



# 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.)

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

Position Applied For \_\_\_\_\_ 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<br><input type="checkbox"/> NO                                 |   |
| COLLEGE  |                |                        |                               |                           |   |   |   | <input type="checkbox"/> YES<br><input type="checkbox"/> NO                                 |   |
| OTHER EDUCATION  |                |                        |                               |                           |   |   |   | <input type="checkbox"/> YES<br><input type="checkbox"/> NO                                 |   |
| OTHER EDUCATION  |                |                        |                               |                           |   |   |   | <input type="checkbox"/> YES<br><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<br>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 →**

