

# Application for Employment

## Columbia County Human Resources Department

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

Read and complete all sections of this form.  
Incomplete or unsigned applications will not be accepted.

### 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.

Please Print or Type.

NAME  
AND  
ADDRESS

(Last)	(First)	(M.I.)
(Mailing Address)		
(City)	(State)	(Zip)

Position Applied For: \_\_\_\_\_

Announcement Number: \_\_\_\_\_

Home Phone Number(     ) \_\_\_\_\_

Social Security Number \_\_\_\_\_

List any other names used for work records \_\_\_\_\_

If necessary, best time to call you at home 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 the 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 \_\_\_\_\_

Driver's License number (if job related) \_\_\_\_\_ State \_\_\_\_\_

SPACE BELOW FOR OFFICE USE ONLY - APPLICANTS CONTINUE ON REVERSE SIDE

Accepted

- Not Accepted (Reasons checked below)
- (ED) Education      (LI) Licenses
- (EX) Experience      (CT) Certificates
- (EC) Exam closed on \_\_\_\_\_ Date
- (PO) Promotional exam only
- (AI) Application incomplete
- Other \_\_\_\_\_

Received

Announcement Number	DATE	WRITTEN SCORE	EVALUATION SCORE	ORAL SCORE	FINAL SCORE

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		\$	PER	
JOB TITLE		HOURLY RATE/SALARY		
IMMEDIATE SUPERVISOR AND TITLE		FINAL		
		\$	PER	
REASON FOR LEAVING		<input type="checkbox"/> PART-TIME _____ HRS. /WEEK <input type="checkbox"/> FULL-TIME		
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		\$	PER	
JOB TITLE		HOURLY RATE/SALARY		
IMMEDIATE SUPERVISOR AND TITLE		FINAL		
		\$	PER	
REASON FOR LEAVING		<input type="checkbox"/> PART-TIME _____ HRS. /WEEK <input type="checkbox"/> FULL-TIME		
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		\$	PER	
JOB TITLE		HOURLY RATE/SALARY		
IMMEDIATE SUPERVISOR AND TITLE		FINAL		
		\$	PER	
REASON FOR LEAVING		<input type="checkbox"/> PART-TIME _____ HRS. /WEEK <input type="checkbox"/> FULL-TIME		
EMPLOYER	TELEPHONE ( )	DATES EMPLOYED		Summarize the nature of the work performed and job responsibilities
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		HOURLY RATE/SALARY		
		STARTING		
TYPE OF BUSINESS		\$	PER	
JOB TITLE		HOURLY RATE/SALARY		
IMMEDIATE SUPERVISOR AND TITLE		FINAL		
		\$	PER	
REASON FOR LEAVING		<input type="checkbox"/> PART-TIME _____ HRS. /WEEK <input type="checkbox"/> FULL-TIME		

## 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		\$	PER	
JOB TITLE		HOURLY RATE/SALARY		
IMMEDIATE SUPERVISOR AND TITLE		FINAL		
		\$	PER	
REASON FOR LEAVING		<input type="checkbox"/> PART-TIME _____ HRS. /WEEK <input type="checkbox"/> FULL-TIME		

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 types of hardware or other office equipment. \_\_\_\_\_

## Educational Background

School	Years Attended (College Only)	Degree / Diploma	Major
High School Graduate	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> GED		
	From ____/____ To ____/____		
	From ____/____ To ____/____		

## References

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

Name	Telephone Number	Years Known
	Area Code ( )	
	Area Code ( )	
	Area Code ( )	

***Make sure you complete all appropriate sections of the application form including signature and date  
(Incomplete or unsigned 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 on 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 that 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.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Return application to Human Resources Department, 230 Strand Street, St. Helens, Oregon 97051.

Facsimile applications will not be accepted. Application must be received by 5:00 p.m. on closing date. Postmark by closing date not acceptable.

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.

AUTHORIZATION TO RELEASE INFORMATION

I understand that this document, signed by me, authorizes Columbia County, or its representative, to investigate my employment records, criminal records, juvenile records, and any other records necessary to determine job related qualifications for a position within Columbia County. I further understand that this document, should I become employed by Columbia County, authorizes the County to investigate such records at any time during my employment.

Any recipient of a copy of this signed document is hereby authorized and indemnified to divulge information concerning my character, criminal history, education and employment records. I hereby release you, your organization, and others from any and all liability or damage which may arise from furnishing the information requested and as outlined herein. I understand and agree that any information released to Columbia County is done so in strictest confidence and shall not be released to me even if I am rejected for employment.

Signature: \_\_\_\_\_

Printed name: \_\_\_\_\_  
Full Legal Name

Date: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Driver's License No.: \_\_\_\_\_/State \_\_\_\_\_

Birth Date: \_\_\_\_\_

(required for criminal background check)