

Roseburg Urban Sanitary Authority 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, Oregon, or local law. No application will be rejected because of a disability that, with reasonable accommodation, does not prevent performance of the essential job duties.

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

IF HIRED, THIS APPLICATION WILL BE COME PART OF YOUR PERMANENT PERSONNEL FILE. PLEASE COMPLETE LEGIBLY. YOUR APPLICATION MAY NOT BE CONSIDERED IF INCOMPLETE OR SUBMITTED PAST AN ESTABLISHED DEADLINE.

B 111											
Position											
Position Applying For	Position Applying For			Ava	Available Start Date		Today's date				
5 11 6	. •										
Personal Informa	tion										
Name											
Address City			City				te	Zip			
Phone Number Mobile Number Email			il Addr	ess	<u> </u>						
() ()											
Are you able, at the time of employment, to submit verification of your legal right to work in the United States? Yes No No											
	(Proof of identity will be required upon employment)										
Education List any colleges, military, trade, business, or other schools attended.											
Do you have a high school diploma or GED Certificate? Yes □ No □											
					Did you						
School Name Lo		Location		Diploma/Degree	Major/Minor		Graduate?				
		_	_								
Certificates & Licenses List professional license, registration, or certificate required or preferred for position.											
Туре		Issuing Agency					ate Issued	Date Expires			

Employment History					
This information in this section will be used to determine if you me Clearly describe all your duties, starting with your most recent job. and will not be accepted in place of a completed applicat	Resumes will be accepted of	nly if requ	ired on the jol	b announcement	
Employer (1)	Job Title		Dates Employed (from-to)		
Address	City	State		Zip	
Supervisor Name	Phone Number ()	-	ve contact? Yes No		
Reason for leaving					
Duties:					
Employer (2)	Job Title		Dates Employed (from-to)		
Address	City	State		Zip	
Supervisor Name Phone Number May we contact? () Yes □ No □]	
Reason for leaving					
Duties:					
Employer (3)	Job Title			Dates Employed (from-to)	
Address	City State			Zip	
Supervisor Name	Phone Number ()		ve contact? Yes □ No □		
Reason for leaving					
Duties:					
Employer (4) Job Title			Dates Employed (from-to)		
Address	City State			Zip	
Supervisor Name	Phone Number May we contact? () Yes □ No □]	
Reason for leaving					
Duties:					

References	
Name:	Title:
Company:	Relationship to you:
Phone:	Email:
Name:	Title:
Company:	Relationship to you:
Phone:	Email:
Name	
Name:	Title: Relationship to you:
Company:	
Phone:	Email:
Certification & Signature	
· · · · · · · · · · · · · · · · · · ·	e true, and I agree and understand that any statement that is false, ial, during the interview or screening process, or discovered during revoking of a job offer or termination of employment.
I certify that all statements contained herein are true	
 I understand that I must provide proof I am authorize am hired. 	ed to work in the United States, in accordance with federal law, if I
	yment and education information provided in this employment
 I authorize my driving record to be checked if the pos 	sition for which I am applying requires driving.
 I understand and agree to be subjected to a pre-emp applicable. 	loyment drug screening and criminal history background check, if
	ion as advertised, with or without reasonable accommodation
Yes	ion as davertised, with or without reasonable accommodation
Signature:	Date:

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.

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.
hereby claim Veterans' Preference, have attached proof of eligibility as directed and certify that the above information s 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: