



HUMAN RESOURCES

511 Washington St. Suite 302
 The Dalles, OR 97058
 Phone: 541-506-2774 Fax: 541-506-2771

Application for Employment

Position Applied for _____ Date of Application _____

PLEASE PRINT USING BALLPOINT PEN

PERSONAL

FULL NAME	FIRST	MIDDLE	LAST	E-mail	
MAILING ADDRESS	STREET	CITY	STATE	ZIP	HOW LONG
PHYSICAL ADDRESS					
PREVIOUS ADDRESS	STREET	CITY	STATE	ZIP	HOW LONG
PHONE NUMBER	HOME PHONE		CELL PHONE		

Are you over the age of 18 (please circle)? YES/NO

Have you ever worked for Wasco County before (please circle)? YES/NO

If yes, what department? _____ Approximate Date (Mo/Yr.): _____

Were you referred to this position? (please circle) YES/NO If YES, by who? _____

EDUCATION / QUALIFICATIONS

TYPE	NAME OF SCHOOL	LOCATION (CITY,STATE)	AREA OF CONCENTRATION (MAJOR)	CHECK LAST YEAR COMPLETED				DID YOU GRADUATE	DIPLOMA, DEGREE OR CERTIFICATE RECEIVED
				1	2	3	4		
HIGH SCHOOL									
COLLEGE									
OTHER EDUCATION									
OTHER EDUCATION									
SPECIAL SCHOOL OR TRAINING:								TYPING WPM	
DID OUR SERVE IN THE ARMED SERVICES? (please circle)? YES/NO IF YES, WHAT BRANCH: _____									
IF YOU SERVED IN THE MILITARY YOU MAY BE ELIGIBLE FOR PREFERENCE IN EMPLOYMENT, PLEASE SEE ATTACHMENT FOR "VETERANS' PREFERENCE" WHICH OUTLINES THE STEPS FOR CONSIDERATION.									
IF YES, BRIEFLY DESCRIBE DUTIES AND SKILLS ACQUIRED IN THE SERVICE (INCLUDE DATES)									
COMPUTER PROGRAMS USED:					FOREIGN LANGUAGE(S) (please list fluency in reading, writing or speaking):				
WITHIN YOUR FIELD ARE YOU CURRENTLY: OR ELIGIBLE FOR:		<input type="checkbox"/> REGISTERED		<input type="checkbox"/> LICENSED		<input type="checkbox"/> CERTIFIED			
		<input type="checkbox"/> REGISTRATION		<input type="checkbox"/> LICENSURE		<input type="checkbox"/> CERTIFICATION			
IF YES, TYPE?		STATE OR NATIONAL		NO.		DATE EXPIRES			

AVAILABILITY

PLEASE CHECK SCHEDULE AVAILABILITY:

I am available to work FULL-TIME (40 hours) I am available to work PART-TIME. Date available to work: _____

Hours Available	Monday : - :	Tuesday : - :	Wednesday : - :	Thursday : - :	Friday : - :	Saturday : - :	Sunday : - :
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EMPLOYMENT EXPERIENCE

PRESENT AND FORMER EMPLOYERS		DATES EMPLOYED	POSITION AND DUTIES
NAME _____		FROM	
ADDRESS _____			
CITY _____ STATE _____ ZIP _____		TO	
SUPERVISOR'S NAME _____ PHONE _____			

MAY WE CONTACT? YES NO REASON FOR LEAVING: _____

NAME _____		FROM	
ADDRESS _____			
CITY _____ STATE _____ ZIP _____		TO	
SUPERVISOR'S NAME _____ PHONE _____			

MAY WE CONTACT? YES NO REASON FOR LEAVING: _____

NAME _____		FROM	
ADDRESS _____			
CITY _____ STATE _____ ZIP _____		TO	
SUPERVISOR'S NAME _____ PHONE _____			

MAY WE CONTACT? YES NO REASON FOR LEAVING: _____

NAME _____		FROM	
ADDRESS _____			
CITY _____ STATE _____ ZIP _____		TO	
SUPERVISOR'S NAME _____ PHONE _____			

MAY WE CONTACT? YES NO REASON FOR LEAVING: _____

LIST PERIODS OF UNEMPLOYMENT OF MORE THAN 30 DAYS AND EXPLAIN:

APPLICANT STATEMENT

I understand and agree, unless otherwise covered by a collective bargaining agreement, that my employment will be and may be terminated by me or Wasco County at any time for any cause or no cause. I understand and agree that, except as provided above, all benefits, programs, rules and policies of Wasco County are subject to exceptions or change at any time as decided by Wasco County.

The information in my application was freely given and is, to the best of my knowledge, true and complete. I understand that any false, misleading answer or statement will be sufficient grounds for immediate dismissal at any time. Wasco County is hereby authorized to contact my present and past employers and references and to receive from them any information about me contained in their personnel records and any evaluations of my job knowledge, skills and performance. I hereby release the County as well as those contacted by the County from any liability or damage which may result from furnishing the information requested. The County may make copies of this authorization available to those contacted.

This company is an equal opportunity employer and does not unlawfully discriminate on the basis of race, sex, age, color, religion, national origin, marital status, veteran status, disability status or any other basis prohibited by federal, state or local law. Please let us know if you need accommodations. I understand that the County requires the successful completion of a urinalysis for drug testing purposes and/or a blood alcohol test as a condition of employment for identified safety sensitive positions. By submitting this Application for Employment, I hereby consent to either or both of said tests, at the County's discretion.

Wasco County complies with federal law regarding legal authorization to reside and work in the United States. A successful applicant must produce two forms of identification showing their ability to live and work in the United States within the first 4 days of employment.

Relatives of current employees, or individuals in an intimate personal or financial relationship with a current employee, are eligible for hire at Wasco County. However, persons may not be hired or promoted into positions in which a family member or a partner would fall under the direct line of supervision of the other family member or partner.

Applicant's signature is required to process application. 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

Qualified Disabled Veteran Questions: *Additional preference may be claimed if you check at least one box below and provide proof of eligibility via a copy of DD214 or 15, Copy 4, and a public employment preference letter from the United States Department of Veteran's Affairs (letter may be requested by calling 800-827-1000)*

- I am entitled to disability compensation under laws administered by 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, have attached proof of eligibility as directed 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.

I, _____ am claiming Veterans' Preference and certify that I am eligible to do so.

Signature: _____ **Date:** _____

Position Applied For: _____

If you have any specific questions please contact the Human Resources Dept. at 541-506-2774 or nicholeb@co.wasco.or.us

This form and supporting documentation must be received by the Human Resources Department no later than the closing time and date of the job posting.