

NAME _____ DATE _____ POSITION APPLIED FOR _____
 (Last) (First) (Initial) (This application will be considered for this current opening only.
 Applications are not kept on file.)

ADDRESS _____ DATE AVAILABLE _____
 (Street) (City) (State) (Zip)

TELEPHONE _____ MESSAGE NO. _____ E-MAIL _____ DRIVER LICENSE NO. _____



APPLICATION FOR EMPLOYMENT
 Douglas County, Oregon
(An Equal Opportunity/Affirmative Action Employer)

Douglas County
 Courthouse Room 322
 Roseburg, Oregon 97470
 (541) 440-4405, FAX (541) 440-6292
<http://www.co.douglas.or.us/hr>

DIRECTIONS: Print or type only. Answer every question. If a question is not applicable to you, write NA (not applicable). If additional space is needed, attach a supplemental sheet.
 In order to be considered, your application must be filled out completely; resumes may be attached as supplemental information only.

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EDUCATION AND TRAINING

List all education to meet the requirements as specified in the recruiting announcement.

COLLEGES, NURSING, MILITARY, TRADES, BUSINESS OR OTHER SCHOOLS ATTENDED

Name and Location	Course of Study	Dates Attended	Credits	Degree/Year

If required on the recruiting announcement, do you have a high school diploma or GED certificate? Yes No

List other special training, licenses, registrations, or certificates you have that are related to the position for which you are applying: _____

List computer software with which you have experience and/or training: _____

If applicable: Typing Speed _____ wpm Are you over 18 years of age? Yes No

If the position for which you are applying requires, can you work → *Evenings?* Yes No | *Nights?* Yes No | *Weekends?* Yes No

Have you been convicted of a Felony or Theft in the last 10 years? Yes No

If Yes, explain: _____

DOUGLAS COUNTY DOES NOT DISCRIMINATE IN EMPLOYMENT WITH REGARD TO RACE, COLOR, SEX, MARITAL STATUS, AGE, RELIGION, NATIONAL ORIGIN OR DISABILITY
 REASONABLE ACCOMMODATION WILL BE PROVIDED FOR JOB-RELATED DISABILITY.

WORK EXPERIENCE

Begin with your present position or, if unemployed, your most recent position. Be accurate and account for all of your time. Include all military, non-paid, or volunteer work related to the position. Use page four of this application to account for any gaps in your employment.

Employer:	Address: City/State:	Phone:
Your Title:	Supervisor's Name: & Title:	From: (Month) (Year)
Duties: (be specific)		To: (Month) (Year)
		Total Time: (Years) (Months)
		Full Time: <input type="checkbox"/> Part Time: <input type="checkbox"/>
		Hours Per Week:
		Starting Salary:
		Ending Salary:
Reason for Leaving:		

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Employer:	Address: City/State:	Phone:
Your Title:	Supervisor's Name: & Title:	From: (Month) (Year)
Duties: (be specific)		To: (Month) (Year)
		Total Time: (Years) (Months)
		Full Time: <input type="checkbox"/> Part Time: <input type="checkbox"/>
		Hours Per Week:
		Starting Salary:
		Ending Salary:
Reason for Leaving:		

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Employer:	Address: City/State:	Phone:
Your Title:	Supervisor's Name: & Title:	From: (Month) (Year)
Duties: (be specific)		To: (Month) (Year)
		Total Time: (Years) (Months)
		Full Time: <input type="checkbox"/> Part Time: <input type="checkbox"/>
		Hours Per Week:
		Starting Salary:
		Ending Salary:
Reason for Leaving:		

WORK EXPERIENCE

(Continued)

Employer:	Address: City/State:	Phone:
Your Title:	Supervisor's Name: & Title:	From: (Month) (Year)
Duties: (be specific)		To: (Month) (Year)
		Total Time: (Years) (Months)
		Full Time: <input type="checkbox"/> Part Time: <input type="checkbox"/>
		Hours Per Week:
		Starting Salary:
		Ending Salary:
Reason for Leaving:		



Employer:	Address: City/State:	Phone:
Your Title:	Supervisor's Name: & Title:	From: (Month) (Year)
Duties: (be specific)		To: (Month) (Year)
		Total Time: (Years) (Months)
		Full Time: <input type="checkbox"/> Part Time: <input type="checkbox"/>
		Hours Per Week:
		Starting Salary:
		Ending Salary:
Reason for Leaving:		



Employer:	Address: City/State:	Phone:
Your Title:	Supervisor's Name: & Title:	From: (Month) (Year)
Duties: (be specific)		To: (Month) (Year)
		Total Time: (Years) (Months)
		Full Time: <input type="checkbox"/> Part Time: <input type="checkbox"/>
		Hours Per Week:
		Starting Salary:
		Ending Salary:
Reason for Leaving:		

AFFIRMATIVE ACTION REPORTING

This page will be separated from your application and used for Affirmative Action reporting purposes only.

Please complete this form. In accordance with Federal guidelines for Equal Employment Opportunities, Douglas County is required to keep records on an applicant's demographic information. **Submission of information is voluntary and will not affect your consideration for employment.**

Job Applied For: _____ Today's Date: _____

I. Please help us in evaluating our recruitment sources by indicating how you learned of this vacancy.

- _____ From the Job Posting Board in the Douglas County Human Resources Department
- _____ From Douglas County Internet Site (Homepage: www.co.douglas.or.us/hr)
- _____ From Another Internet Site; Where _____
- _____ From Douglas County's Job-Line (541 440-6291)
- _____ From a County Employee
- _____ From Newspaper Advertisement (name of newspaper) _____
- _____ Other (Please identify) _____

Douglas County is an equal employment opportunity employer. Copies of Douglas County's Equal Employment Opportunity Plan are available from Room 322 – Douglas County Human Resources Department or from our website: <http://www.co.douglas.or.us/hr> Douglas County is required under Federal guidelines to identify job applicants by ethnicity, race and gender. This information will be used for research and statistical reporting purposes and will assist Douglas County in evaluating its affirmative action program. Additional information on disability and age is requested to assist Douglas County in research and statistics. (Please mark one item for each letter.)

a. Gender: Male Female b. Are You: Under 40 40 or Over

c. Ethnic Background/Race:

- _____ **African American or Black** (not of Hispanic or Latino origin) – Persons having origins in any of the Black ethnic groups.
- _____ **Asian or Pacific Islander** (not of Hispanic or Latino origin) – Persons having origins in any of the peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands; for example: China, Japan, Korea, the Philippine Islands and Samoa.
- _____ **Caucasian or White** (not of Hispanic or Latino origin) – Persons having origins in any of the original peoples of Europe, North Africa or the Middle East.
- _____ **Hispanic or Latino** – Persons having origins in any of the Mexican, Puerto Rican, Cuban, Central or South American or other Spanish cultures, regardless of ethnicity.
- _____ **Native American or Alaskan Native** (not of Hispanic or Latino origin) – Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- _____ **Two or More Races** (not of Hispanic or Latino origin) – You may list the races you choose below:

d. **DISABILITY:** Are you a person who has a physical or mental impairment that substantially limits one or more major life activities, or a person who has a record of such impairment, or a person who is regarded as having such an impairment? (Checking 'YES' has no effect on an employer's obligation to provide reasonable accommodation under State and Federal disability laws.) YES NO

ATTENTION: Return this form with your completed application even if you do not provide the voluntary information.

Thank you.

VETERANS' PREFERENCE IN PUBLIC EMPLOYMENT

If you are seeking **VETERANS' PREFERENCE in employment**, please complete this form and return it with your supporting documentation at the time you submit your completed Douglas County employment application. Additional documentation cannot be received after your application is submitted.

Under Oregon law, armed forces veterans may be entitled to preference in employment or promotion. If you think you may qualify, please read the following information carefully and check the box(es) in each section appropriate to you. If you need further explanation or have specific questions, please contact Human Resources at (541) 440-4405.

QUALIFIED VETERAN: You may claim veterans' preference if you are able to check one or more boxes in this section and provide proof of veterans' preference eligibility by submitting a copy of your Certificate of Release or Discharge from Active Duty (a federal DD Form 214/DD Form 215 that reflects your "Honorable" separation status) at the time you submit your completed employment application. Preference will not be applied unless you submit the appropriate documentation at the time you submit your application.

ORS 408.225(1)(e) – Veteran

- I served on active duty with the Armed Forces of the United States for a period of more than 178 consecutive days beginning on or after January 31, 1955 (or for a period of more than 90 consecutive days beginning on or before 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 a period of 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 receive a nonservice-connected pension from the United States Department of Veteran 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.

QUALIFIED DISABLED VETERAN: You may claim additional preference as a disabled veteran if you are able to check one or more boxes in this section and provide proof of eligibility by submitting: (1) a copy of your Certificate of Release or Discharge from Active Duty (a federal DD Form 214/DD Form 215 that reflects your "Honorable" separation status) **and** (2) a public employment preference letter from the United States Department of Veterans' Affairs, unless the information is already included in the federal DD Form 214/215. You can order an employment preference letter by calling the US Dept of Veterans' Affairs at 1-800-827-1000. Preference will not be applied unless you submit the appropriate documentation at the time you submit your application.

ORS 408.225(1)(c) – Disabled Veteran

- I am entitled to disability compensation under laws administered by the US Department of Veteran Affairs; or
- I was discharged or released from active duty for a disability incurred or aggravated in the line of active 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 or misrepresentations made by me may be cause for my disqualification or dismissal, regardless of when discovered.

Print Name

XXX - XX - _____
Last 4 of your Social Security No.

Signature of Applicant

Date

Position Applied for: _____