

Preferences

What is your preferred salary? _____

What type of work will you accept? Full Time Part Time Seasonal

What type of shift will you accept? Days Swings Graveyard Weekends Holidays

Education

If selected, you will be required to provide certified transcripts during the background process.

What is your highest level of education? _____

If college, please complete the following:

Name of College: _____

Did you graduate? Yes No

Dates Attended: _____ through _____

College Major/Minor: _____

Location of College: _____
CITY STATE

Level of Degree: _____

Name of College: _____

Did you graduate? Yes No

Dates Attended: _____ through _____

College Major/Minor: _____

Location of College: _____
CITY STATE

Level of Degree: _____

Military Service

You must submit the proper forms to receive veterans' preference points.

You may claim veteran's preference if you are a qualified veteran or a qualified disabled veteran in accordance with ORS 408.225(1)(e) or ORS 408.225(1)(c).

Have you ever served in the Military? Yes No

Are you claiming veteran's preference? Yes No

If you answered "Yes", Veterans' Preference Points cannot be awarded without submission of a Sunriver Service District Veterans' Preference Form and a DD214/DD215 form reflecting an "other than dishonorable" separation status (and a "preference" letter for a disabled veteran) prior to the closing date of the recruitment. This form is available on the Sunriver Police Department website @ www.sunriverpd.org.

Describe any job related training you received in the military:

Civic Activities/Volunteer Positions

List professional, trade, business or civic activities and offices held:

(You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.)

Work Experience

Please list your last four employers, beginning with the most recent.

Employer: _____	May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address: _____	Reason for leaving: _____
Phone Number: _____	_____
Dates Employed: From: _____ To: _____	Hours worked per week: _____
Duties: _____	

Employer: _____	May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address: _____	Reason for leaving: _____
Phone Number: _____	_____
Dates Employed: From: _____ To: _____	Hours worked per week: _____
Duties: _____	

Employer: _____	May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address: _____	Reason for leaving: _____
Phone Number: _____	_____
Dates Employed: From: _____ To: _____	Hours worked per week: _____
Duties: _____	

Employer: _____	May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address: _____	Reason for leaving: _____
Phone Number: _____	_____
Dates Employed: From: _____ To: _____	Hours worked per week: _____
Duties: _____	

Certificates and Licenses

List any additional licenses and certifications you currently hold.

