



EMPLOYMENT APPLICATION

1750 W. McKinney Butte | PO Box 2215 | Sisters, OR 97759 | ph: 541-549-2091 | sistersrecreation.com

Sisters Park & Recreation District provides equal employment opportunity to all qualified employees and applicants, without regard to race, color, religion, gender, sexual orientation, national origin, age, disability, genetic information, veteran's status, or any other status protected by applicable federal, state, or local law.

Position		
Position applying for	Available start date	Today's date

Personal Information			
Name			
Address	City	State	Zip
Phone number	Cell phone number	Email	
Are you able, at the time of employment, to submit verification of your legal right to work in the United States? (Proof of identity will be required upon employment)			Yes <input type="checkbox"/> No <input type="checkbox"/>

Education List any colleges, military, trade, business or other schools attended.				
School name	Location	Diploma/Degree	Major/Minor	Graduate?

Certificates & Licenses List professional license, registration, or certificate required or preferred for position.			
Type	Issuing agency	Date issued	Date expires

Employment History			
Employer #1			
Employer	Job title	Dates employed (from-to)	
Address	City	State	Zip
Supervisor name	Phone number	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Reason for leaving			
Duties			
Employer #2			
Employer	Job title	Dates employed (from-to)	
Address	City	State	Zip
Supervisor name	Phone number	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Reason for leaving			
Duties			
Employer #3			
Employer	Job title	Dates employed (from-to)	
Address	City	State	Zip
Supervisor name	Phone number	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Reason for leaving			
Duties			

Have you ever been employed by SPRD before? Yes No | Date(s):

Professional References

Name: _____	Title: _____
Company: _____	Relationship to you: _____
Phone: _____	Email: _____
Name: _____	Title: _____
Company: _____	Relationship to you: _____
Phone: _____	Email: _____
Name: _____	Title: _____
Company: _____	Relationship to you: _____
Phone: _____	Email: _____

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.
- I understand that I must provide proof I am authorized to work in the United States, in accordance with federal law, if I am hired.
- I authorize the employing agency to verify the employment and education information provided in 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 criminal history background check, if applicable.
- 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)

1750 W. McKinney Butte | PO Box 2215 | Sisters, OR 97759 | ph: 541-549-2091 | sistersrecreation.com

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 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 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: _____