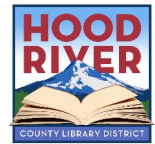


# Hood River County Library District



## Employment Application

Hood River County Library 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, 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. Please review the Equal Employment Opportunity statement (<http://1.usa.gov/1TF9Ob5>) and supplement (<http://1.usa.gov/1rWaDWB>). HRCLD also subscribes to the principles of pay transparency (<http://bit.ly/1T8T3uM>).

**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 BECOME PART OF YOUR PERMANENT PERSONNEL FILE. PLEASE COMPLETE LEGIBLY. YOUR APPLICATION MAY NOT BE CONSIDERED IF INCOMPLETE OR SUBMITTED PAST AN ESTABLISHED DEADLINE.**

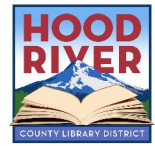
Position		
Position Applying For	Available Start Date	Today's date

Personal Information			
Name			
Address		City	State Zip
Phone Number	Mobile Number	Email Address	
How did you hear about this opportunity?			

Education <span style="float: right;">List any colleges, military, trade, business or other schools attended.</span>				
Do you have a high school diploma or GED Certificate? Yes <input type="checkbox"/> No <input type="checkbox"/>				
School/Program Name	Location	Diploma/Degree	Major/Minor	Did you Graduate?

Employment/Volunteer History			
This information in this section will be used to determine if you meet the minimum qualifications as outlined in the job announcement. Clearly describe all your duties, starting with your most recent job. Resumes will be accepted only if required on the job announcement and will not be accepted in place of a completed application. If you need additional space, attach a separate sheet.			
<b>Employer (1)</b>	Job Title	Dates Employed (from-to)	
Address	City	State	Zip

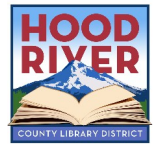
# Hood River County Library District



Supervisor Name	Phone Number	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Reason for leaving			
<b>Duties</b>			
<b>Employer (2)</b>	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			
<b>Duties</b>			
<b>Employer (3)</b>	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			
<b>Duties</b>			

<b>Employer (4)</b>	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			
<b>Duties</b>			

# Hood River County Library District



## Other Qualifications

Membership in professional organizations

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Relevant computer programs and equipment in which you're proficient

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Language spoken and fluency level

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## Certification & Signature

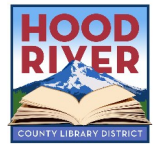
- I hereby certify that all information in my application materials submitted to Hood River County Library District (HRCLD) is true, correct, and complete. I understand that any statement that is false, fraudulent, misleading or omitting facts in this application or attached material, during the interview 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 I am legally eligible to be employed in the United States and will be required to complete a federal I-9 Employment Eligibility Verification within three days of the date employment begin.
- I authorize the employing agency to verify the employment and education information provided in this employment application.
- I permit HRCLD to conduct a background check on me, with notification to me before it occurs. The check will cover criminal history and, if relevant, driving history in Oregon State and federal law enforcement agencies.
- I am able to perform the essential duties of this position as advertised, with or without reasonable accommodation
  - Yes
  - No Explanation: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Digital signatures are permissible.

# Hood River County Library District



## **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:** \_\_\_\_\_