision<br>Consumer Complaints<br>Washington, DC 20552 800-842-6929   |
| Federal credit unions (words "Federal Credit Union" appear in institution's name)   | National Credit Union Administration<br>1775 Duke Street<br>Alexandria, VA 22314 703-519-4600  |
| State-chartered banks that are not members of the Federal Reserve System  | Federal Deposit Insurance Corporation<br>Consumer Response Center, 2345 Grand Avenue, Suite 100<br>Kansas City, Missouri 64108-2638 1-877-275-3342 |
| Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission                   | Department of Transportation, Office of Financial Management<br>Washington, DC 20590 202-366-1306  |
| Activities subject to the Packers and Stockyards Act, 1921  | Department of Agriculture<br>Office of Deputy Administrator - GIPSA<br>Washington, DC 20250 202-720-7051   |



# 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 City of Klamath Falls, Human Resources at 541.883.5317.

**This completed form and the required documentation must be submitted 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 below and provide proof of eligibility by submitting a copy of your DD-214 or 215.

## ORS 408.225(e)

- 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; or
- I served on active duty with the Armed Forces of the United States 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; 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 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
- 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 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
- I am receiving a nonservice-connected pension from the United States Department of Veterans Affairs.

"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 the section below and provide proof of eligibility by submitting both of the following documents:

1. A copy of your DD-214 or 215, Certificate of Release or 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(c)

- 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 veteran's preference 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

\_\_\_\_\_  
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 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.*