



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 Affirmative Action/Equal Opportunity Employer

Position applying for: _____

1. Applicant

Name: _____
Last First Middle

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?

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

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

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

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

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

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

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

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

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

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

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

Brief Description of Duties: _____

8. Employment History (cont'd)

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

Employer: _____

Company Name

Supervisor Name & Title

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

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

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

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

Brief Description of Duties: _____

9. 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 offered the position for which I am applying, 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 a 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.

Name (please print)

Signature

Date



EQUAL OPPORTUNITY EMPLOYMENT

Purpose

Clatsop County is an Affirmative Action/Equal Opportunity employer. The purpose of the Equal Opportunity Employment Status form is to capture the information required by federal regulations. All employers must maintain records of employees' ethnicity, race, and gender and file an annual report to the Equal Employment Opportunity Commission (EEOC).

Ethnicity, race and gender

We invite you to identify your ethnicity, race and gender on the next page. Providing this information is voluntary. Refusing to provide it will not result in any adverse treatment or consideration. The County uses the information you provide only in ways consistent with its obligations under affirmative action and equal employment opportunity laws as described above. If you choose not to complete this form, we are required to record your ethnicity, race and gender on your behalf using visual observation.

Disability and veteran status

Affirmative Action and Equal Opportunity laws require us to take affirmative action to employ and promote qualified women, minorities, people with disabilities and protected veterans.

If you have a disability or if you are a protected veteran (explained on the next page) and would like to be included under the Affirmative Action Program, please tell us. You may inform us of your desire to benefit under the program at this time and/or at any time in the future.

Confidentiality and nondiscrimination

The information you submit is confidential and separate from your personnel file. However, we may inform supervisors and managers of disability-related work restrictions and accommodations. We may inform first aid and safety personnel, in appropriate circumstances, of conditions that might require emergency treatment, and we may inform government officials in the context of enforcing affirmative action and other employment laws. 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.

Highlights of our Affirmative Action Program

Under our Affirmative Action Program, we carefully consider 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, gender, disability or veteran status.

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 Affirmative Action policies, please contact the Human Resources department for more information.



CONFIDENTIAL & VOLUNTARY APPLICANT INFORMATION

Equal Employment Opportunity Status

The Equal Employment Opportunity Commission (EEOC) requires organizations with 100 or more employees to invite applicants to self-identify gender and race and complete an EEO-1 report each year. 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-1 reporting purposes only and will be kept separate from all other personnel records which are only accessed by the Human Resources department. Please return this completed form to the HR department with your application.

Applicant Name: _____ **Gender** Male Female

Position applying for: _____

Veteran Status (please mark all that apply)

- Disabled veteran
- Other protected veteran: Veteran who served on active duty in the US military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized.
- Armed Forces Service Medal veteran
- Recently separated veteran: Any veteran during the three-year period beginning on the date of the veteran's discharge or release from active duty in the US military, ground, naval or air service.

Date of discharge/release: _____

Are you Hispanic?

- Yes.** Hispanic means a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race. If you check this box, you may skip the next question.
- No.** Continue to the next question.

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

- White:** 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 lack 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.

Print first and last name

Signature

Date