

Gate Attendant and Usher Application Form

Name _____
 Last First MI
 Address _____
 Number Street
 City State Zip

Home Phone (____) _____
 Alternate Phone (____) _____

Exam #: PCPA-Gate&Usher-8080/70-July09PT

Have you ever been a Metro/MetroERC employee? ___ Yes ___ No When? _____ What Dept.? _____

Give names of any relatives employed by Metro/MetroERC _____ Relationship _____

Education

Do you have a high school diploma or equivalency? ___ Yes ___ No School _____

Indicate last grade completed 1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4 Other # of years _____

Work History

(List your most recent work experience first or any other relevant experience (i.e., volunteer, internship, etc.)
 You may add additional pages if necessary, or you may attach your resume in addition to completing and signing this form.

Current or past employer:	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Supervisor name:	Phone number:
Dates of employment:	Rate of pay:
Duties:	
Reason for leaving:	

Past employer:	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Supervisor name:	Phone number:
Dates of employment:	Rate of pay:
Duties:	
Reason for leaving:	

Past employer:	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Supervisor name:	Phone number:
Dates of employment:	Rate of pay:
Duties:	
Reason for leaving:	

Please rank in order of preference (#1 being first preference), which position(s) you are interested in:

_____ Gate Attendant _____ Usher _____ Either/No Preference

(Continued)

Required Questions

Using the space below, please answer the following questions.

1. Please give a brief description of your experience working with the general public.

2. Please tell us about a stressful or difficult work related situation that you have dealt with. What was the situation, and what did you do to resolve the problem?

3. **What would you do?** You have just admitted patrons to an event. After tearing their tickets, you suspect that one of the individuals has a bottle of alcohol concealed in his bulging overcoat pocket. What should you do to ensure that the regulation that prohibits bringing unauthorized bottles, cans, etc. into the facility is observed? What would you say to the suspected patron?

In my current or last job I am/was: Always dependable
 Dependable most of the time
 Not always dependable

Check all the days you are available to work.

Mon. Tue. Wed. Thurs. Fri. Sat. Sun.

Check all the shifts you are available to work: Days Swing

APPLICANT STATEMENT/RELEASE – must be signed

I certify that the information I have provided in my application or resume is given freely and is, to the best of my knowledge, true and complete. I understand that any false or misleading answer or statement will result in my being eliminated from further consideration or will be sufficient grounds for immediate dismissal at any time. Metro/MetroERC is given authority to contact present or previous employers and/or academic institutions; I request and authorize you to disclose to Metro/MetroERC any documents or information that may be requested. I also authorize you to respond to any inquiry concerning my background in connection with an application for employment. I agree to hold you and your agents and employees harmless from all liability, which could relate in any way to the disclosure of information or an assessment or opinion of my suitability for employment, which may be provided. I hereby release Metro/MetroERC as well as those contacted by Metro/MetroERC from any liability or damage, which may result from furnishing the information requested. I 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 reason. I understand that, if selected, I will be required to provide proof of my age, identity and my legal right to work in the United States prior to actual employment with Metro/MetroERC.

Applicant Signature: _____

Date: _____

AA/EEO DATA RECORD - Voluntary

Applicants are considered for employment without regard to sex, race, age, national origin, disability, marital or veteran status, or sexual orientation. Federal guidelines for Equal Employment Opportunity and Metro/MetroERC Affirmative Action Plan require that job applicant records be kept on ethnic background and sex. In accordance with these requirements, and to evaluate the effectiveness of our recruitment efforts, we request that you complete this form. Your cooperation is appreciated.

Please check the applicable box for both race and gender:

Female Male

BLACK (not of Hispanic origin):
All persons having origins in any of the black racial groups of Africa.

WHITE (not of Hispanic origin):
All persons having origins in any of the original people of Europe, North Africa or the Middle East.

HISPANIC:
All persons of Mexican, Puerto Rican, Cuban, Central or South America or other Spanish culture or origin, regardless of race.

ASIAN or PACIFIC ISLANDER:
All persons having origins in any of the original peoples of the Far East, Southwest Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.

AMERICAN INDIAN or ALASKAN NATIVE:
All persons having origins in any of the original peoples of North America, who maintain cultural identification through tribal affiliation or community recognition.

Unknown/Do Not Wish to Disclose

Affirmative Action/Equal Opportunity Employer



VETERANS' PREFERENCE FORM

Under ORS 408.225, 408.230 and 408.235 relating to Veterans' Preference for public employment, applicants may be eligible for veterans' preference in application for Metro/MERC positions, under the following conditions:

Veteran:

To qualify as a veteran eligible to receive preference you must have served in the Armed Forces of the United States:

1. For more than 178 consecutive days;

OR

2. For at least one day in a combat zone [408.225(1)];

OR

3. Received a combat or campaign ribbon for service in the Armed Forces.

To qualify, under 1-3 above, you must have:

1. Been discharged or released from active duty with other than a dishonorable discharge; and
2. **Make application within 15 years of discharge or release from service in the Armed Forces (408.235).**

Disabled Veteran:

To qualify as a disabled veteran [ORS 408.225(2)] eligible to receive preference you must have served in the Armed Forces of the United States and meet one of these criteria:

1. Served for 178 days or less and was discharged or released from active duty with other than a dishonorable discharge because of a service-connected disability;

OR

2. Entitled to disability compensation under laws administered by the United States Department of Veterans Affairs;

OR

3. Awarded the Purple Heart for wounds received in combat.

Once you have used preference to attain regular employment status with Metro, you may not use the preference again. This limitation does not apply to certain disabled veterans.

By signing below, I certify that I qualify for veterans' preference under the above-listed the criteria, and wish to be given veterans' preference in employment for the position for which I'm submitting this form.

Veterans:

I understand I must provide proof of eligibility by submitting a copy of my **DD-214 or DD-215** indicating my discharge status, e.g., honorable discharge (or other than dishonorable discharge). In addition, disabled veterans must supply a public employment preference letter from the US Department of Veterans' Affairs.

Print Name: _____

Phone: _____

Signature of Applicant: _____

Date: _____

Note: In order to be considered for Veterans' Preference, this completed form and the required documentation must be submitted to the Metro Human Resources Department at the time you submit your application, and no later than 5:00 p.m. on the deadline (closing) date of the recruitment. Applications received without the required documentation will not be given veterans' preference.

This form only applies to the position for which you are submitting the form. If you apply for more than one position with Metro/MERC, you are required to submit a signed form for each position. For additional information on Veterans' Preference eligibility, including definition of the terms "veteran" and "disabled veteran," contact the Oregon Department of Veterans' Affairs at 1-800-692-9666.

FIRST OPPORTUNITY TARGET AREA QUESTIONNAIRE

(**This form is not required unless you are applying as a First Opportunity applicant**)

**** IF YOU ARE A FIRST OPPORTUNITY AREA APPLICANT, YOU MUST COMPLETE THIS FORM AND IT MUST BE SUBMITTED ALONG WITH YOUR APPLICATION MATERIALS. IF IT IS NOT COMPLETED AND SIGNED, YOU WILL NOT BE ELIGIBLE TO APPLY AS A FIRST OPPORTUNITY AREA CANDIDATE. ****

Name _____ Phone #: (_____) _____

Position Applying For _____ Recruitment # _____

In order to comply with Resolution No. 03-33 of the Metro Exposition-Recreation Commission, the following information must be obtained from applicants who wish to apply as first opportunity target area candidates.

1) Do you reside within the boundaries of the First Opportunity target area?

- North boundary - Columbia Boulevard
- East boundary - 42nd Avenue
- South boundary - Banfield Freeway (I-84)
- West boundary - Chataqua Avenue to Willamette Boulevard
(to include Columbia Villa by designation [Portsmouth and Willis]); follow the Willamette River and Greeley Avenue by Fremont Bridge; west on Fremont Bridge to Albina Community and Northwest Target Area boundaries but continue south along Willamette River to I-5 and I-84.

YES

NO

2) For the past 12-month period, was your income less than \$25,000 as an individual, or \$40,000 for your entire household? (This is the annual median income in the target area.)

YES

NO

If your answer is YES, please answer the following question. Do not include unemployment compensation or public assistance monies.

What was your total income for the last 12 months? \$ _____ Circle One
Individual/Household

I certify that I have answered truthfully and have not knowingly withheld information relative to this questionnaire.

(Signature)

(Date)