



## Siuslaw Public Library District Employment Application

Siuslaw Public Library District provides equal employment opportunity to all qualified employees and applicants for employment without regard to race, color, religion or religious expression, age, sex, national origin, marital or family status, disability status, genetics, political affiliation, protected veteran status, sexual orientation, gender identity or expression, or any other characteristic protected by federal, Oregon, or local law.

This application will be used to determine if you meet minimum qualifications for the position you are applying to fill. Please be specific about your education, prior job duties, and relevant paid and unpaid experience. Your application may not be considered if it is incomplete, illegible, or if it is submitted past an established deadline. If you are hired, this application will be part of your permanent personnel file.

<b>Position</b>		
Position(s) Applying For	Available Start Date	Today's date

<b>Personal Information</b>			
Name			
Address	City	State	Zip
Phone Number	Email Address		

<b>Education</b>
Do you have a high school diploma or GED Certificate? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>
What is the last school, college, or university you attended?
Please specify any degrees or certifications you have obtained:

<b>Work Experience Instructions: Please list your most recent five years of work experience (paid or unpaid)--or your total work history if less than five years. Continue on additional sheets if necessary, and do not omit employers. For each work experience you complete, provide a list of comprehensive duties that demonstrate how the position meets the experience requirements of the position for which you are applying. If your relevant experience took place more than five years ago, please make sure to include that employment as well. Only the duties you list will be considered to ensure you meet the minimum qualifications outlined in the job description.</b>		
<b>Employer (1)</b>	Job Title	Dates Employed (from-to)
Employer Address		
Supervisor Name	Phone Number	May we contact this employer?
Duties		
Reason for leaving		

## Work Experience, Contd.

<b>Employer (2)</b>	Job Title	Dates Employed (from-to)
Employer Address		
Supervisor Name	Phone Number	May we contact this employer?
Duties		
Reason for leaving		
<b>Employer (3)</b>	Job Title	Dates Employed (from-to)
Supervisor Name	Phone Number	May we contact this employer?
Duties		
Reason for leaving		

## Certification & Signature

I hereby certify that all statements made in this application are true, and I agree and understand that any statement that is false, fraudulent, or misleading in this application or attached material, during the interview or screening process, or discovered during any employment-related process (post hire) may result in the revoking of a job offer or termination of employment.

- I certify that all statements contained herein are true and complete.
- In accordance with federal law, I understand that I must provide proof I am authorized to work in the United States if I am hired.
- I authorize the Siuslaw Public Library District to investigate my references, work history, education, and other matters related to my suitability for employment. I release the Siuslaw Public Library District, my former employers, and all other persons, partnerships, and associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.
- I understand and agree to be subjected to a pre-employment criminal history background check. The District advises me that any criminal background check will focus on convictions, and that a criminal record will not necessarily disqualify me from employment.
- I am able to perform the essential duties of this position as advertised, with or without reasonable accommodation
  - Yes
  - No Explanation: \_\_\_\_\_

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

## Veterans' Preference Form (ORS 408.230)

**DO NOT complete this form if you are not claiming Veteran's Preference.**

**To claim veterans' preference in hiring, complete this Veteran's Preference Form and submit it with the required documentation.**

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 to receive 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-related 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
- For at least one day in a combat zone and was discharged or released from active duty under honorable conditions
- And 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
- And am 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:** \_\_\_\_\_