



City of Coos Bay  
at your service

POSITION APPLIED FOR: \_\_\_\_\_

DATE \_\_\_\_\_

## Applicant Information

NAME \_\_\_\_\_  
Last First Middle

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE Home \_\_\_\_\_ Message \_\_\_\_\_

Work \_\_\_\_\_ Cellular \_\_\_\_\_

Best time to call: At work \_\_\_\_\_ At home \_\_\_\_\_

May we contact you at work? Yes ☐ No ☐

EMAIL ADDRESS \_\_\_\_\_

Do you have a valid Driver's license? Yes ☐ No ☐ Type of license \_\_\_\_\_

Do you speak ☐ or write ☐ any languages fluently other than English?

Which language(s)? \_\_\_\_\_

Are you seeking ☐ FULL-TIME ☐ PART-TIME ☐ SEASONAL employment?

Have you been a member of the Oregon PERS Retirement System in the past? Yes ☐ No ☐

Do you have a high school diploma or GED certificate? Yes ☐ No ☐

# Employment Experience

Please account for all periods of employment. Attach additional sheets if more space is needed. Begin with current or most recent employer and include all work history relevant to the position applied for. Include volunteer experience. Completion of this section is required.

**Job Title** \_\_\_\_\_ **Start date** \_\_\_\_\_ **End Date** \_\_\_\_\_  
Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_  
May we contact this employer? Yes ☐ No ☐ Direct Supervisor \_\_\_\_\_  
Number of people you supervised \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Duties and responsibilities \_\_\_\_\_  
\_\_\_\_\_

**Job Title** \_\_\_\_\_ **Start date** \_\_\_\_\_ **End Date** \_\_\_\_\_  
Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_  
Number of people you supervised \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Duties and responsibilities \_\_\_\_\_  
\_\_\_\_\_

**Job Title** \_\_\_\_\_ **Start date** \_\_\_\_\_ **End Date** \_\_\_\_\_  
Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_  
Number of people you supervised \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Duties and responsibilities \_\_\_\_\_  
\_\_\_\_\_

**Job Title** \_\_\_\_\_ **Start date** \_\_\_\_\_ **End Date** \_\_\_\_\_  
Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_  
Number of people you supervised \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Duties and responsibilities \_\_\_\_\_  
\_\_\_\_\_

## Education and Training Summary

### COLLEGES, NURSING, MILITARY, TRADES, BUSINESS OR OTHER SCHOOLS ATTENDED

Name of School and Location	Total Number of Hours	Type of Training or Major	Name of Certificate or Degree Received

## Licenses and Certificates

List below any licenses/certificates that you have that may be required for this position.

Title of License or Certificate \_\_\_\_\_

Number \_\_\_\_\_ Issuing Agency \_\_\_\_\_ Expiration Date \_\_\_\_\_

Title of License or Certificate \_\_\_\_\_

Number \_\_\_\_\_ Issuing Agency \_\_\_\_\_ Expiration Date \_\_\_\_\_

## Certification of Information/Release

### BY MY SIGNATURE BELOW, I:

Authorize the investigation of all matters which the City of Coos Bay deem relevant to my qualifications for employment, including all statements made in this application and in any attachments or supporting documents and in any interviews. I authorize you to request and receive such information and I release from all liability any persons (such as current or former supervisors, co-workers, etc.) employers or other entities (schools, etc.) supplying it. I also release you from all liability, which might result from making the investigation.

Certify that the facts and information given in this application, in any attachment or supporting documents and in any interviews are (or will be) true and complete to the best of my knowledge. I understand that any falsification, misrepresentation or omission as well as any misleading statements or omissions, generally will result in denial of employment or immediate termination, regardless of when or how discovered.

Understand that I may be required to submit to pre-employment or post-employment physical examination or other professional examinations, medical inquiries and/or urinalysis tests for the presence of drugs or alcohol. I agree to such examinations inquiries or testing. I authorize release of the results to the City to evaluate my suitability for employment. I release the City from all liability arising out of or connected with any examinations, inquiries or testing.

Understand and agree that if I am hired the statements in these paragraphs will become a binding part of my employment relationship. I have read each of these statements. I have reviewed all of the information provided in this application and in any attachments or supporting documents.

Understand that if I am hired as a temporary employee, I cannot expect continued employment in a temporary position or to automatically become a regular employee. As a temporary employee, I may be disciplined or discharged from employment for any lawful reasons without warning.

**NOTE:** Applications or resumés cannot be returned. Please make necessary copies before submitting application. A separate application is required for each individual vacancy. Unsigned applications will not be processed.

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

# Confidential Applicant Survey

Providing this information is voluntary and will be kept confidential:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_  
Job Title Applied For \_\_\_\_\_ Application Date \_\_\_\_\_  
Sex Male ☐ Female ☐ Date of Birth \_\_\_\_\_

## I learned about this opening through: (check appropriate boxes)

- ☐ **Advertisement** (In which paper or magazine?) \_\_\_\_\_
- ☐ **Job Announcement** ☐ **Internet Web Site**
- ☐ **Job Hotline** ☐ **College Placement Office**
- ☐ **City Employee/Friend** ☐ **Walk-In**
- ☐ **Other** (please specify) \_\_\_\_\_

The City of Coos Bay is an equal opportunity employer. To help us comply with government recordkeeping, reporting, and other legal requirements, please complete the survey section below. Providing this information is voluntary and it will be kept in a confidential file separate from the application form.

**A Veteran?** Yes ☐ No ☐

**Are you disabled?** Yes ☐ No ☐ **Due to Veteran Service?** Yes ☐ No ☐

If you are disabled, we may seek your views if you feel reasonable accommodations for your disability are necessary to perform the duties of the position.

- ☐ Special examination procedures for the disabled may be arranged upon request. Please check if you require special testing procedures.

## Ethnic Category (choose only one)

- ☐ **White** (Not of Hispanic origin), having origins in any of the original peoples of Europe, North Africa or the Middle East.
- ☐ **Black** (Not of Hispanic origin), having origins in any of the black racial groups of Africa.
- ☐ **Hispanic** of Cuban, Mexican, Puerto Rican, Central or South American or other Spanish culture or origin regardless of race.
- ☐ **Asian or Pacific Islanders** Having origins in any of the original peoples of the Far East, Southeast Asia, Indian Subcontinent or the Pacific Islands.
- ☐ **American Indian or Alaska Native** Having origins in any of the original peoples of North American, and who maintain cultural identification through tribal affiliation or community recognition.



**CITY OF COOS BAY  
APPLICATION FOR EMPLOYMENT**

500 Central Avenue – Coos Bay – Oregon 97420  
541-269-8912

**AUTHORIZATION FOR RELEASE INFORMATION**

To Whom It May Concern

I respectfully request and authorize you to furnish the City of Coos Bay with any and all information that you may have concerning me, my employment, and educational records.

I hereby release you, your organization, and others from any liability or damage which may result from furnishing the information requested.

Authorization is hereby granted to the City of Coos Bay, Coos Bay Police Department, and/or any law enforcement agency to conduct a background check for the purpose of providing necessary clearance to participate in activities with the above organization. I acknowledge that the results of the background check will be kept confidential and only made available to the requesting agency.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## City of Coos Bay Application Materials

### Veterans' Preference Form

Under Oregon law, veterans who meet minimum qualifications for a position may be eligible for employment preference. If you think you may qualify, please read the following checklist carefully. Check the box for each item that is appropriate. If you need further explanation or have special circumstances, please call the City of Coos Bay at **541-269-8912**.

**This completed form and the required documentation must be submitted to the City of Coos Bay at the time you submit your application.**

**A. QUALIFIED VETERAN QUESTIONS:** You may claim veterans' preference if you check at least one of the boxes below and provide proof of eligibility by submitting a copy of your DD-214 or 215.

ORS 408.225(e)

- ☐ 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; or
- ☐ I served on active duty with the Armed Forces of the United States 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; or
- ☐ I served on active duty with the Armed Forces of the United States for 178 days or less and was discharged or released from active duty under honorable conditions because of a service-connected disability; or
- ☐ I served on active duty with the Armed Forces of the United States for 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
- ☐ I served on active duty with the Armed Forces of the United States for at least one day in a combat zone and was discharged or released from active duty under honorable conditions; or
- ☐ I 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
- ☐ I am receiving a nonservice-connected pension from the United States Department of Veterans Affairs.

"Active duty" does not include attendance at a school under military orders, except schooling incident to an active enlistment or a regular tour of duty, or normal military training as a reserve officer or member of an organized reserve or a National Guard unit.

**B. QUALIFIED DISABLED VETERAN QUESTIONS:** You may claim additional employment preference if you can check at least one box in the section below and provide proof of eligibility by submitting both of the following documents:

1. A copy of your DD-214 or 215, Certificate of Release or Discharge, Copy 4, and
2. A public employment preference letter from the United States Department of Veterans Affairs.  
To order the letter, call 1-800-827-1000 and request a public employment preference letter.

**ORS 408.225(c)**

- ☐ 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 veteran's preference 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.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Social Security Number

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

\_\_\_\_\_  
Date

Position Applied for: \_\_\_\_\_

**ORS 408. 225-230**

***Preference will not be awarded without the appropriate documentation. You must submit all of the information requested including your DD-214 or 215 in all cases. If you are claiming disabled veteran preference you must also submit the public employment preference letter from the Department of Veterans Affairs. You will not receive preference without providing the requested information or accompanying documents.***

## CITY OF COOS BAY

### POLICE DEPARTMENT - SUPPLEMENTAL APPLICATION

**GENERAL INSTRUCTIONS** This application must be completed by applicant. Answer all questions. If a question is not applicable to you, indicate by placing "n/a" in the appropriate space. Where space for an answer is inadequate, attach additional sheets and number your answers to correspond with the question. DO NOT MISSTATE OR OMIT material facts since these statements will be verified to determine your qualifications for employment.

1. List all other names you have used, including nicknames and maiden name if applicable. If you have ever used a surname other than your true name indicate what periods and circumstances the name was used. If you have ever legally changed your name, give date, place and court.

\_\_\_\_\_

2. Date of Birth (M/D/Y) \_\_\_\_\_ Place \_\_\_\_\_

3. Citizenship: U.S. Citizen \_\_\_\_\_ By Birth \_\_\_\_\_ Naturalized \_\_\_\_\_

4. Residence: List all residences for the past ten (10) years, beginning with the most recent address. Include addresses while attending school and/or military service.

Month and Year                      Street Address                      City                      State

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Foreign Language: Enter foreign language(s) and indicate your knowledge of each by listing as slight, good, or fluent.

LANGUAGE	SPEAK	UNDERSTAND	READ	WRITE

6. U. S. Military Service: Complete if you have been in the military service. (attach DD214)

Branch & Type of Discharge: \_\_\_\_\_

Date Entered: \_\_\_\_\_ Date Discharged: \_\_\_\_\_ Service#: \_\_\_\_\_



7. Are you now a member of any military reserve unit? ☐ Yes ☐ No

Name of Reserve organization: \_\_\_\_\_ Active \_\_\_\_\_ Inactive \_\_\_\_\_

8. While in the military service were you ever convicted for an offense which resulted in a trial by deck court, or by summary, special, or general court martial? If yes, explain.

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9. When was your last eye examination? \_\_\_\_\_

Do you wear corrective lenses? ☐ Yes ☐ No

NOTE: Oregon Administrative Rules state for police applicants "the applicant must possess normal color discrimination, normal binocular coordination, and normal peripheral vision. The applicant must possess uncorrected or corrected visual acuity of 20/20 in both eyes combined. Applicants with 20/200 or worse uncorrected visual acuity in both eyes must be rejected."

10. Do you use or have you ever used illegal drugs or narcotics? ☐ Yes ☐ No

Do you have any reason to be concerned about the investigation into your use of narcotics or dangerous drugs? ☐ Yes ☐ No If yes to either question, explain.

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11. Have you ever been convicted of an offense other than a parking violation?

☐ Yes ☐ No If yes, list the date, place, charge, disposition and details of each incident. Include all convictions and citations.

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NOTE: Convictions for misdemeanors are not an automatic disqualification to employment.

12. List the name, address, and telephone numbers of three social acquaintances.

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

13 Are you, or have you ever been associated with any group or organization advocating the overthrow of the United States Government by force? ☐ Yes ☐ No If yes, please explain.

\_\_\_\_\_

\_\_\_\_\_

14. Are there any incidents in your life not previously listed in this application which may reflect upon your suitability to perform the duties of a Police Dispatcher or which may require further explanation? ☐ Yes ☐ No If yes, give details.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

15. Are you willing to abide by the rules and regulations and policies of the Coos Bay Police Department? ☐ Yes ☐ No

16. RELATIVES: (provide full name for each person)

FATHER	Occupation
Address	Employer
City/St/Zip	Address
MOTHER	Occupation
Address	Employer
City/St/Zip	Address
SPOUSE	Occupation
Address	Employer
City/St/Zip	Address

CHILDREN	Occupation
Address	Employer
City/St/Zip	Address
CHILDREN	Occupation
Address	Employer
City/St/Zip	Address
CHILDREN	Occupation
Address	Employer
City/St/Zip	Address

**CERTIFICATE OF APPLICANT**  
(read carefully before signing)

I certify that all statements made in this application are true and I agree and understand that any misstatements or omissions of material facts herein will cause forfeiture on my part of all eligibility to any employment in the service of the City of Coos Bay.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Have you included copies of:

1. Resume
2. Military DD214
3. Transcript from last high school attended, or certificate of equivalency if applicable. (If not attached, date sent for)
4. Transcript from all colleges attended. (If not attached, date sent for)