



Wasco County

APPLICATION FOR EMPLOYMENT

Human Resources
511 Washington St.
Suite 206
The Dalles, OR 97058
541.506.2774
541.506.2771 FAX

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 resumé.)

Position Applied for _____ Date of Application _____

PLEASE PRINT USING BALLPOINT PEN

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

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 _____

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

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 SCHOOL OR TRAINING								TYPING WPM	

DID YOU SERVE IN THE U.S. ARMED SERVICES? YES NO BRANCH OF SERVICE _____

If you served in the military you may be eligible for preference in employment:

- Attach required documentation to your online application; or
- Email required documentation to Human Resources; or
- Mail required documentation to Human Resources at the address listed on the job announcement.

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"/> SPEAK <input type="checkbox"/> READ <input type="checkbox"/> WRITE	FOREIGN LANGUAGE	HOW USED <input type="checkbox"/> SPEAK <input type="checkbox"/> READ <input type="checkbox"/> WRITE

WITHIN YOUR FIELD ARE YOU CURRENTLY: REGISTERED LICENSED CERTIFIED

OR ELIGIBLE FOR: REGISTRATION LICENSURE CERTIFICATION

IF YES, TYPE? STATE OR NATIONAL NO. DATE EXPIRES

PERSONAL

EDUCATION / QUALIFICATIONS

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 : - :
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EMPLOYMENT EXPERIENCE

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

MAY WE CONTACT? YES NO REASON FOR LEAVING: _____

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

MAY WE CONTACT? YES NO REASON FOR LEAVING: _____

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

MAY WE CONTACT? YES NO REASON FOR LEAVING: _____

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

MAY WE CONTACT? YES 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 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 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 resumés 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.