



# City of Umatilla

## Archery Instructor Needed

The City of Umatilla is recruiting for a part-time seasonal Archery Instructor for a week-long youth archery camp and weekend tournament. This recreation team member will introduce youth to the fun sport of archery, while teaching important skills such as safety, bow types, proper stance, and release techniques. \$12.00 - \$15.00/hr. DOE. City is asking applicants to turn in a City application. Information and application can be found on City of Umatilla's website [www.umatilla-city.org](http://www.umatilla-city.org). Complete packets can be mailed to City of Umatilla, PO Box 130, 700 6<sup>th</sup> St., Umatilla, OR 97882. Open until filled. EOE/AA.

# CITY OF UMATILLA



## APPLICATION FOR EMPLOYMENT

**D  
I  
S  
C  
L  
A  
I  
M  
E  
R**

The City of Umatilla is committed to providing an equal opportunity for all individuals who are seeking employment. The objective of the City of Umatilla is to select the most qualified individuals for the job. We encourage you to provide us with complete and accurate information that demonstrates your qualifications to perform the duties of the job you are applying. Please turn in this application, resume, and references together.

Any applicant with a disability who needs reasonable accommodation in any step of the hiring process may request assistance to demonstrate his or her qualification to perform the duties of the job for which the applicant is applying. The applicant who needs reasonable accommodation for disability should inform the City Manager at P.O Box 130, Umatilla, OR 97882 or call (541) 922-3226.

You must complete all of the inquiries on the application accurately and truthfully. Any incomplete applications will be rejected. If you believe the question or information sought is not applicable, put "N/A" for a response in the space provided. If you report false or inaccurate information, we will reject your applications or terminate your employment if we discover false or inaccurate information after the date of hire.

**P  
E  
R  
S  
O  
N  
A  
L**

Last Name	First	MI	Date
Street Address			Home/Mobile Telephone
City, State Zip			Business Telephone
Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes: Month and year _____			Social Security #
Position Desired			Expected Salary
Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No    If not, what hours can you work? _____			Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you legally eligible for employment in the United States?			When will you be available to begin work? _____

**E  
D  
U  
C  
A  
T  
I  
O  
N**

School	Name and Location of School	Course of Study	No. of years completed	Did you Graduate?	Degree or Diploma
Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business/Trade Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Elementary				<input type="checkbox"/> Yes <input type="checkbox"/> No	

## ADDITIONAL INFORMATION

*Clinical experience, Honors & Awards, Interests & Activities, Military Service, Personal, Professional Associations, Professional Memberships, Publications, Technical, Volunteer Experience, Other/Miscellaneous.*

## PREVIOUS EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

1	Company Name	Telephone
		(      )
	Address	Employed – (Month and year)
	Name of Supervisor	From                      To
	Job Title and Work Description	Pay
		Start                      Last
		Reason for Leaving
2	Company Name	Telephone
		(      )
	Address	Employed – (Month and year)
	Name of Supervisor	From                      To
	Job Title and Work Description	Pay
		Start                      Last
		Reason for Leaving
3	Company Name	Telephone
		(      )
	Address	Employed – (Month and year)
	Name of Supervisor	From                      To
	Job Title and Work Description	Pay
		Start                      Last
		Reason for Leaving
4	Company Name	Telephone
		(      )
	Address	Employed – (Month and year)
	Name of Supervisor	From                      To
	Job Title and Work Description	Pay
		Start                      Last
		Reason for Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.	<b>DO NOT CONTACT</b>
	Employer Number(s) _____ Reason _____

  

V E T E R A N	<p>This is a voluntary question; however if you are interested in consideration as a veteran, under Oregon's veterans' preference hiring law, we need to know if you qualify. More information about this law, is available by going to BOLI's FAQ: <a href="http://www.oregon.gov/boli/TA/pages/t_faq_veterans_preference_2012.aspx">www.oregon.gov/boli/TA/pages/t_faq_veterans_preference_2012.aspx</a> For purposes of veteran's preference hiring, a veteran defined as: a person who served 178 days or less, but were discharged or released under honorable conditions because of service-connected disability (or who have a disability rating from VA), or who served at least one day in a combat zone and were discharged or released under honorable conditions. Finally, the veterans' preference law applies to veterans who received combat or campaign ribbon or an expeditionary medal for service in the U.S. armed forces and were discharged or released under honorable conditions.</p> <p>I meet this definition of a veteran and I am asking for veterans' preference consideration:    <input type="checkbox"/> Yes                      <input type="checkbox"/> No</p>
A C K N O W L E D G M E N T  S I G N A T U R E	<p>This is a voluntary question; however, if you are interested in consideration as a disabled veterans, under Oregon's veterans' preference for hiring law, we need to know if you qualify. More information about this law, is available by going to BOLI's FAQ: <a href="http://www.oregon.gov/boli/TA/pages/t_faq_veterans_preference_2012.aspx">www.oregon.gov/boli/TA/pages/t_faq_veterans_preference_2012.aspx</a> For purposes of veterans' preference hiring, a disabled veteran is a person who has a disability rating through the U.S. Department of Veterans Affairs, one whose discharge or release was for a disability incurred or aggravated in the line of duty, or a recipient of the Purple Heart for wounds received in combat.</p> <p>I meet this definition of a Disabled Veteran and I am asking for veterans' preference consideration:    <input type="checkbox"/> Yes                      <input type="checkbox"/> No</p>

  

A C K N O W L E D G M E N T  S I G N A T U R E	<p>I understand the purpose of this application form is to give me the opportunity to provide the City with information about my skills, experience, abilities, and other personal attributes that meet the qualifications requirements for the job position that is available. I understand that it is in my best interest to be thorough, accurate, and descriptive in providing this information. I also understand that a number of interviews maybe required for consideration beyond the application form.</p> <p>In submitting this application for employment, I understand that the City will investigate the information that I provided. If the City selects me for an interview, I understand that the City will require me to provide the City with a release and waiver form so that the City may contact a representative for each former employer, educational institution, and/or personal reference that I list on the application form or provide in an interview.</p> <p>I understand that part of the application process at the City of Umatilla includes a controlled substance exam. I understand that if the City considers me for employment then the City will request a signed consent and waiver before I take the exam. I understand that if I refuse to sign the form or if my results are presumptively positive, then the City will not consider me for employment.</p> <p>I understand that if the City of Umatilla offers me employment, I will complete a Form I-9 before I commence work provide the City with proper documentation that proves I am authorized to work in the United States. I understand that if I do not provide the City with proper documentation I will no longer qualify for an employment opportunity. I understand that I may obtain information about the documentation by contacting the City's Human Resource Department at P.O Box 130, Umatilla, OR 97882 or call (541) 922-3226. I can also contact the United States Citizenship and Immigration Services at 1-800-255-7688 or by visiting the website <a href="http://www.justice.gov/crt/about/osc">www.justice.gov/crt/about/osc</a></p> <p>The information provided in this Application for Employment is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal. I acknowledge that the City will verify accuracy and completeness of the information I have provided and I authorize each employer, school, or person I have named to provide information regarding my employment education, character, and qualifications, and release each employer, school, or person from all liabilities for any damages that may result from furnishing information to the City. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.</p> <p>I, hereby authorize the City of Umatilla to make an investigation of my personal employment history and education. I understand that these investigations will include information of public record, which could include DMV records; civil and criminal courts; and other records as may be appropriate. If a report is obtained, the City must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.</p> <p>I, hereby fully waive any rights or claims I have or may have against all current and/or former employers and their agents, employees, and representatives, as well as any damages that may directly or indirectly result from the use of the disclosure, or release of any information by any person or party whether such information is favorable or unfavorable of me. I, further waive any claim against the City and any outside agency utilized by the City as a result of any information, which is obtained in this investigation.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%; text-align: center;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/>       Date     </div> <div style="width: 45%; text-align: center;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/>       Signature     </div> </div>
---	---