



# Wasco County

SHERIFF

**511 Washington St., Suite #102  
The Dalles, Oregon 97058  
Phone 541-506-2580  
Fax 541-506-2581**

Dear Applicant,

Thanks for applying for a volunteer position with the Wasco County Sheriff's Office Posse. This letter is to advise you of the requirements of the application. Please read this document and make sure it is completed before return to the Sheriff's Office.

Please completely fill out the application. Also make sure you initial all of the paragraphs on the following pages. If anything is missed the application will be rejected.

After you have completed the application please bring it to the Sheriff's Office so a background investigation can be completed. Once you have passed the background your application will be forwarded to Sheriff Lane Magill. You will be notified as soon as the background is finished, at which time you will need to set up an appointment with the Sheriff for a final interview before beginning as a volunteer with the Posse.

Also included in the application is a sheet for emergency contact information. You are not required to fill out this sheet. If you choose not to fill the sheet out please sign the bottom of the document indicating this and return it with your application. The information you provide on this document will be kept confidential.

If you have any questions about this application please feel free to call the Sheriff's Office at 541-506-2580.

Sincerely,

Lane Magill  
Sheriff  
Wasco County Sheriff's Office



# Wasco County

## APPLICATION FOR EMPLOYMENT

Conditions of employment are stated at the end of this form. Please read carefully before you sign this application.  
(Application must be completed in full even if attaching a résumé.)

Human Resources  
511 Washington St, Ste 207  
The Dalles, OR 97058  
541-506-2775  
541-506-2771 FAX

Position Applied For \_\_\_\_\_ Date of Application \_\_\_\_\_

PLEASE PRINT USING BALLPOINT PEN					
FULL NAME	FIRST	MIDDLE	LAST	E-mail	
PRESENT ADDRESS	STREET	CITY	STATE	ZIP	HOW LONG
PHONE NUMBER	HOME PHONE	WORK PHONE	MESSAGE		
PREVIOUS ADDRESS	STREET	CITY	STATE	ZIP	HOW LONG

**PERSONAL**

Are you over the age of 18?  YES  NO

Are you legally authorized to work in the United States?  YES  NO

Have you ever worked for Wasco County before?  YES  NO

If yes, what department? \_\_\_\_\_ Approximate date: MO/YR \_\_\_\_\_

Have you ever been a member of the State of Oregon Public Employee Retirement System (PERS)  YES  NO

Have you ever been convicted of or pled no contest to any criminal offense?  YES  NO

If yes, describe in full, including the date, city, state and disposition of the conviction. (Inclusion of this information will not automatically disqualify an applicant from employment consideration.) \_\_\_\_\_

DRIVER'S LICENSE NO.	STATE	TYPE / CLASS	EXPIRATION DATE

**EDUCATION / QUALIFICATIONS**

TYPE	NAME OF SCHOOL	LOCATION (CITY, STATE)	AREA OF CONCENTRATION (MAJOR)	CHECK LAST YEAR COMPLETED				DID YOU GRADUATE?	DIPLOMA, DEGREE OR CERTIFICATE RECEIVED
				1	2	3	4		
HIGH SCHOOL									
COLLEGE									
OTHER EDUCATION									
OTHER EDUCATION									
SPECIAL SCHOOLING OR TRAINING								TYPING: WPM	
DID YOU SERVE IN THE U.S. ARMED SERVICES? <input type="checkbox"/> YES <input type="checkbox"/> NO BRANCH OF SERVICE _____									
IF YES, BRIEFLY DESCRIBE DUTIES AND SKILLS ACQUIRED IN THE SERVICE: (INCLUDE DATES) _____									
COMPUTER PROGRAMS USED:				FOREIGN LANGUAGE			HOW USED		
COMPUTER PROFICIENCY: <input type="checkbox"/> LOW <input type="checkbox"/> MEDIUM <input type="checkbox"/> HIGH				FOREIGN LANGUAGE			HOW USED		
WITHIN YOUR FIELD, ARE YOU CURRENTLY: <input type="checkbox"/> REGISTERED <input type="checkbox"/> LICENSED <input type="checkbox"/> CERTIFIED									
OR ELIGIBLE FOR: <input type="checkbox"/> REGISTRATION <input type="checkbox"/> LICENSURE <input type="checkbox"/> CERTIFICATION									
IF YES, TYPE?		STATE OR NATIONAL		NO.			DATE EXPIRES		

**OVER →**

**AVAILABILITY**

**PLEASE CHECK SCHEDULE AVAILABILITY:**

I am available to work FULL-TIME (40 hours)     I am available to work PART-TIME.    Date available to work \_\_\_\_\_

Hours Available	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
: - :	: - :	: - :	: - :	: - :	: - :	: - :	: - :

**EMPLOYMENT EXPERIENCE**

PRESENT AND FORMER EMPLOYERS	DATES EMPLOYED	SALARY RANGE	POSITION AND DUTIES
NAME _____	FROM	STARTING	
ADDRESS _____			
CITY _____ STATE _____ ZIP _____			
SUPERVISOR'S NAME _____ PHONE _____	TO	ENDING	
MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO REASON FOR LEAVING: _____			
NAME _____	FROM	STARTING	
ADDRESS _____			
CITY _____ STATE _____ ZIP _____			
SUPERVISOR'S NAME _____ PHONE _____	TO	ENDING	
MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO REASON FOR LEAVING: _____			
NAME _____	FROM	STARTING	
ADDRESS _____			
CITY _____ STATE _____ ZIP _____			
SUPERVISOR'S NAME _____ PHONE _____	TO	ENDING	
MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO REASON FOR LEAVING: _____			
NAME _____	FROM	STARTING	
ADDRESS _____			
CITY _____ STATE _____ ZIP _____			
SUPERVISOR'S NAME _____ PHONE _____	TO	ENDING	
MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO REASON FOR LEAVING: _____			
LIST PERIODS OF UNEMPLOYMENT OF MORE THAN 30 DAYS, AND EXPLAIN.			

**APPLICANT STATEMENT**

I understand and agree, unless otherwise covered by a collective bargaining agreement, that my employment will be at will and may be terminated by me or Wasco County at any time for any cause or no cause. I understand and agree that, except as provided above, all benefits, programs, rules and policies of Wasco County are subject to exceptions or change at any time as decided by Wasco County.

The information in my application was freely given and is, to the best of my knowledge, true and complete. I understand that any false, misleading answer or statement will be sufficient grounds for immediate dismissal at any time. Wasco County is hereby authorized to contact my present and past employers and references and to receive from them any information about me contained in their personnel records and any evaluations of my job knowledge, skills and performance. I hereby release the County as well as those contacted by the County from any liability or damage which may result from furnishing the information requested. The County may make copies of this authorization available to those contacted.

This company is an equal opportunity employer and does not unlawfully discriminate on the basis of race, sex, age, color, religion, national origin, marital status, veteran status, disability status or any other basis prohibited by federal, state or local law. Please let us know if you need accommodations. I understand that the County requires the successful completion of a urinalysis for drug testing purposes and/or a blood alcohol test as a condition of employment. By submitting this Application for Employment, I hereby consent to either or both of said tests, at the County's discretion. In accordance with the 1986 Immigration and Reform Act, proof of eligibility to work in the United States is required upon employment.

**Applicant's signature is required to process application. Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_**

NOTE: Applications and/or resumes cannot be returned. Wasco County cannot make copies. Please make necessary copies before submitting. An application is required for each position for which you wish to be considered.

## REFERENCES

Give three (3) references (not relatives, former or present employers) who are responsible adults, who have known you well for at least five (5) years, preferably the last five (5) years. Please include phone number if available.

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Years Known \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Years Known \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Years Known \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

**RELEASE AND WAIVER**

APPLICANT'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

**Important:** Please read carefully and initial each paragraph before signing.

By my signature and initials placed below, I promise the information provided in the employment application (and accompanying resume, if any) is true and complete, and I understand that any false information or significant omissions may disqualify me from further consideration for employment, and may be justification for my dismissal from employment, if discovered at a later date. I agree to immediately notify Wasco County (hereinafter referred to as the "County") if I should be convicted of a felony, or any crime involving dishonesty or a breach of trust while my job application is pending, or during my period of employment, if hired.

\_\_\_\_\_ Initials

I, \_\_\_\_\_ (applicant's name) authorize Wasco County to conduct a background record check for employment purposes in connection with my application for (and if hired, employment with) Wasco County. I specifically authorize Wasco County to obtain reports from consumer reporting agencies including but not limited to [ \_\_\_\_\_ ] for employment purposes.

\_\_\_\_\_ Initials

I understand that the background check may include verification of all information I have provided to Wasco County in the employment application and hiring process such as criminal background information and motor vehicle driving history, and may include reports and records relating to law enforcement and court records including prior employment, military service, credit history and educational records.

\_\_\_\_\_ Initials

I voluntarily release all parties from liability for complying with this authorization. I agree that a photocopy of this authorization is to be considered as though it were an original.

\_\_\_\_\_ Initials

Under the Fair Credit Reporting Act, I understand if employment may be denied in whole or in part based on information contained in a consumer report provided to Wasco County from a consumer reporting agency, Wasco County will provide me the name, address and phone number of the consumer reporting agency that provided the report, and provide me with a copy of my rights in the approved Federal Trade Commission format.

\_\_\_\_\_ Initials

I authorize any person, school, current employer (except as previously noted), past employer(s), and organizations named in this application form and accompanying resume, if any, and any other person or entity with knowledge of me to provide the County with any information and opinion which the County regards as useful to it in making a hiring decision, and I release such persons and organizations from any legal liability in making such statements or furnishing any and all information which the County may seek.

\_\_\_\_\_Initials

I understand and agree that I may be required to take a pre-employment drug and/or alcohol test as a condition of hire or continued employment. I agree to consent to take such test at such time as designated by the County, and I agree to release the County, its commissioners, officers, agents or employees from any claim arising in connection with the tests and the use of such tests.

\_\_\_\_\_Initials

I understand that this application does not, by itself, create a contract of employment. I understand and agree that, if hired, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD OF TIME, and may, regardless of the date of payment of my wages or salary, BE TERMINATED AT ANY TIME, subject to County ordinances and rights provided by written contract. I understand that NO PERSON IS AUTHORIZED TO CHANGE ANY OF THE TERMS MENTIONED IN THIS EMPLOYMENT APPLICATION FORM.

\_\_\_\_\_Initials

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



# WASCO COUNTY

SHERIFF

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The Dalles, Oregon 97058

Phone 541-506-2580

Fax 541-506-2581

## PRE-EMPLOYMENT CONSENT FORM

Part of the hiring process for employment with Wasco County includes testing for both alcohol and controlled substances. If you wish to complete the application process you must participate in such testing and consent to that testing by signing this form.

Do you consent to urinalysis testing on a specimen provided by you in order to determine the presence of alcohol or controlled substances and recognize that the results of an analysis of such specimen will be provided to the County and will be used to determine suitability for employment?

Yes \_\_\_\_\_ No \_\_\_\_\_

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

EMERGENCY CONTACT INFORMATION

Employee: \_\_\_\_\_

Emergency Contact Info:

Next of Kin: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone#: \_\_\_\_\_ Alternate Phone#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Alternate Next of Kin: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone#: \_\_\_\_\_ Alternate Phone#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Blood Type: \_\_\_\_\_ Physician: \_\_\_\_\_ Dr. Phone#: \_\_\_\_\_

Allergies: \_\_\_\_\_

Personal Info:

Address: \_\_\_\_\_ City: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Driver's License#: \_\_\_\_\_

Phone#: \_\_\_\_\_ 2<sup>nd</sup> Phone#: \_\_\_\_\_

Email: \_\_\_\_\_