



## APPLICATION FOR EMPLOYMENT

Springfield Utility Board is an Equal Opportunity Employer. We comply with all local, state and federal laws and appropriate affirmative action executive orders. We do not discriminate against any person in employment, treatment, or participation in our programs and benefits on the basis of age, sex, race, color, national origin, veteran status, religion, marital status, sexual orientation, mental or physical disability, or other protected status in accordance with applicable law. We are a drug free, smoke free and weapon free workplace. If you require accommodation to participate in our application process, please contact Human Resources at 541.726.2398.

**THE APPLICATION FOR EMPLOYMENT MUST BE COMPLETED IN FULL EVEN IF A RESUMÉ IS ATTACHED**

### APPLICANT INFORMATION

Name _____				
	Last	First	Middle	
Address _____				
	Street	City	State	Zip Code
Telephone _____				
Home	Work	Cell/Message	Email	
<p>If you are a veteran, you may be eligible for veterans' preference in employment. Please review, complete and submit the <u>Veterans' Preference Form</u> and verification documents outlined on page 5 to determine if you are eligible for veterans' preference.</p> <p>Are you legally eligible for employment in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is the position for which you are applying one in which you would have a supervisory, hiring, disciplinary, or grievance adjustment authority responsibilities for or by a family member? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, explain _____</p>				

### POSITION INFORMATION

Position applying for _____	Start Date _____
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### EDUCATION / APPRENTICESHIP

Schools	Name, City, State	Subjects, Trade, or Major	Number of Years	Did you complete training or did you graduate?	Diploma, Degree, or Certification
High School / GED	_____			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	_____				Describe
College	_____			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	_____				Describe
College	_____			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	_____				Describe
Apprenticeship	_____			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	_____				Describe
Other related coursework, seminars, or training programs _____					
_____					

### OFFICE AND OTHER SKILLS

<input type="checkbox"/> Keyboarding _____ wpm	<input type="checkbox"/> Microsoft Word	<input type="checkbox"/> Billing/Collections	<input type="checkbox"/> Bilingual – Language(s) _____	<input type="checkbox"/> Email
<input type="checkbox"/> 10 key _____ kph	<input type="checkbox"/> Excel	<input type="checkbox"/> Data entry		<input type="checkbox"/> Fax
<input type="checkbox"/> Switchboard	<input type="checkbox"/> Access	<input type="checkbox"/> Other software _____		<input type="checkbox"/> Copiers
<input type="checkbox"/> Personal computers	<input type="checkbox"/> PowerPoint			<input type="checkbox"/> Printers
<input type="checkbox"/> Customer service	<input type="checkbox"/> Windows	<input type="checkbox"/> Other skills _____		<input type="checkbox"/> Scanners
<input type="checkbox"/> Cashiering	<input type="checkbox"/> Outlook			

**TRADE AND TECHNICAL SKILLS**

Summarize skills such as equipment, tools, or machinery you are proficient in operating, or any other qualifications that substantially relate to the position you are applying for:

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**MILITARY TRANSFERABLE SKILLS**

Summarize skills obtained through military education or experience that substantially relates, directly or indirectly, to the position you are applying for:

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**EMPLOYMENT BACKGROUND – Attach additional pages if more space is needed.**

List your six most recent jobs in order, starting with your current or most recent job. Do not omit any jobs. If you have worked in any position under another name, please give the name(s).

<b>1. Current or last employer</b>		Your title
Address		Supervisor
City / State / Zip		May we contact your current employer at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No
Dates of employment From _____ to _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time _____ hrs/week	Telephone
Were you discharged from this job? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, why? If no, why do you want to leave your current or last employer? _____		
Job duties _____		
_____		
<b>2. Next former employer</b>		Your title
Address		Supervisor
City / State / Zip		Telephone
Dates of employment From _____ to _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time _____ hrs/week	
Were you discharged from this job? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, why? If no, why did you leave this employer? _____		
Job duties _____		
_____		
<b>3. Next former employer</b>		Your title
Address		Supervisor
City / State / Zip		Telephone
Dates of employment From _____ to _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time _____ hrs/week	
Were you discharged from this job? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, why? If no, why did you leave this employer? _____		
Job duties _____		
_____		

**EMPLOYMENT BACKGROUND** – Attach additional pages if more space is needed.

<b>4. Next former employer</b>		Your title
Address		Supervisor
City / State / Zip		Telephone
Dates of employment From _____ to _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time _____ hrs/week	
Were you discharged from this job? <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, why? If no, why did you leave this employer? _____		
Job duties _____		

<b>5. Next former employer</b>		Your title
Address		Supervisor
City / State / Zip		Telephone
Dates of employment From _____ to _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time _____ hrs/week	
Were you discharged from this job? <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, why? If no, why did you leave this employer? _____		
Job duties _____		

<b>6. Next former employer</b>		Your title
Address		Supervisor
City / State / Zip		Telephone
Dates of employment From _____ to _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time _____ hrs/week	
Were you discharged from this job? <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, why? If no, why did you leave this employer? _____		
Job duties _____		

**Attach additional employers if needed**  
Volunteer work may be attached

**OTHER SUPERVISOR REFERENCES ONLY** – Do not list relatives or other personal references

Name	Company	Telephone	Years Known
1.			
2.			
3.			

**REFERRED BY**

<input type="checkbox"/> Newspaper / journal _____	<input type="checkbox"/> Human Resources office <input type="checkbox"/> Job line recording <input type="checkbox"/> Employee referral Name: _____	<input type="checkbox"/> Union hall <input type="checkbox"/> Apprenticeship program <input type="checkbox"/> Previously employed at SUB Dates: _____
<input type="checkbox"/> Internet website _____		

**CERTIFICATION OF APPLICANT**

**Please read the following statements carefully before signing this application  
Please ask any questions you may have before signing**

**Application for Employment must be fully completed, signed and dated**

1. I certify that all of the answers and statements I have made on this application (and any oral information and attachments submitted by me, such as a resume, veterans' preference form, etc.) are true and complete without omissions. I understand that any falsification, misrepresentation, or omission made by me will result in denial of employment, withdrawal of an offer of employment, or termination from employment, as applicable, regardless of when and how discovered.
2. I authorize Springfield Utility Board (SUB) to contact any of my references, past and present employers, and/or other persons named in this application for the purpose of obtaining information about my employment history, education, character and qualifications for employment. I release SUB from any and all claims and liability in connection with such contacts and inquiries. I also agree to sign any written authorizations and releases requested by SUB or my references in order for SUB to obtain the requested information.
3. I understand that if I am offered employment, I will be required to pass (to SUB's satisfaction), a pre-employment criminal history check, credit check (if applicable to the position for which I am applying), and driver's record check (due to company vehicles available for business use) as a condition of being hired.
4. I understand that if I am offered employment in a DOT regulated position, or any position designated by SUB as a safety sensitive position, I will be required to pass a pre-employment physical and drug screen (*including for marijuana and other unlawful drugs*) as a condition of employment. I understand that a positive drug test will disqualify me from employment.
5. I understand that my employment is contingent upon proof of identity and verification of eligibility for employment in the United States in accordance with the Immigration Reform and control Act of 1986.
6. I understand and agree that, if I am hired, I will be responsible for complying with all policies and rules of SUB as they presently exist or are later modified. **I also understand and agree that employment with SUB is At-Will and can be terminated at any time by me or by SUB for any reason not prohibited by law except as specifically set forth in an applicable collective bargaining agreement or individual employment agreement signed and dated by SUB's General Manager (or Board of Directors if applicable to the General Manager position).** I understand that no one other than SUB's General Manager (or Board of Directors if applicable to the General Manager position) has any authority to enter into any employment agreement for any specified period of time, to change the At-Will nature of the employment relationship, or to otherwise assure me of any future position, benefits, or terms and conditions of employment. Any such agreement must be in writing and signed by the General Manager (or Board of Directors if applicable to the General Manager position) to be valid.
7. **I understand this application is valid only for the job opening identified on Page 1, and a separate completed Application for Employment must be submitted to apply for any other open position.**

I have read, understand, and agree with all of the above.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**Unsigned applications will not be processed**



**SPRINGFIELD UTILITY BOARD  
Veterans' Preference Form**

Under Oregon law, veterans who meet minimum qualifications for a position may be eligible for employment or promotion preference. Please read the following checklist carefully and check the box for each item that applies to you. If you need further explanation, or have special circumstances, please call Human Resources at 541.726.2398.

**IN ORDER TO BE ELIGIBLE TO RECEIVE VETERANS' PREFERENCE, THIS COMPLETED FORM AND THE REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED TO THE HUMAN RESOURCES DEPARTMENT. PREFERENCE WILL NOT BE AWARDED WITHOUT THE APPROPRIATE DOCUMENTATION.**

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

- 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
  - 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
  - For 178 days or less and was discharged or released from active duty under honorable conditions because of a service-connected disability; or
  - 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
  - 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 activity duty under honorable conditions; **or**
- I am receiving a nonservice-connected pension from the United States Department of Veterans' Affairs.

***Please see the next page for applicable definitions.***

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

1. A copy of your DD-214 or DD-215, Certificate of Release or Discharge, Copy 4, and
  2. A public employment veteran's disability preference letter from the United States Department of Veterans' Affairs (unless the information is included in the DD-214 or DD-215 form.) To order the letter, call 1-800-827-1000 and request a public employment preference letter.
- I have a disability rating through 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 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 \_\_\_\_\_  
Service Number

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

Position applied for \_\_\_\_\_

## DEFINITIONS

**Armed Forces** means the United States Army, Navy, Marine Corps, Air Force and Coast Guard, including the reserve components thereof. (Title 38 USC Part I Chapter 1 Section 101). Reserve components mean:

- (a) The Army Reserve;
- (b) The Navy Reserve;
- (c) The Marine Corps Reserve;
- (d) The Air Force Reserve;
- (e) The Coast Guard Reserve;
- (f) The Army National Guard of the United States; and
- (g) The Air National Guard of the United States.

**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.

**Combat Zone** means an area designated by the President of the United States by executive order in which, on the dates designated by executive order, the Armed Forces of the United States are or have engaged in combat.

**Veteran** means a person who:

- (a) Served on active duty with the Armed Forces of the United States:
  - (1) For a period of more than 90 consecutive days beginning on or before January 31, 1955, and was discharged or released under honorable conditions;
  - (2) 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;
  - (3) For 178 days or less and was discharged or released from active duty under honorable conditions because of a service-connected disability;
  - (4) For 178 days or less and was discharged or released from active duty under honorable conditions and has a disability rating from the United States Department of Veterans' Affairs; **or**
  - (5) For at least one day in a combat zone and was discharged or released from active duty under honorable conditions;
- (b) 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**
- (c) Is receiving a nonservice-connected pension from the United States Department of Veterans' Affairs.

**Disabled Veteran** means a person who has a disability rating from the United States Department of Veterans' Affairs, a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty, or a person who was awarded the Purple Heart for wounds received in combat.