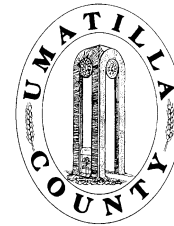


DATE/TIME APPLICATION RECEIVED: _____ BY: _____



UMATILLA COUNTY EMPLOYMENT APPLICATION



AN EQUAL OPPORTUNITY EMPLOYER
REVISED 12/17

Human Resources Department
Umatilla County Courthouse
216 SE 4th Street, Pendleton, OR 97801

**PLEASE PRINT IN INK
OR DOWNLOAD PRIOR TO TYPING**
www.umatillacounty.net

Phone: (541) 278-6205
Fax: (541) 278-6374
E-mail: hr@umatillacounty.net

Umatilla County provides employment opportunity to all qualified employees and applicants, without unlawful 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 EEO 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, please complete the Veteran’s Preference Form and submit it with the required documentation, at the time you submit this application.

Your application may be considered incomplete, if you do not answer all of the questions, submit any required supplemental documentation, and sign your application.

How did you learn about this job opening? _____

Position Applied For:	Position Number:	Today’s Date:
Last Name:	First Name:	M.I.
Mailing Address:		
City:	State:	Zip Code:
Phone Number:	Email:	

ATTACHMENTS TO THE JOB APPLICATION:

- Cover Letter
- Resume
- Authorization to Release Information
- Veteran’s Preference Form
- Transcripts/Licensure (If Applicable)
- Certifications (If Applicable)
- Law Enforcement Consent Form
- Driver License Form (ONLY complete if applicable to position)
- OTHER: _____

EDUCATION**WHAT IS YOUR HIGHEST LEVEL OF EDUCATION:**

- | | | |
|--|--|---|
| <input type="checkbox"/> High School Diploma/GED | <input type="checkbox"/> Some College | <input type="checkbox"/> Associate's Degree |
| <input type="checkbox"/> Technical College | <input type="checkbox"/> Master's Degree | <input type="checkbox"/> Bachelor's Degree |
| <input type="checkbox"/> Doctorate | | |

COLLEGE/UNIVERSITY EDUCATION

SCHOOL NAME:		DEGREE RECEIVED:	
SCHOOL LOCATION: (CITY/STATE)	DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO, # OF UNITS COMPLETED: <input type="checkbox"/> SEMESTER <input type="checkbox"/> QUARTER	

MAJOR:

SCHOOL NAME:		DEGREE RECEIVED:	
SCHOOL LOCATION: (CITY/STATE)	DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO, # OF UNITS COMPLETED: <input type="checkbox"/> SEMESTER <input type="checkbox"/> QUARTER	

MAJOR:

SCHOOL NAME:		DEGREE RECEIVED:	
SCHOOL LOCATION: (CITY/STATE)	DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO, # OF UNITS COMPLETED: <input type="checkbox"/> SEMESTER <input type="checkbox"/> QUARTER	

MAJOR:

PROFESSIONAL CERTIFICATES & LICENSES

TYPE:	DATE ISSUED: (MONTH/YEAR)	EXPIRATION DATE: (MONTH/YEAR)
LICENSE NUMBER:		ISSUING AGENCY:

TYPE:	DATE ISSUED: (MONTH/YEAR)	EXPIRATION DATE: (MONTH/YEAR)
LICENSE NUMBER:		ISSUING AGENCY:

TYPE:	DATE ISSUED: (MONTH/YEAR)	EXPIRATION DATE: (MONTH/YEAR)
LICENSE NUMBER:		ISSUING AGENCY:

TYPE:	DATE ISSUED: (MONTH/YEAR)	EXPIRATION DATE: (MONTH/YEAR)
LICENSE NUMBER:		ISSUING AGENCY:

Please list your current or most recent job first; then go backwards, for up to 10 years of employment. Use as many blocks as needed for your work history. If more blocks are needed, please provide an attachment. If you have volunteer work, or other unpaid work that is directly relevant to the position you are applying for, you are welcome to include that information. Please do not substitute "See Resume."

WORK HISTORY #1		
DATES: FROM TO	EMPLOYER:	POSITION TITLE:
ADDRESS:	CITY:	STATE:
COMPANY WEBSITE:	PHONE NUMBER:	SUPERVISOR: (NAME/TITLE)
HOURS WORKED PER WEEK:		MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO
DUTIES:		
REASON FOR LEAVING:		
WORK HISTORY #2		
DATES: FROM TO	EMPLOYER:	POSITION TITLE:
ADDRESS:	CITY:	STATE:
COMPANY WEBSITE:	PHONE NUMBER:	SUPERVISOR: (NAME/TITLE)
HOURS WORKED PER WEEK:		MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO
DUTIES:		
REASON FOR LEAVING:		

WORK HISTORY #3

DATES: FROM TO	EMPLOYER:	POSITION TITLE:
ADDRESS:	CITY:	STATE:
COMPANY WEBSITE:	PHONE NUMBER:	SUPERVISOR: (NAME/TITLE)
HOURS WORKED PER WEEK:		MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO

DUTIES:

REASON FOR LEAVING:

WORK HISTORY #4

DATES: FROM TO	EMPLOYER:	POSITION TITLE:
ADDRESS:	CITY:	STATE:
COMPANY WEBSITE:	PHONE NUMBER:	SUPERVISOR: (NAME/TITLE)
HOURS WORKED PER WEEK:		MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO

DUTIES:

REASON FOR LEAVING:

SUPPLEMENTAL QUESTIONS

COMPUTER SKILLS – WINDOWS PROGRAMS

<p>▪ MICROSOFT WORD EXPERIENCE:</p>	<p><input type="checkbox"/> NO EXPERIENCE <input type="checkbox"/> BEGINNER (LETTERS/MEMOS) <input type="checkbox"/> INTERMEDIATE (MAIL MERGE) <input type="checkbox"/> ADVANCED (PUBLICATIONS, STYLES)</p>	<p>BRIEFLY EXPLAIN:</p>
<p>▪ MICROSOFT EXCEL EXPERIENCE:</p>	<p><input type="checkbox"/> NO EXPERIENCE <input type="checkbox"/> BEGINNER (DATA ENTRY) <input type="checkbox"/> INTERMEDIATE (CUSTOM FORMULAS) <input type="checkbox"/> ADVANCED (MACROS/VBA)</p>	<p>BRIEFLY EXPLAIN:</p>
<p>▪ OTHER:</p>	<p><input type="checkbox"/> NO EXPERIENCE <input type="checkbox"/> BEGINNER <input type="checkbox"/> INTERMEDIATE <input type="checkbox"/> ADVANCED</p>	<p>BRIEFLY EXPLAIN:</p>

LANGUAGES OTHER THAN ENGLISH THAT YOU ARE PROFICIENT IN:

<p>LANGUAGE:</p> <p><input type="checkbox"/> SPEAK <input type="checkbox"/> READ <input type="checkbox"/> WRITE</p>	<p>LANGUAGE:</p> <p><input type="checkbox"/> SPEAK <input type="checkbox"/> READ <input type="checkbox"/> WRITE</p>
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Do you have any special skills, qualifications, knowledge (Include typing speed, equipment operation, etc.) not already mentioned, which may be useful in the position for which you are applying (You need not disclose membership in professional organizations that may reveal information regarding race, color, creed, sex, religion, national origin, ancestry, age, disability, marital status, veteran status or any other protected status.):

SUPPLEMENTAL QUESTIONS

Date you are available to start:

Are you willing/able to travel?

YES

NO

Please describe how you proof your own work, for accuracy and efficiency:

Please describe why you want to work for Umatilla County as is refers to this job:

Intellectual & Developmental Disability Positions ONLY

Have you ever been the subject of any founded reports of child abuse or substantiated abuse?

YES

NO

If yes, please explain fully:

Law Enforcement Positions ONLY

Are you DPSST certified?

YES

NO

Certification #:

Have you engaged in sexual abuse in a prison, jail, lock-up, community confinement facility, juvenile facility or other institution as defined by 42USA1997?

YES

NO

Have you been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?

YES

NO

Have you been civilly or administratively adjudicated to have engaged in the activity described above in the preceding question?

YES

NO

UNDERSTANDING AND ASSURANCES

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED.

1. I understand that any misrepresentation or omission, as well as any misleading statements or omissions of application information, attachments, or supporting documents may result in denial of employment or if already hired, then termination. And, I understand that I may be required to verify any and all information submitted.
2. I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the U.S.
3. I understand that as allowed by law, policy, and/or collective bargaining agreement, Umatilla County may check my criminal background information, DMV information, references, education, certification, licenses, and/or any other source of information that might provide information about my suitability and qualifications for employment with Umatilla County. I understand that as the recruitment progresses I may be required to provide additional information in order that a thorough background check can be completed.
4. As allowed by law, policy, and/or a collective bargaining agreement, I agree to undergo any drug and/or alcohol testing that Umatilla County may require.
5. I certify that I have fully, accurately, and completely answered all questions, and have given all information requested in the application materials. I certify that I have not withheld any information relative to my application for employment. I understand that any wrong or incomplete information in my application materials may disqualify me for further consideration of employment, or, if discovered after I am hired, may be grounds for my dismissal.
6. I understand that all application-related information is subject to verification by Umatilla County, and I hereby give my consent to Umatilla County to investigate my background and qualifications using any means, sources, and outside investigators at its disposal.
7. I understand that submission of this application does not necessarily mean that I will be hired. I understand and agree that, with the exception of employees subject to a collective bargaining agreement, if hired, my employment relationship with Umatilla County will be "at-will". That means that either I or Umatilla County may terminate this relationship at any time, for any reason, with or without cause or notice.
8. I authorize any of the persons or organizations referenced in this application, otherwise provided by me, otherwise provided by any person as developed through my employers and/or references, or otherwise provided by any other source, to give you any and all information concerning my previous employment, education, character, or any other information they might have, personal or otherwise, with regards to any of the subjects covered in my application materials. I release all such parties from all liability from any damages which may result from furnishing such information.

I understand that this completed application, and any other materials submitted, are the property of Umatilla County and will not be returned. I understand that I must notify Umatilla County of any changes to my contact information.

I have read and understand the above information.

APPLICANT'S SIGNATURE

DATE

AUTHORIZATION TO RELEASE INFORMATION

I understand that this document, signed by me, authorizes Umatilla County, or its representative, to investigate my background information, employment records, and any other records necessary to determine job-related qualifications for a position within Umatilla County.

I hereby release all parties and persons from all liability and/or claims, now or in the future, arising from the furnishing of any information concerning my employment history, work performance, background information, character, education, training and any other employment investigation information, including good faith expressions of opinion, to Umatilla County, or its representative, as requested.

I further agree not to sue Umatilla County, or any and all other persons providing information for my suitability to perform the job I have applied for, as a result of the furnishing of any information, including good faith expressions of opinion, to Umatilla County.

I understand and agree that any information released to Umatilla County is done so in strictest confidence and shall not be released to me, unless required by law to do so, even if I am rejected for employment.

APPLICANT'S NAME (PRINT)

OTHER LAST NAMES USED

APPLICANT'S SIGNATURE

DATE

VETERANS' PREFERENCE FORM

Under Oregon law, veterans who meet minimum qualifications for a position may be eligible for preference. If you think you may qualify, please read the following checklist carefully. Check the box for each item that is appropriate. If you need further explanation or have special circumstances, please call Umatilla County.

This completed form and the required documentation must be submitted at the time you submit your application.

- I. QUALIFIED VETERAN QUESTIONS: You may be eligible to claim veterans' preference if you check at least one of the boxes below, and provide proof of eligibility by submitting a copy of your DD-214 or 215.

ORS 408.225 (1) (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; or
- I served on active duty with the Armed Forces of the United States 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; or
- I served on active duty with the Armed Forces of the United States for 178 days or less and was discharged or released from active duty under honorable conditions because of a service-connected disability; or
- I served on active duty with the Armed Forces of the United States for 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; or
- I served on active duty with the Armed Forces of the United States for at least one day in a combat zone and was discharged or released from active duty under honorable conditions; or
- I 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; or
- I am receiving a non-service-connected pension from the United States Department of Veterans Affairs.

"Active duty" does not include attendance at a school under military orders, except schooling incident to an active enlistment or a regular tour of duty, or normal military training as a reserve officer or member of an organized reserve or a National Guard unit.

- II. QUALIFIED DISABLED VETERAN QUESTIONS: You may claim additional employment preference if you can check at least one box in the section below and provide proof of eligibility by submitting both of the following documents:
1. A copy of your DD-214 or 215, Certificate of Release or Discharge, Copy 4, and
 2. A public employment preference letter from the United States Department of Veterans Affairs. To order the letter, call 1-800-827-1000 and request a public employment preference letter.

ORS 408.225 (1) (c)

- I have a disability rating designated 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 veteran's preference 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.

APPLICANT'S NAME

SIGNATURE

DATE

Preference may not be awarded without the appropriate documentation. You must submit your DD-214 or 215 in all cases. If you are claiming disabled veteran preference you must also submit the public employment preference letter from the Department of Veterans Affairs. You will not receive preference without these accompanying documents



LAW ENFORCEMENT POSITIONS ONLY
Consent Form to Request Information for a Criminal Background Check



I understand that Umatilla County will conduct a criminal history background check as part of the procedure for processing my application for employment.

I understand that Umatilla County will conduct an investigation that verifies my social security number and includes obtaining information regarding my past employment and criminal background. I understand the criminal history background check will include my counties of residence to search for criminal records.

I understand that the information contained in the criminal history background check will be available to those persons involved in making employment decisions or performing the background investigation, and that this information will be used for the purpose of making employment decisions.

Caution – Read Before Signing

I hereby consent to the criminal history background check as described above and authorize Umatilla County to obtain reports concerning my background as stated above. I hereby release Umatilla County, its officers, agents and employees from any and all liability related to Umatilla County using my criminal background information to make employment decisions.

Applicant's Signature: _____ Date: _____

Print **FULL** Name: _____
(First) (Middle) (Last)

Race: _____ Eye Color: _____ Height: _____ Weight: _____

Social Security #: _____ Date of Birth: _____

Driver's License #: _____ State of License: _____

Position Applied For: _____ Department: _____

Providing your social security number and date of birth are necessary to perform these investigations and will only be used with your consent for the purposes described above. Date of Birth information is obtained for identification purposes only and will not be used as a basis for making employment decisions.

UMATILLA COUNTY SUPPLEMENTAL DRIVER'S LICENSE FORM

COMPLETE ONLY IF APPLYING FOR A POSITION REQUIRING A VALID DRIVER'S LICENSE

NAME OF APPLICANT (PRINT): _____

Do you have a valid Driver's License?		
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Driver License #:
Do you have a valid DOT CDL?		
<input type="checkbox"/> YES	<input type="checkbox"/> NO	CDL #:
Have you ever had your license suspended or revoked?		<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please explain fully:		
Have you ever been denied issuance of a license?		<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please explain fully:		
The job you are applying for involves the use of County vehicles; therefore, we need to know if you are presently insured under vehicle insurance?		
<input type="checkbox"/> YES	<input type="checkbox"/> NO	
If NO, are you insurable at this time?		
<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Have you ever been refused vehicle insurance, or have you ever had your vehicle insurance revoked or withdrawn?		
<input type="checkbox"/> YES	<input type="checkbox"/> NO	
If yes, please provide details, reasons, names of insurance companies, and dates:		

I, _____, understand that a current, valid Driver's License is an essential function of the job for which I have applied. I further understand if employed in this position, I am required to maintain this license as a condition of employment. Any future incidents that suspend, revoke, or otherwise cause my license to become invalid must be immediately reported to Human Resources.

Signature: _____ Date: _____

The information on this form will be used only for County vehicle-use requirements, and will be maintained in a confidential manner.