

Application for Employment

Columbia County

230 Strand Street
 St. Helens, OR, 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.

Please Print or Type.

**NAME
AND
ADDRESS**

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

Position Applied For: _____

Announcement Number: _____

Home Phone 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 _____

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

<input type="checkbox"/> Accepted	<input type="checkbox"/> Not Accepted (Reasons checked below)	<input type="checkbox"/> (PO) Promotional exam only
	<input type="checkbox"/> (ED) Education <input type="checkbox"/> (LI) Licenses <input type="checkbox"/> (EX) Experience <input type="checkbox"/> (CT) Certificates <input type="checkbox"/> (EC) Exam closed on _____ Date <input type="checkbox"/> Other _____	<input type="checkbox"/> (AI) Application incomplete

Received

Over: _____

By: _____

Announcement Number	DATE	WRITTEN SCORE	EVALUATION SCORE	ORAL SCORE	FINAL SCORE

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		
		FINAL		
IMMEDIATE SUPERVISOR AND TITLE		\$	PER	
REASON FOR LEAVING		<input type="checkbox"/> PART-TIME _____ HRS. /WEEK <input type="checkbox"/> FULL-TIME		
EMPLOYER	TELEPHONE ()	DATES EMPLOYED		
ADDRESS		FROM MO/YR	TO MO/YR	
		HOURLY RATE/SALARY		
		STARTING		
TYPE OF BUSINESS		\$	PER	
JOB TITLE		HOURLY RATE/SALARY		
		FINAL		
IMMEDIATE SUPERVISOR AND TITLE		\$	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		
		FINAL		
IMMEDIATE SUPERVISOR AND TITLE		\$	PER	
REASON FOR LEAVING		<input type="checkbox"/> PART-TIME _____ HRS. /WEEK <input type="checkbox"/> FULL-TIME		
EMPLOYER	TELEPHONE ()	DATES EMPLOYED		
ADDRESS		FROM MO/YR	TO MO/YR	
		HOURLY RATE/SALARY		
		STARTING		
TYPE OF BUSINESS		\$	PER	
JOB TITLE		HOURLY RATE/SALARY		
		FINAL		
IMMEDIATE SUPERVISOR AND TITLE		\$	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		
TYPE OF BUSINESS		STARTING		
		\$	PER	
JOB TITLE		HOURLY RATE/SALARY		
		FINAL		
IMMEDIATE SUPERVISOR AND TITLE		\$	PER	
		<input type="checkbox"/> PART-TIME _____ HRS. /WEEK <input type="checkbox"/> FULL-TIME		
REASON FOR LEAVING				

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 ()	

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, other than a person entitled to retirement pay from the United States based on length of military service, who served on active duty with the Armed Forces of the United States for a period of more than 180 consecutive days, and was discharged or released therefrom with other than a dishonorable discharge; or a person who served on active duty with the Armed Forces of the United States for 180 days or less and was discharged or released with other than a dishonorable discharge because of a service-connected disability. **Preference can only be granted within 15 years of discharge or release from service in the Armed Forces.**

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 entitled to disability compensation under laws administered by 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 a person who was awarded the Purple Heart for wounds received in combat. There are no time limits for this preference.

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:
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Points will only be used for Civil Service positions.

Preference points may not be utilized again after an employee has obtained a first position with the County except that any person who has been appointed to a civil service position, granted military leave to serve in the armed services who would qualify as a veteran or disabled veteran and who has returned to duty in a civil service position, shall be allowed such preference on any successfully completed promotion test for a position which would put the person in another class having a higher maximum salary rate.

**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 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.

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 that 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.

Property Appraiser I or II Supplemental Questionnaire

Please answer the following questions and return them with your application, only candidates who submit both a completed application and the supplemental questionnaire will be considered. Be as brief or as thorough as you'd like. We want to learn about the experience and strengths you can bring to our team. You can give us the best picture by being completely open and whenever possible, give specific examples from your past work experiences.

1. Please describe why you are interested in the position.

2. Please describe your experience in:

a. Customer Service

b. Appraisal Field Work

c. Project and/or Program Management

d. Organizational and Time Management

3. Please describe your computer experience.

4. In three paragraphs or less, please tell us about yourself.
5. Please describe what you see as your strengths related to this position.
6. Please describe what you see as your weaknesses related to this position.
7. Please describe your communication style.
8. Please describe what teamwork means to you.
9. Please describe what work you have been performing for the last two years.