APPLICATION FOR EMPLOYMENT

Clatsop County Human Resources, 800 Exchange St, Suite 410, Astoria OR 97103
Ph: 503-325-1000 Fax: 503-325-8325 hr@co.clatsop.or.us

An Equal Opportunity Employer

Position applying for: _____

1. Applicant

Name: _____ Email: _____
Last First Middle Init.

Address: _____
Mailing address City State Zip

_____
Street address (if different) City State Zip

Phone: _(_____)_____(_____)_____(_____)_____
Home Cell Other

Availability (check all that apply):
☐ Full Time ☐ Part Time ☐ Temporary ☐ Weekends ☐ Holidays ☐ Nights

Do you have a valid driver's license? If yes:
No : _____ State: _____ Class: __

2. Education & Training

High School diploma?: ☐ Yes ☐ No GED:? ☐ Yes ☐ No

List University, College, Technical Schools	Major	Minor	Credits Earned	Degree/Certificate?

3. Licenses & Certificates

Description	Issued by	Expiration Date

4. Skills & Competencies

Typing Speed: _____(wpm) Describe **computer programs** you are proficient in: _____

_____

_____

Describe **equipment operation** skills related to the job for which you are applying: _____

_____

_____

5. Prior Employment with Clatsop County

Are you now or have you ever been employed by Clatsop County? ☐ Yes ☐ No

If yes: _____
Title Department Date Hired Date Terminated

6. Relatives Employed by Clatsop County

Do you have relatives employed by Clatsop County? ☐ Yes ☐ No

If yes: _____
Name Relationship to you Department

7. Accommodations

Are you able to perform the essential duties of the position for which you are applying with or without accommodations?

☐ Yes Please list any reasonable accommodations needed: _____

_____

8. Employment History

Describe your past experience to the best of your ability. List most recent jobs in reverse chronological order. Include any position whether paid, military, volunteer or on-the-job training. A resumé will not substitute for completion of this part of your application. Incomplete applications may result in your being disqualified for consideration.

Your Title: _____ Start date: _____ End date: _____

Employer: _____
Company Name Supervisor Name & Title

_____(_____)_____ May we contact this employer? ☐ Yes ☐ No
Street address City/State/Zip Phone

Number of employees you supervised: _____ Final Salary: _____Reason for leaving:_____

Brief Description of Duties: _____

_____

_____

Your Title: _____ Start date: _____ End date: _____

Employer: _____
Company Name Supervisor Name & Title

_____(_____)_____ May we contact this employer? ☐ Yes ☐ No
Street address City/State/Zip Phone

Number of employees you supervised: _____ Final Salary: _____Reason for leaving:_____

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Company Name Supervisor Name & Title

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Street address City/State/Zip Phone

Number of employees you supervised: _____ Final Salary: _____Reason for leaving:_____

Brief Description of Duties: _____

_____

_____

Your Title: _____ Start date: _____ End date: _____

Employer: _____
Company Name Supervisor Name & Title

_____(_____)_____ May we contact this employer? ☐ Yes ☐ No
Street address City/State/Zip Phone

Number of employees you supervised: _____ Final Salary: _____Reason for leaving:_____

Brief Description of Duties: _____

_____

_____

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8. Employment History (cont'd)

Your Title: _____ Start date: _____ End date: _____

Employer: _____
Company Name Supervisor Name & Title

_____(_____)_____ May we contact this employer? ☐Yes ☐No
Street address City/State/Zip Phone

Number of employees you supervised: _____ Final Salary: _____Reason for leaving:_____

Brief Description of Duties: _____

_____

_____

Your Title: _____ Start date: _____ End date: _____

Employer: _____
Company Name Supervisor Name & Title

_____(_____)_____ May we contact this employer? ☐Yes ☐No
Street address City/State/Zip Phone

Number of employees you supervised: _____ Final Salary: _____Reason for leaving:_____

Brief Description of Duties: _____

_____

_____

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9. Veteran's Preference

Do you claim veteran's preference? ☐Yes ☐No *If yes, please also fill out the Veteran's Preference form, page 6.*

10. Certification of Understanding and Signature

Please acknowledge each item with your initials in the space provided:

_____ I certify that I have read and understand the job description and the essential functions of this position as posted on the Clatsop County website at https://www.co.clatsop.or.us (Administration, Personnel-Human Resources).

_____ I certify that I understand that the list of duties in the job description may not be fully comprehensive, and that I am able to perform all essential functions as described as well as any other related duties as directed by my supervisor and County management with or without accommodations.

_____ I understand that, if required for the position, I will be required to complete and pass a drug screen prior to my first day of employment, and that I may also be subject to an appropriate background check.

_____ I understand that at time of employment I will be required to submit verification of my legal right to work in the United States as required by the US Immigration and Naturalization Service no later than three (3) business days after my date of hire.

_____ I understand that my application will be considered individually to ensure compliance with Clatsop County's policies.

_____ I understand that if I provide false or misleading information on this application or on any other documents in connection with my employment with Clatsop County, it will be grounds for terminating my employment regardless of when it is discovered.

_____ I understand that the terms and conditions of employment may only be made in a written job offer from Clatsop County.

_____ I understand my application will be invalid if it is not signed.

_____ I hereby authorize the County, its agents and employees to contact my former employers as well as others to verify information I have provided the county and to obtain information about me which the County deems relevant to my employment.

_____ I authorize anyone having knowledge about me, including the officers, directors, owners, and employees of my former employers to disclose to the County all information relating to my past employment. I agree that any information released by my former employers to the County is released in good faith, and I hereby waive the right to make any claim, suit, complaint, claim for damages, or legal action of any kind against any person, entity or their officers, directors, agents, insurers, or employees which relates in any way to providing information about me to the County, consistent with ORS 30.178.

_____
Name (please print) Signature Date

EQUAL OPPORTUNITY EMPLOYMENT

Clatsop County is an Equal Opportunity employer. We are committed to equal employment opportunity for all employees in all matters of employment (such as hiring, promotion, transfer, training, layoff, compensation, fringe benefits and termination) regardless of ethnicity/race, religion, national origin, age, gender, disability, veteran status, or any other status protected by law.

The purpose of the Equal Opportunity Employment Status form is to capture information to help us comply with government recordkeeping, reporting, and other legal requirements in addition to complying with the County's Equal Employment Opportunity Plan. All employers must maintain records of employees' ethnicity, race, and gender and file an annual report to the Equal Employment Opportunity Commission (EEOC).

Under our Equal Employment Opportunity Plan, the County carefully considers the job qualifications of all applicants and employees when filling job openings and selecting people for training. The County periodically reviews our personnel processes to ensure that individuals' access to jobs for which they are qualified is not limited based on stereotypes nor based on ethnicity/race, or gender.

The information you submit on the attached EEOP form will be kept confidential and separate from your personnel file.

If a person with a disability requires accommodations to perform the essential functions of his or her job, the County engages in a diligent process to consider reasonable accommodations.

If you have any questions or comments about our Equal Employment Opportunity Plan, please contact the Human Resources department for more information.

CONFIDENTIAL & VOLUNTARY APPLICANT INFORMATION

Equal Employment Opportunity Status

The Equal Employment Opportunity Commission (EEOC) requires state and local government organizations with 15 or more employees to keep records and make such reports as are required by the Commission. As such, we invite applicants to self-identify gender and race/ethnicity and complete an EEO report upon application. Completion of this form is voluntary and will not affect your opportunity for employment nor terms and conditions of employment. This form will be used for EEO reporting and EEO plan purposes only and will be kept separate from all other personnel records, which are only accessed by the Human Resources (HR) department. Please return this completed form to the HR department with your application.

Applicant Name: _____ ☐ Male ☐ Female

Position applying for: _____

What is your race/ethnicity? (please mark one)

☐ **Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.

☐ **White (Not Hispanic or Latino)**: A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

☐ **Black or African American:** A person having origins in any of the black racial groups of Africa.

☐ **Native Hawaiian or Other Pacific Islander:** A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

☐ **Asian**: A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent, including, for example, Cambodia, China India, Japan, Korea, Malaysia, Pakistan, The Philippine Islands, Thailand and Vietnam.

☐ **American Indian or Alaskan Native**: A person having origins in any of the original peoples of North and South America (including Central America) and who maintains cultural identification through tribal affiliation or community recognition.

☐ **Two or More Races:** All persons who identify with more than one of the above five races.

Veteran Status:

☐ Veteran (see Veterans' Preference form next page)

☐ Non-Veteran

_____ _____ _____

Print first and last name Signature Date

VETERANS' PREFERENCE

Under Oregon law, veterans who meet minimum qualifications for a position may be eligible for employment preference. If you think you may qualify, please read the following checklist carefully. Check the box for each item that is appropriate.

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

A. QUALIFIED VETERAN QUESTIONS: You may claim veterans' preference if you check at least one of the boxes below and provide proof of eligibility by submitting a copy of your Federal 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 nonservice-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.

B. 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 Federal 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 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 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.

_____ _____-_____-_____ _____

Print Name Social Security Number Date

_____ Position applied for: _____

Signature of Applicant

ORS 408. 225-230

Preference will not be awarded without the appropriate documentation. You must submit your Federal 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.

Veterans' Preference Information for Applicants

The State of Oregon provides qualifying veterans and disabled veterans with employment preference in accordance with ORS 408.225, 408.230, and 408.235; OAR 105-040-0010 and 105-040-0015. The Oregon Bureau of Labor and Industries enforces public employer compliance with veterans' preference requirements.

Qualifying veterans and disabled veterans may obtain preference by submitting as verification of eligibility a copy of the Certificate of Release or Discharge from Active Duty (DD Form 214 or 215) or a letter from the US Dept. of Veterans Affairs indicating receipt of a non-service connected pension to your application. Disabled veterans must also submit a copy of their Veterans Disability Preference letter from the Dept. of Veterans Affairs, unless the information is included in the DD Form 214 or 215.

5 points (Veteran)*:

To receive 5 points you must have served on active duty in the Armed Forces of the United States (US):

1) For more than 90 consecutive days beginning on or before January 31, 1955; or
2) For more than 178 consecutive days; or
3) For 178 days or less and has a disability rating from the US Dept. of Veterans Affairs; or
4) For at least one day in a combat zone; or
5) Received a combat or campaign ribbon or an expeditionary medal for service in the Armed Forces.

To qualify under 1-5 above you must have been discharged or released under honorable conditions; or
6) Is receiving a non-service connected pension from the US Dept. of Veterans Affairs

***To receive credit as a 5 Point Veteran you must attach to your application:**
A copy of your DD214/DD215 form; or
A letter from the US Dept. of Veterans Affairs indicating you receive a non-service connected pension to your application.

10 points (Disabled Veteran):**

To receive 10 points you must be:

1) A person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty; or
2) Entitled to disability compensation under laws administered by the US Dept. of Veterans Affairs; or
3) Awarded the Purple Heart for wounds received in combat.

****To receive credit as a 10 point Disabled Veteran you must attach to your application:**

A copy of your DD214/DD215 form; and
A copy of your Veterans Disability Preference letter from the Dept. of Veterans Affairs.

For additional information on Veterans' Preference eligibility, including definition of the terms "veteran" and "disabled veteran," contact the Oregon Dept. of Veterans Affairs at 1-800-692-9666. Note: There is no limit on the number of times you can use veterans' preference. Agencies provide Veterans' preference throughout the competitive selection process as follows:

Application Examinations

Scored Application Examinations: If an agency uses, after an Initial Application Screening, a scored Application Examination to determine whom to consider further for appointment, the agency will add (based on a 100 point scale) five preference points to a veteran's score and add 10 preference points to a disabled veteran's score.

Unscored Application Examinations: Unscored Application Examinations done by application sorting into levels based on desired attributes, or other criteria to determine those in an applicant pool to be considered further for appointment will be accomplished by:
(a) Advancing the application of a veteran one level within a sorting process or;
(b) Advancing an application of a disabled veteran two levels within a sorting process.

Interviews

Scored Interviews: A veteran or disabled veteran is provided preference in a scored interview process. The agency will add (based on a 100 point scale) five preference points to a veteran's interview score and add 10 preference points to a disabled veteran's interview score at each level of interview to which a score is received.

Unscored Interviews: A veteran or disabled veteran is provided preference in unscored interview processes through an assessment conducted by the Appointing Authority or authorized delegate of the veteran's or disabled veteran's merits. A veteran or disabled veteran who meets all or substantially all of the agency's purposes in filling the position will continue to be considered for appointment.

Selection

When a veteran or disabled veteran has been determined to be equal to the top applicant(s) for a position upon completion of the Application Examination process, then the veteran or disabled veteran shall be ranked more highly than non-veteran applicants and, a disabled veteran shall be ranked more highly than both non-veteran and veteran applicants, and appointed to the position according to ORS 408.230.

Follow up

A veteran or disabled veteran applicant who is not selected for a position may request an explanation from the hiring agency. The request must be in writing and be sent within 30 calendar days of the date the agency informed the applicant that he/she was not selected (OAR105-040-0015).