

Lane Regional Air Protection Agency (LRAPA)

Application for Employment

LRAPA 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. Our Equal Employment Opportunity policy applies to all aspects of the employment relationship including, but not limited to, recruitment, hiring, compensation, promotion, demotion, transfer, disciplinary action, layoff, recall, and termination of employment. 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.

THIS APPLICATION WILL BE CONSIDERED FOR THIS SPECIFIC JOB AND WILL NOT BE RETAINED FOR FUTURE POSITIONS. IF YOU DESIRE TO BE CONSIDERED FOR A FUTURE POSITION, YOU MUST FILE A NEW APPLICATION ONCE THE POSITION POSTS. IF HIRED, THIS APPLICATION WILL BECOME PART OF YOUR PERMANENT PERSONNEL FILE. PLEASE PRINT OR TYPE. YOUR APPLICATION MAY NOT BE CONSIDERED IF INCOMPLETE OR SUBMITTED PAST THE ESTABLISHED DEADLINE.

Position									
Position Applying For				Available Start Date					
Personal Infor	matic	n							
Name									
Address			City			State	Zi	ip	
Phone Number	Mobile N	ile Number Email Add			lress		J		
Are you able, at the time of employment, to submit verification of your legal right to work in the United States? Yes 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 🗆									
School Name			Location			Diploma/Degree	Major/Minor		Did you Graduate?
Certificates & Licenses List any professional license, registration, or the position.				certificate requ	vired (or preferred for			
Туре		Issuing Age			су		Date Issue	Date Expires	

References							
Name		Title		Comp	any		Phone
				•	•		
Employment His	tory						
This information in this section w List ONLY the job(s) (paid, militar	rill be used to o						
your duties, starting with your n accepted in place of a completed	ost recent job	o. Resumes will be accep	oted only if requ	vired on th	e job ar		
Employer (1)	аррисаціон. п	yoo need additional spa	Job Title	arate sneet	. <u>. </u>	Dates Emp	loyed
Address			City		State		7in
Address			City		State		Zip
Supervisor Name			Phone Numbe	er	May we contact? Yes □ No □		
Reason for leaving						Yes 🗆 No	
Duties							
Employer (2)			Job Title			Dates Emp	loyed
Address			City		State		Zip
Supervisor Name			Phone Numbe	ar	Mayw	e contact?	
Sopervisor realite			i none nombe			Yes D No	
Reason for leaving							

Employer (3)	Job Title		Dates Employ	/ed
Address	City	State	7	ip
Address	City	State	-	лр
Supervisor Name	Phone Number	May w	e contact?	
			Yes □ N	lo 🗆
Reason for leaving				
Duties				
Employer (4)	Job Title		Dates Employ	yed
Employer (4) Address	Job Title City	State		yed Zip
Address Supervisor Name	City	May w	Z	Zip
Address	City	May w	z contact?	Zip
Address Supervisor Name Reason for leaving	City	May w	z contact?	Zip
Address Supervisor Name	City	May w	z contact?	Zip
Address Supervisor Name Reason for leaving	City	May w	z contact?	Zip
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Address Supervisor Name Reason for leaving	City	May w	z contact?	Zip
Address Supervisor Name Reason for leaving	City	May w	z contact?	Zip
Address Supervisor Name Reason for leaving	City	May w	z contact?	Zip

Certification & Signature

I hereby certify that all statements made in this application are true, and I agree and understand that any statement that is false, fraudulent, or misleading in this application or attached material, during the interview or screening process, or discovered in the course of any employment-related process (post hire) may result in the revoking of a job offer or termination of employment.

- I certify that all statements contained herein are true and complete.
- I understand that I must provide proof I am authorized to work in the United States, in accordance with federal law, if I
 am hired.
- I authorize the employing agency to verify the employment and education information provided in this employment application.
- I authorize my driving record to be checked if the position for which I am applying requires driving.
- I understand and agree to be subjected to a pre-employment drug screening and criminal history background check, if applicable.

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 in order 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

below and provide proof of eligibility via a copy of DD214 or 18 letter from the United States Department of Veteran's Affairs (le	
I am entitled to disability compensation under laws adm Veterans Affairs; or	ninistered by the United States Department of
I was discharged or released from active duty for a disabilit	y incurred or aggravated in the line of duty; or
I was awarded the Purple Heart for wounds received in con	nbat.
I hereby claim Veterans' Preference, have attached proof of einformation is true and correct. I understand that any false state dismissal, regardless of when discovered.	9
Signature:	Date:
Position Applied For:	
This form and supporting documentation must be received by the closing time and date of the job posting. In order to have y complete the application form and apply online using the "App	our application considered, you must

Qualified Disabled Veteran Questions: Additional preference may be claimed if you check at least one box

If you have any specific questions please contact Human Resources by emailing lrapa@lrapa.org.

LRAPA 2022