



# Wasco County

## APPLICATION FOR EMPLOYMENT

Employee and  
Administrative Services  
511 Washington, Ste. 101  
The Dalles, OR 97058  
541-506-2550  
Fax 541-506-2551

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.)

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

PLEASE PRINT USING BALLPOINT PEN					
FULL NAME	FIRST	MIDDLE	LAST	SOCIAL SECURITY NUMBER	
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								<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE								<input type="checkbox"/> YES <input type="checkbox"/> NO	
OTHER EDUCATION								<input type="checkbox"/> YES <input type="checkbox"/> NO	
OTHER EDUCATION								<input type="checkbox"/> YES <input type="checkbox"/> NO	
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	
								<input type="checkbox"/> SPEAK <input type="checkbox"/> READ <input type="checkbox"/> WRITE	
COMPUTER PROFICIENCY: <input type="checkbox"/> LOW <input type="checkbox"/> MEDIUM <input type="checkbox"/> HIGH				FOREIGN LANGUAGE				HOW USED	
								<input type="checkbox"/> SPEAK <input type="checkbox"/> READ <input type="checkbox"/> WRITE	
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 →**

**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
: - :	: - :	: - :	: - :	: - :	: - :	: - :	: - :

PRESENT AND FORMER EMPLOYERS	DATES EMPLOYED	SALARY RANGE	POSITION AND DUTIES
	FROM	STARTING	
NAME _____			
ADDRESS _____			
CITY _____ STATE _____ ZIP _____			
SUPERVISOR'S NAME _____ PHONE _____	TO	ENDING	

MAY WE CONTACT?  YES  NO REASON FOR LEAVING: \_\_\_\_\_

NAME _____	FROM	STARTING	
ADDRESS _____			
CITY _____ STATE _____ ZIP _____			
SUPERVISOR'S NAME _____ PHONE _____	TO	ENDING	

MAY WE CONTACT?  YES  NO REASON FOR LEAVING: \_\_\_\_\_

NAME _____	FROM	STARTING	
ADDRESS _____			
CITY _____ STATE _____ ZIP _____			
SUPERVISOR'S NAME _____ PHONE _____	TO	ENDING	

MAY WE CONTACT?  YES  NO REASON FOR LEAVING: \_\_\_\_\_

NAME _____	FROM	STARTING	
ADDRESS _____			
CITY _____ STATE _____ ZIP _____			
SUPERVISOR'S NAME _____ PHONE _____	TO	ENDING	

MAY WE CONTACT?  YES  NO REASON FOR LEAVING: \_\_\_\_\_

LIST PERIODS OF UNEMPLOYMENT OF MORE THAN 30 DAYS, AND EXPLAIN.  
 \_\_\_\_\_

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.