



**City of Tangent**  
 P.O. Box 251  
 Tangent, OR 97389

Form 01-B-1  
 07/01/22

Page 1 of 5 application & additional 6-7

**Application for Employment**

*Note: Application must be completed. Resumes will not be in lieu of the application.*

Position Applying For	Date of Application

Last Name	First Name	Middle Name or Initial			
Physical Address	Number	Street	City	State	Zip
Mailing Address If Different					

Telephone Number(s)	Email

How did you learn of this opportunity?					
<input type="checkbox"/>	Indeed	<input type="checkbox"/>	Craigslist	<input type="checkbox"/>	Oregon Government Finance Officers
<input type="checkbox"/>	LinkedIn	<input type="checkbox"/>	Oregon.gov	<input type="checkbox"/>	Other Website: _____
<input type="checkbox"/>	League of Oregon Cities	<input type="checkbox"/>	ICMA	<input type="checkbox"/>	From Person

***Thank you for your interest in serving the citizens of Tangent***

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Can you provide the required proof of your eligibility to work? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Have you ever filed an application with us before?              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Have you ever been employed with us before?                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Are you currently employed?                                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. May we contact your present employer?                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Family member employed by the City of Tangent?                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Do you have a valid driver's license?                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**Please proceed to the second page of the application**

City Hall  
 32166 Old Oak Dr.  
 Tangent OR 97389

[www.CityofTangent.org](http://www.CityofTangent.org)  
 Phone: 541-928-1020  
 Fax: 541-928-4920

Office Hours  
 Monday – Friday  
 9:00 A.M. – 4:00 P.M.

## Employment Experience

Start with your present or last job. Please use the additional pages provided after the signature page if you need additional space.

Employer	Job Title	Dates Employed
Address	Location (City & State)	Zip
Supervisors Name	Phone Number	May we Contact?
Reason for Leaving		
Duties		

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**Education**

	Name & Location	Course of Study	Years Completed	Diploma or Degree
<b>Colleges</b>				
<b>Business/Trade/Technical</b>				
<b>High School</b>				

Describe any specialized training, apprenticeship, skills, and extra-curricular activities:

Describe any job-related training received in the United States Military:

List professional, trade, business, or civic activities and offices held. You may exclude membership that would reveal race, color, religion, gender, national origin, disabilities, or other protected status.

Summarize special job-related skills, qualifications, or additional information acquired from employment or other experience that you may feel would be helpful in considering your application

**Specialized Skills**

	Software Programs (list)	Production/Mobile Machine (list)	Others (list)
<input type="checkbox"/> PC	_____	_____	_____
<input type="checkbox"/> Calculator	_____	_____	_____
<input type="checkbox"/> Typewriter	_____	_____	_____
<input type="checkbox"/> PBX System	_____	_____	_____

**Professional References**

Do not list family members.

1

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

2

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

3

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

**Applicant Statement**

I certify that the information I have entered on this form is true and complete to the best of my knowledge. I have read the minimum qualifications for this job class and believe that I am qualified. This application for employment shall be considered active for a period of time not to exceed 60 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. I understand that if I deliberately conceal or enter false information on this form, that I may be removed from my job; that nothing contained in this employment application or in the granting of an interview is intended to create a contract between me and the City of Tangent for either employment or the provision of any benefits; that information in this application may be released in an authorized legal investigation; and that for the purpose of this certification, a photocopy of my original signature shall have the same force and effect as my original signature. I agree that the City of Tangent, or its agents, may contact current or former employers or other persons who know me in order to obtain additional information.

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

\_\_\_\_\_  
Date

**Additional Employment Experience**

Employer	Job Title	Dates Employed
Address	Location (City & State)	Zip
Supervisors Name	Phone Number	May we Contact?
Reason for Leaving		
Duties		

Employer	Job Title	Dates Employed
Address	Location (City & State)	Zip
Supervisors Name	Phone Number	May we Contact?
Reason for Leaving		
Duties		

**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
- 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 Human Resources Department no later than the closing time and date of the job posting. If you have any specific questions please contact Human Resources.*