

Application For Employment

Columbia County

230 Strand Street
 St Helens, Oregon 97051
 (503) 397-3874
 www.co.columbia.or.us

- Read and complete all sections of this form
- Incomplete applications will not be accepted
- Applications will only be accepted via online submission

AN EQUAL OPPORTUNITY EMPLOYER

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department at the number listed above.

NAME AND ADDRESS

Last Name	First Name	Middle Initial
Mailing Address		
City	State	Zip

Position Applied For: _____

Email Address: _____

Contact Phone Number: _____

List any other names used for work records _____

If necessary, best time to call you is _____ am
 pm

May we contact you at work? Yes No

If yes, work number and best time to call _____ am
 pm

Have you ever been employed here before? Yes No

If yes, give dates From _____ To _____

Are you legally eligible for employment in this country? Yes No

Date available for work..... _____

Are you able to meet the attendance requirements of this position? Yes No

Will you work overtime if required? Yes No

Have you ever been bonded? Yes No

Have you ever been convicted of a felony? Yes No

(Such conviction may be relevant if job related, but does not necessarily bar you from employment.)

If yes, please explain

SPACE BELOW FOR OFFICE USE ONLY - APPLICANTS CONTINUE ON NEXT PAGE

Received

Date: _____

By: _____

Employment History

List your employment history starting with the most recent, including military experience. Explain any gaps in employment in comments section below. Attach additional sheets if necessary to fully explain duties or list employers which demonstrate the experience/background necessary to qualify for this position.

EMPLOYER	TELEPHONE	DATES EMPLOYED		SUMMARIZE THE NATURE OF THE WORK PERFORMED AND JOB RESPONSIBILITIES
ADDRESS		FROM MO/YR	TO MO/YR	
		HOURLY RATE/SALARY		
		STARTING		
		TYPE OF BUSINESS	JOB TITLE	
IMMEDIATE SUPERVISOR		HOURLY RATE/SALARY		
		FINAL		
REASON FOR LEAVING		\$	per	
		PART-TIME FULL-TIME		
		_____ HRS./WEEK		
EMPLOYER	TELEPHONE	DATES EMPLOYED		SUMMARIZE THE NATURE OF THE WORK PERFORMED AND JOB RESPONSIBILITIES
ADDRESS		FROM MO/YR	TO MO/YR	
		HOURLY RATE/SALARY		
		STARTING		
		TYPE OF BUSINESS	JOB TITLE	
IMMEDIATE SUPERVISOR		HOURLY RATE/SALARY		
		FINAL		
REASON FOR LEAVING		\$	per	
		PART-TIME FULL-TIME		
		_____ HRS./WEEK		
EMPLOYER	TELEPHONE	DATES EMPLOYED		SUMMARIZE THE NATURE OF THE WORK PERFORMED AND JOB RESPONSIBILITIES
ADDRESS		FROM MO/YR	TO MO/YR	
		HOURLY RATE/SALARY		
		STARTING		
		TYPE OF BUSINESS	JOB TITLE	
IMMEDIATE SUPERVISOR		HOURLY RATE/SALARY		
		FINAL		
REASON FOR LEAVING		\$	per	
		PART-TIME FULL-TIME		
		_____ HRS./WEEK		
EMPLOYER	TELEPHONE	DATES EMPLOYED		SUMMARIZE THE NATURE OF THE WORK PERFORMED AND JOB RESPONSIBILITIES
ADDRESS		FROM MO/YR	TO MO/YR	
		HOURLY RATE/SALARY		
		STARTING		
		TYPE OF BUSINESS	JOB TITLE	
IMMEDIATE SUPERVISOR		HOURLY RATE/SALARY		
		FINAL		
REASON FOR LEAVING		\$	per	
		PART-TIME FULL-TIME		
		_____ HRS./WEEK		

Employment History Continued

EMPLOYER	TELEPHONE	DATES EMPLOYED		SUMMARIZE THE NATURE OF THE WORK PERFORMED AND JOB RESPONSIBILITIES
ADDRESS		FROM MO/YR	TO MO/YR	
		HOURLY RATE/SALARY		
		STARTING		
TYPE OF BUSINESS	JOB TITLE	\$	per	
		HOURLY RATE/SALARY		
		FINAL		
IMMEDIATE SUPERVISOR	TITLE	\$	per	
REASON FOR LEAVING				
		PART-TIME	FULL-TIME	
		_____ HRS./WEEK		

COMMENTS (including explanation of any gaps in employment)

Skills and Qualifications

Summarize any special training, skills, licenses, certificates and/or characteristics of yourself that may qualify you as being able to perform job-related functions for the position which you are applying.

List specific computer programs you have used, as well as any different type of hardware or other office equipment.

Education Background

School	Years Attended (College Only)	Degree/ Diploma	Major
High School Graduate	YES NO GED		

References

List name and telephone number of three business/work references who are not related to you.

Name	Telephone Number	Years Known

VETERANS PREFERENCE IS AWARDED IN ACCORDANCE WITH THE PROVISIONS OF ORS 408.225-235. PLEASE READ THE ELIGIBILITY REQUIREMENTS CAREFULLY. IF YOU QUALIFY, CHECK THE APPROPRIATE BOX BELOW AND ENTER THE REQUESTED INFORMATION IN THE SPACE PROVIDED:

(1) Five (5) Points Veterans Preference can be added to passing scores of persons who served on active duty with the Armed Forces of the United States: (i) For a period of more than 90 consecutive days beginning on or before January 31, 1955, and was discharged or released under honorable conditions; (ii) 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; (iii) For 178 days or less and was discharged or released from active duty under honorable conditions because of a service-connected disability; (iv) For 178 days or less and was discharged or released from active duty under honorable conditions and has a disability rating from the United States Department of Veterans Affairs; or (v) For at least one day in a combat zone and was discharged or released from active duty under honorable conditions; or who 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 who receives a nonservice-connected pension from the United States Department of Veterans Affairs.

5 Points Veterans Preference. I certify that I meet the eligibility requirements specified above.

(2) Ten (10) Point Veterans Disability Preference can be added to passing scores of persons who have a disability rating from the United States Department of Veterans Affairs or whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty or who were awarded the Purple Heart for wounds received in combat.

10 Points Veterans Preference. I certify that I meet the eligibility requirements specified above.

NOTE

If you claim either 5 or 10 points preference, you must complete the following information and include appropriate documents (e.g. DD214) evidencing eligibility for veterans preference.

Branch of Service	Date of Entry	Date of Discharge

Points will be used for Civil Service positions

Make sure you complete all appropriate sections of the application form (incomplete applications will not be accepted)

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for rejection of this application or immediate dismissal from County service, whenever it is discovered.

I give Columbia County the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the County and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.

I understand that Columbia County does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment of a basis prohibited by local, state or federal law.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the County reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law.

This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the County, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I understand it is the County's policy not to refuse to hire a qualified individual with a disability because of the person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Printed Name _____ **Date** _____

By entering my initials, I acknowledge that I submitted this application electronically and that I agree to the terms and conditions of this application and affirm the information provided in it is true.

INITIALS _____

Application must be received via email by 5:00 pm on the closing date. Applications will only be accepted if received via online submission.

Applications are accepted only when there is an open and listed job vacancy. You must fill out a County application form to be considered an applicant. Applications submitted will be considered only for the specific position listed on the front page. To be considered for another open position, a separate application is necessary.