



State Of Oregon Employment Application Form

Online Form PD100 – Word 2000
Updated February 2009



An equal opportunity and affirmative action employer.

**In Oregon,
opportunity means
a variety of
careers available statewide,
competitive salaries,
and
great benefits.**



Please help save a tree by only printing necessary pages.

GENERAL INSTRUCTIONS

Your application materials (including any required skill code supplements, test answers, college transcripts, etc.) must be received by the recruiting agency (at the address listed in the “How to Apply” section of the recruitment announcement) by the date and time stated.

1. **Obtain a recruitment announcement from:**
 - a. the State's Jobs Page at: www.oregonjobs.org;
 - b. local Oregon Employment Department field offices, or
 - c. most state agency personnel offices.
2. **If you are current state employee please provide your Employee Identification Number.** The state will use it for recruitment identification and tracking as authorized by OAR 105-040-0001. If you are hired, your social security number will be used for employee records, payroll, and insurance purposes pursuant to OAR 105-040-0001(1)(b)(A).

Providing your EIN is voluntary. If you fail to do so, we will assign an applicant identification number to process your application. You will be required to provide the number if you request an update of your application records. Please retain this number and use it every time you apply for a position.
3. **Complete a separate application for each job** you apply for unless the announcement gives different instructions. Legible photocopies are acceptable.
4. **Signature:**
 - a. By electronically submitting your application, you agree to the conditions stated in the certification and signature section of the application, which is enforceable as if you had signed.
 - b. **If submitting in hard copy format**, type or print clearly in dark ink and **sign your application in ink.**
5. To complete the “**Geographic Availability**” section, refer to the listing of city and metropolitan area codes on the last page.
6. **Submit only the application materials requested** on the recruitment announcement. **Do not include** work examples, or the cover, instruction, or Geographic Reference Sheet with your application materials.
7. **Need to list more than 10 jobs?** Copy a “Work History” page and number added jobs 11, 12, etc.

NOTE:

 - a. This document is protected to allow the form fields to work. If need to unlock the document, the password is “PD100”.
 - b. Some versions may cause you to lose existing keyed data when unprotecting a document. If you need to add additional jobs, we suggest you either unlock and copy for additional jobs prior to keying any data, or use a second application.
8. **Incomplete or illegible applications** (including faxed applications) will not be accepted. The State of Oregon is not responsible for applications that are misdirected, lost in the mail, or lost as a result of transmitting by fax or email.

Please keep a copy of your application materials.

Copies will not be provided.

PERSONS WITH DISABILITIES H.I.R.E. SYSTEM

You are encouraged to apply through the open competitive process.

If you need additional assistance to become employed, you may qualify for the H.I.R.E. System (Hiring Individuals Ready for Employment).

H.I.R.E. is a state system to help individuals with disabilities become employed in state government. Contact your local Vocational Rehabilitation Division (VRD) or Oregon Commission for the Blind (OCB) office to discuss ways they can assist you. Upon meeting the H.I.R.E. System criteria, a VRD or OCB counselor may refer you to the H.I.R.E.

System for additional assistance to become employed in state government.

Individuals with disabilities can only be referred to the H.I.R.E. System from a **VRD counselor** or **OCB counselor**. You must be an active client with VRD or OCB to be referred to the H.I.R.E. System. You can contact VRD at (503) 945-5880 and OCB at (503) 731-3221 for additional information on becoming a client.

If you would like more information about the H.I.R.E. System, visit the H.I.R.E. System web site at:

<http://www.oregon.gov/DAS/HR/hire.shtml>

VETERANS' PREFERENCE

Applicants are eligible to use veterans' preference when applying with the State of Oregon in accordance with ORS 408.225, 408.230, and 408.235; OAR 105-040-0010 and 105-040-0015.

5 points (Veteran):

To receive **5 points** you must have served on active duty in the Armed Forces:

1. For more than 178 consecutive days; or
2. For at least one day in a combat zone (408.225); or
3. Received a combat or campaign ribbon for service in the Armed Forces.

To qualify under 1 or 2 above you must:

- A. Have been discharged or released from active duty under honorable conditions; and
- B. Make application within 15 years of discharge or release from service in the Armed Forces (408.235).

To qualify under 3 above you must:

- C. Make application within 15 years of discharge or release from service in the Armed Forces (408.235).

You must attach a copy of your DD214/DD215 form to your State Application Form.

For additional information on Veterans' Preference eligibility, including definition of the terms "veteran" and "disabled veteran," contact the Oregon Department of Veterans' Affairs at 1-800-692-9666.

10 points (Disabled Veteran):

To receive **10 points** you must be:

1. A person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty; or
2. Entitled to disability compensation under laws administered by the United States Department of Veterans Affairs; or
3. Awarded the Purple Heart for wounds received in combat.

You must attach the following to your State Application Form:

A copy of your DD214/DD215 form; and

A copy of your veterans' disability preference letter from the Department of Veterans' Affairs.

WORK HISTORY INSTRUCTIONS

The information you provide in the "Work History" section will be used to evaluate whether you meet the minimum qualifications listed in the "To Qualify" section of the recruitment announcement. Starting with your **current or most recent job**, list all your jobs (paid or volunteer) for the last ten years. You may wish to include qualifying experience gained more than 10 years ago, if it helps you qualify for the job. A resume or position description will not substitute for completion of the "Work History" section.

1. **Critical:** If you held more than one position within the same company, **list each position as a separate job** in the "Work History" section. Provide your duties as well as beginning and ending dates and hours worked per week for each position.
2. **Critical:** Clearly describe all your duties. If your description of work in the "Work History" section is too brief and/or insufficient to determine if you meet the qualifications for the job, your application may not be accepted.
3. **Critical:** Credit for work that is less than full-time is pro-rated based on a 40-hour week. If you worked more than 40 hours a week, you will be given credit for 40 hours.
4. **Critical:** If your hours vary, indicate the average number of hours worked per week. Do not give a range of time such as "20-30 hours" or "varies." No credit will be given for jobs when hours worked are not specific.
5. **Critical:** If qualifying duties were not the main focus of the job, **provide the percentage of time** you spent doing the duties that qualify you for the recruitment. (See the "To Qualify" section of the recruitment announcement)
6. **Examples:** Bookkeeping 4 hours out of a 40 hour week = 10%; or 5 hours out of a 20 hour week = 25%.
7. **Critical:** To receive credit for experience mentioned in any test answers, the experience must be listed in the "Work History" section of your application. When no credit is given for a job, test scores may also be affected.

RECRUITMENT TRACKING INFORMATION
PLEASE COMPLETE THE FOLLOWING INFORMATION:

Job Applied For: _____

Classification Number: _____ **Announcement Number:** _____

HOW DID YOU LEARN ABOUT THIS POSITION?

- Newspaper (List Publication) _____
- State Jobs Page (www.oregonjobs.org) Employment Office State Agency website
- Other website (List website) _____
- Employee Referral Friend State Agency Recorded Jobline
- Other: _____

VOLUNTARY INFORMATION
The information you provide below is voluntary.

Affirmative Action

The State of Oregon has an Affirmative Action Policy. If you choose to provide this information, it will help us evaluate the effectiveness of our affirmative action programs. This will also be used for research and statistical purposes.

Ethnic Background (check only one)

- (A) **Asian or Pacific Islander:** Persons having origins in any of the peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.
- (B) **African American (not of Hispanic origin):** Persons having origins in any of the black ethnic groups.
- (H) **Hispanic:** Persons having origins in any of the Mexican, Puerto Rican, Cuban, Central or South American or other Spanish cultures, regardless of ethnicity.
- (I) **Native American or Alaskan Native:** Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- (W) **Caucasian (not of Hispanic origin):** Persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

Gender: MALE FEMALE

Disabled: YES NO

(Checking the "yes" box has no effect on an employer's obligation to provide reasonable accommodation under state and federal disability laws.)

ATTENTION

**Attach this page to your application materials,
even if you do not provide the voluntary information.**

STATE OF OREGON EMPLOYMENT APPLICATION

An Equal Opportunity Employer

TYPE or PRINT in INK		Please complete the application by typing or clearly printing in dark ink. Submit a separate application (photocopy acceptable) for each recruitment announcement. If your application materials do not clearly show you meet the qualifications of the job for which you are applying, your application will not be accepted						
JOB APPLIED FOR (Listed on the recruitment announcement):			CLASSIFICATION NUMBER:		ANNOUNCEMENT NUMBER:			
OREGON EMPLOYEE IDENTIFICATION NUMBER: (Current and former employees only) OR				APPLICANT IDENTIFICATION NUMBER:				
NAME AND ADDRESS								
NAME (LAST, FIRST, M.I.):				HOME TELEPHONE (include area code):				
MAILING ADDRESS:				WORK TELEPHONE (Provide only one including area code):				
CITY		STATE		ZIP CODE:		OTHER (include area code):		
EMAIL ADDRESS:				<input type="checkbox"/> PAGER <input type="checkbox"/> CELL PHONE <input type="checkbox"/> MESSAGE				
<input type="checkbox"/> PRESENT EMPLOYER <input type="checkbox"/> LAST EMPLOYER (Check one):			May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		CITY AND STATE:			
VETERANS' PREFERENCE - To Receive Credit Attach a Copy of Your DD214/DD215								
POINTS (Check One): <input type="checkbox"/> 5 <input type="checkbox"/> 10		DATE OF ENTRY (M-D-Y):		DATE OF DISCHARGE (M-D-Y):		BRANCH OF SERVICE:		
WORK SCHEDULE AVAILABILITY								
Check Only One: <input type="checkbox"/> PERMANENT (P) <input type="checkbox"/> SEASONAL (S) <input type="checkbox"/> EITHER (B)			Check Only One: <input type="checkbox"/> FULL TIME (F) <input type="checkbox"/> FULL OR PART TIME (E) <input type="checkbox"/> JOB SHARE (J) <input type="checkbox"/> PART TIME (P) <input type="checkbox"/> INTERMITTENT (I) <input type="checkbox"/> ANY (B)			Date You Can Report For Work:		
Are you also willing to work for the State of Oregon in a temporary position? (Check one)							<input type="checkbox"/> YES <input type="checkbox"/> NO	
GEOGRAPHIC AVAILABILITY - Check where you are willing to work. You may choose up to 40 locations. If you check more than 40, only the first 40 will be recorded. If you check EMA, PMA, SMA, do not check the individual cities within those areas. (Refer to the Geographic Reference Sheet found on last page to identify city codes.)								
<input type="checkbox"/> EMA	<input type="checkbox"/> 03H	<input type="checkbox"/> 08A	<input type="checkbox"/> 12B	<input type="checkbox"/> 17A	<input type="checkbox"/> 21A	<input type="checkbox"/> 24L	<input type="checkbox"/> 29D	<input type="checkbox"/> 34B
<input type="checkbox"/> SMA	<input type="checkbox"/> 03I	<input type="checkbox"/> 08B	<input type="checkbox"/> 12E	<input type="checkbox"/> 17B	<input type="checkbox"/> 21B	<input type="checkbox"/> 24M	<input type="checkbox"/> 29F	<input type="checkbox"/> 34C
<input type="checkbox"/> PMA	<input type="checkbox"/> 03K	<input type="checkbox"/> 08C	<input type="checkbox"/> 12G	<input type="checkbox"/> 18B	<input type="checkbox"/> 21D	<input type="checkbox"/> 24N	<input type="checkbox"/> 30F	<input type="checkbox"/> 34D
<input type="checkbox"/> 01A	<input type="checkbox"/> 03L	<input type="checkbox"/> 09A	<input type="checkbox"/> 13A	<input type="checkbox"/> 18C	<input type="checkbox"/> 22A	<input type="checkbox"/> 24P	<input type="checkbox"/> 30G	<input type="checkbox"/> 34E
<input type="checkbox"/> 01C	<input type="checkbox"/> 04A	<input type="checkbox"/> 09B	<input type="checkbox"/> 13E	<input type="checkbox"/> 18D	<input type="checkbox"/> 22E	<input type="checkbox"/> 24Q	<input type="checkbox"/> 30H	<input type="checkbox"/> 34F
<input type="checkbox"/> 01D	<input type="checkbox"/> 04C	<input type="checkbox"/> 09C	<input type="checkbox"/> 14A	<input type="checkbox"/> 18E	<input type="checkbox"/> 22F	<input type="checkbox"/> 24R	<input type="checkbox"/> 30K	<input type="checkbox"/> 34H
<input type="checkbox"/> 01G	<input type="checkbox"/> 04E	<input type="checkbox"/> 09D	<input type="checkbox"/> 14B	<input type="checkbox"/> 19A	<input type="checkbox"/> 22H	<input type="checkbox"/> 24S	<input type="checkbox"/> 31A	<input type="checkbox"/> 34I
<input type="checkbox"/> 01H	<input type="checkbox"/> 05A	<input type="checkbox"/> 10A	<input type="checkbox"/> 15	<input type="checkbox"/> 19B	<input type="checkbox"/> 22J	<input type="checkbox"/> 25A	<input type="checkbox"/> 31B	<input type="checkbox"/> 34J
<input type="checkbox"/> 02A	<input type="checkbox"/> 05B	<input type="checkbox"/> 10B	<input type="checkbox"/> 15A	<input type="checkbox"/> 19C	<input type="checkbox"/> 23A	<input type="checkbox"/> 25B	<input type="checkbox"/> 31D	<input type="checkbox"/> 35A
<input type="checkbox"/> 02C	<input type="checkbox"/> 05F	<input type="checkbox"/> 10C	<input type="checkbox"/> 15C	<input type="checkbox"/> 20B	<input type="checkbox"/> 23B	<input type="checkbox"/> 25C	<input type="checkbox"/> 31E	<input type="checkbox"/> 35B
<input type="checkbox"/> 03B	<input type="checkbox"/> 05G	<input type="checkbox"/> 10F	<input type="checkbox"/> 15E	<input type="checkbox"/> 20C	<input type="checkbox"/> 23D	<input type="checkbox"/> 26B	<input type="checkbox"/> 31F	<input type="checkbox"/> 36E
<input type="checkbox"/> 03C	<input type="checkbox"/> 06A	<input type="checkbox"/> 10G	<input type="checkbox"/> 15F	<input type="checkbox"/> 20D	<input type="checkbox"/> 24C	<input type="checkbox"/> 26C	<input type="checkbox"/> 31H	<input type="checkbox"/> 36F
<input type="checkbox"/> 03D	<input type="checkbox"/> 06B	<input type="checkbox"/> 10I	<input type="checkbox"/> 15G	<input type="checkbox"/> 20E	<input type="checkbox"/> 24E	<input type="checkbox"/> 26D	<input type="checkbox"/> 32A	<input type="checkbox"/> 36G
<input type="checkbox"/> 03E	<input type="checkbox"/> 06C	<input type="checkbox"/> 10J	<input type="checkbox"/> 15I	<input type="checkbox"/> 20F	<input type="checkbox"/> 24F	<input type="checkbox"/> 27A	<input type="checkbox"/> 32B	<input type="checkbox"/> Other
<input type="checkbox"/> 03F	<input type="checkbox"/> 06H	<input type="checkbox"/> 11A	<input type="checkbox"/> 16A	<input type="checkbox"/> 20G	<input type="checkbox"/> 24G	<input type="checkbox"/> 27C	<input type="checkbox"/> 32D	
<input type="checkbox"/> 03G	<input type="checkbox"/> 06K	<input type="checkbox"/> 11B	<input type="checkbox"/> 16B	<input type="checkbox"/> 20H	<input type="checkbox"/> 24H	<input type="checkbox"/> 27D	<input type="checkbox"/> 33G	
<input type="checkbox"/> 07A	<input type="checkbox"/> 12A	<input type="checkbox"/> 16C	<input type="checkbox"/> 20I	<input type="checkbox"/> 24J	<input type="checkbox"/> 28B	<input type="checkbox"/> 34A		
OFFICE USE ONLY								
SKILL CODES:			DATE STAMP		<input type="checkbox"/> ACCEPTED <input type="checkbox"/> NOT ACCEPTED _____ (Reason Code)			REVIEWER'S INITIALS / DATE:
Original Test Date:		Test Date:		Expiration Date:		Original Batch Code:		
TEST NUMBER		RAW SCORE				V.P.	S.C.	FINAL
		1	2	3	4	5	6	

EDUCATION / TRAINING HISTORY

List colleges, military, trade, business or other schools attended.

Do you have a high school diploma or a GED certificate? (Check one) YES NO

Name and Location Of School, College, or University	Course of Study (List Major)	Credits Earned Check One & Indicate Hours	Did You Graduate? (Yes / No)	Degree or Certificate Received (AA, BA, BS, MA, PhD)
A		<input type="checkbox"/> Quarter <input type="checkbox"/> Semester <input type="checkbox"/> Clock		
B		<input type="checkbox"/> Quarter <input type="checkbox"/> Semester <input type="checkbox"/> Clock		
C		<input type="checkbox"/> Quarter <input type="checkbox"/> Semester <input type="checkbox"/> Clock		

LICENSE / REGISTRATION / CERTIFICATE

List any **required** professional license, registration, certificate, Oregon Commercial Driver's License (CDL), etc.

Description	State	Number	Expiration

SPECIALIZED SKILLS AND KNOWLEDGE

List skills or knowledge that show your ability to perform the job for which you are applying (such as typing speed, computer languages or software programs, foreign languages, etc.). Attach additional pages as needed.

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WORK HISTORY

JOB NUMBER 1 (current or most recent position)

NAME OF EMPLOYER		EMPLOYER'S ADDRESS and PHONE NUMBER	
KIND OF BUSINESS		SUPERVISOR'S NAME and PHONE NUMBER	
YOUR JOB TITLE		SUPERVISION / LEADWORK CHECK AREAS YOU WERE RESPONSIBLE FOR:	
FROM (MONTH - YEAR)	TO (MONTH - YEAR)	<input type="checkbox"/> Assigning and Reviewing work	<input type="checkbox"/> Handling Disciplinary problems
		<input type="checkbox"/> Rating Work Performance	<input type="checkbox"/> Responding to Grievances
		<input type="checkbox"/> Hiring or Recommending Hiring	<input type="checkbox"/> Not Responsible for Any of Above
TOTAL TIME IN CURRENT OR LAST POSITION:	HOURS WORKED PER WEEK (Average)	If you checked any of these boxes, list the number of employees and their job titles:	
DUTIES (List all duties you performed. No credit will be given if this section is not completed.):			
Reason for leaving this position:			

CONTINUE WORK HISTORY ON NEXT PAGE

WORK HISTORY

JOB NUMBER 4

NAME OF EMPLOYER		EMPLOYER'S ADDRESS and PHONE NUMBER	
KIND OF BUSINESS		SUPERVISOR'S NAME and PHONE NUMBER	
YOUR JOB TITLE		SUPERVISION / LEADWORK CHECK AREAS YOU WERE RESPONSIBLE FOR: <input type="checkbox"/> Assigning and Reviewing work <input type="checkbox"/> Handling Disciplinary problems <input type="checkbox"/> Rating Work Performance <input type="checkbox"/> Responding to Grievances <input type="checkbox"/> Hiring or Recommending Hiring <input type="checkbox"/> Not Responsible for Any of Above If you checked any of these boxes, list the number of employees and their job titles:	
FROM (MONTH - YEAR)	TO (MONTH - YEAR)		
TOTAL TIME IN POSITION:	HOURS WORKED PER WEEK (Average)		

DUTIES (List all duties you performed. No credit will be given if this section is not completed.):

Reason for leaving this position:

JOB NUMBER 5

NAME OF EMPLOYER		EMPLOYER'S ADDRESS and PHONE NUMBER	
KIND OF BUSINESS		SUPERVISOR'S NAME and PHONE NUMBER	
YOUR JOB TITLE		SUPERVISION / LEADWORK CHECK AREAS YOU WERE RESPONSIBLE FOR: <input type="checkbox"/> Assigning and Reviewing work <input type="checkbox"/> Handling Disciplinary problems <input type="checkbox"/> Rating Work Performance <input type="checkbox"/> Responding to Grievances <input type="checkbox"/> Hiring or Recommending Hiring <input type="checkbox"/> Not Responsible for Any of Above If you checked any of these boxes, list the number of employees and their job titles:	
FROM (MONTH - YEAR)	TO (MONTH - YEAR)		
TOTAL TIME IN POSITION:	HOURS WORKED PER WEEK (Average)		

DUTIES (List all duties you performed. No credit will be given if this section is not completed.):

Reason for leaving this position:

WORK HISTORY

JOB NUMBER 6

NAME OF EMPLOYER		EMPLOYER'S ADDRESS and PHONE NUMBER	
KIND OF BUSINESS		SUPERVISOR'S NAME and PHONE NUMBER	
YOUR JOB TITLE		SUPERVISION / LEADWORK CHECK AREAS YOU WERE RESPONSIBLE FOR: <input type="checkbox"/> Assigning and Reviewing work <input type="checkbox"/> Handling Disciplinary problems <input type="checkbox"/> Rating Work Performance <input type="checkbox"/> Responding to Grievances <input type="checkbox"/> Hiring or Recommending Hiring <input type="checkbox"/> Not Responsible for Any of Above If you checked any of these boxes, list the number of employees and their job titles:	
FROM (MONTH - YEAR)	TO (MONTH - YEAR)		
TOTAL TIME IN POSITION:	HOURS WORKED PER WEEK (Average)		

DUTIES (List all duties you performed. No credit will be given if this section is not completed.):

Reason for leaving this position:

JOB NUMBER 7

NAME OF EMPLOYER		EMPLOYER'S ADDRESS and PHONE NUMBER	
KIND OF BUSINESS		SUPERVISOR'S NAME and PHONE NUMBER	
YOUR JOB TITLE		SUPERVISION / LEADWORK CHECK AREAS YOU WERE RESPONSIBLE FOR: <input type="checkbox"/> Assigning and Reviewing work <input type="checkbox"/> Handling Disciplinary problems <input type="checkbox"/> Rating Work Performance <input type="checkbox"/> Responding to Grievances <input type="checkbox"/> Hiring or Recommending Hiring <input type="checkbox"/> Not Responsible for Any of Above If you checked any of these boxes, list the number of employees and their job titles:	
FROM (MONTH - YEAR)	TO (MONTH - YEAR)		
TOTAL TIME IN POSITION:	HOURS WORKED PER WEEK (Average)		

DUTIES (List all duties you performed. No credit will be given if this section is not completed.):

Reason for leaving this position:

WORK HISTORY

JOB NUMBER 8

NAME OF EMPLOYER		EMPLOYER'S ADDRESS and PHONE NUMBER	
KIND OF BUSINESS		SUPERVISOR'S NAME and PHONE NUMBER	
YOUR JOB TITLE		SUPERVISION / LEADWORK CHECK AREAS YOU WERE RESPONSIBLE FOR: <input type="checkbox"/> Assigning and Reviewing work <input type="checkbox"/> Handling Disciplinary problems <input type="checkbox"/> Rating Work Performance <input type="checkbox"/> Responding to Grievances <input type="checkbox"/> Hiring or Recommending Hiring <input type="checkbox"/> Not Responsible for Any of Above If you checked any of these boxes, list the number of employees and their job titles:	
FROM (MONTH - YEAR)	TO (MONTH - YEAR)		
TOTAL TIME IN POSITION:	HOURS WORKED PER WEEK (Average)		

DUTIES (List all duties you performed. No credit will be given if this section is not completed.):

Reason for leaving this position:

JOB NUMBER 9

NAME OF EMPLOYER		EMPLOYER'S ADDRESS and PHONE NUMBER	
KIND OF BUSINESS		SUPERVISOR'S NAME and PHONE NUMBER	
YOUR JOB TITLE		SUPERVISION / LEADWORK CHECK AREAS YOU WERE RESPONSIBLE FOR: <input type="checkbox"/> Assigning and Reviewing work <input type="checkbox"/> Handling Disciplinary problems <input type="checkbox"/> Rating Work Performance <input type="checkbox"/> Responding to Grievances <input type="checkbox"/> Hiring or Recommending Hiring <input type="checkbox"/> Not Responsible for Any of Above If you checked any of these boxes, list the number of employees and their job titles:	
FROM (MONTH - YEAR)	TO (MONTH - YEAR)		
TOTAL TIME IN POSITION:	HOURS WORKED PER WEEK (Average)		

DUTIES (List all duties you performed. No credit will be given if this section is not completed.):

Reason for leaving this position:

WORK HISTORY

JOB NUMBER 10	
NAME OF EMPLOYER	EMPLOYER'S ADDRESS and PHONE NUMBER
KIND OF BUSINESS	SUPERVISOR'S NAME and PHONE NUMBER
YOUR JOB TITLE	SUPERVISION / LEADWORK CHECK AREAS YOU WERE RESPONSIBLE FOR: <input type="checkbox"/> Assigning and Reviewing work <input type="checkbox"/> Handling Disciplinary problems <input type="checkbox"/> Rating Work Performance <input type="checkbox"/> Responding to Grievances <input type="checkbox"/> Hiring or Recommending Hiring <input type="checkbox"/> Not Responsible for Any of Above
FROM (MONTH - YEAR)	TO (MONTH - YEAR)
TOTAL TIME IN POSITION:	HOURS WORKED PER WEEK (Average)
If you checked any of these boxes, list the number of employees and their job titles:	
DUTIES (List all duties you performed. No credit will be given if this section is not completed.):	
Reason for leaving this position:	

CERTIFICATION AND SIGNATURE

I understand that any verbal or written statement that is false, fraudulent or misleading that is contained in this application or attached materials, or made in the course of any related employment process, whether made by me or by others at my request, will result in rejection of my application, denial of employment, or dismissal from state service if discovered after employment, and under some circumstances, may result in prosecution for a crime.

- ◆ I certify that all statements contained herein are true and complete whether made by me or others at my request.
- ◆ I understand that if hired, I must prove that I am legally authorized to work in the United States.
- ◆ I authorize the State of Oregon to check employment references and verify education information provided on this employment application and as disclosed in the interview process.
- ◆ I authorize the State of Oregon to check my driving record if the position for which I am applying requires driving.
- ◆ You may be asked to submit to a pre-employment drug test, a credit history check and/or criminal history background check as a condition of employment.
- ◆ I release the State of Oregon and all providers of information from any liability as a result of furnishing and receiving any information related to the State of Oregon's hiring process.

By electronically submitting my application materials, I agree to the conditions stated in this "Certification and Signature" section, and this section is enforceable as if I had signed below.

SIGNATURE (Must signed IN INK if submitting hard copy):	DATE:
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KEEP A COPY OF YOUR APPLICATION FOR INTERVIEWS. COPIES WILL NOT BE PROVIDED.

Your application materials (PD100, skill code supplements, test answers, college transcripts, etc) **must be received at the address listed on the recruitment announcement by the close date** or it may not be accepted.

THANK YOU FOR YOUR INTEREST IN EMPLOYMENT WITH THE STATE OF OREGON

GEOGRAPHIC REFERENCE SHEET

Use this list to select the appropriate "Geographic Availability" codes to mark on your PD100 employment application.
Do not select individual cities that are included in a selected metropolitan area (EMA, PMA, or SMA).
 For additional assistance, see the Oregon county map on the next page.

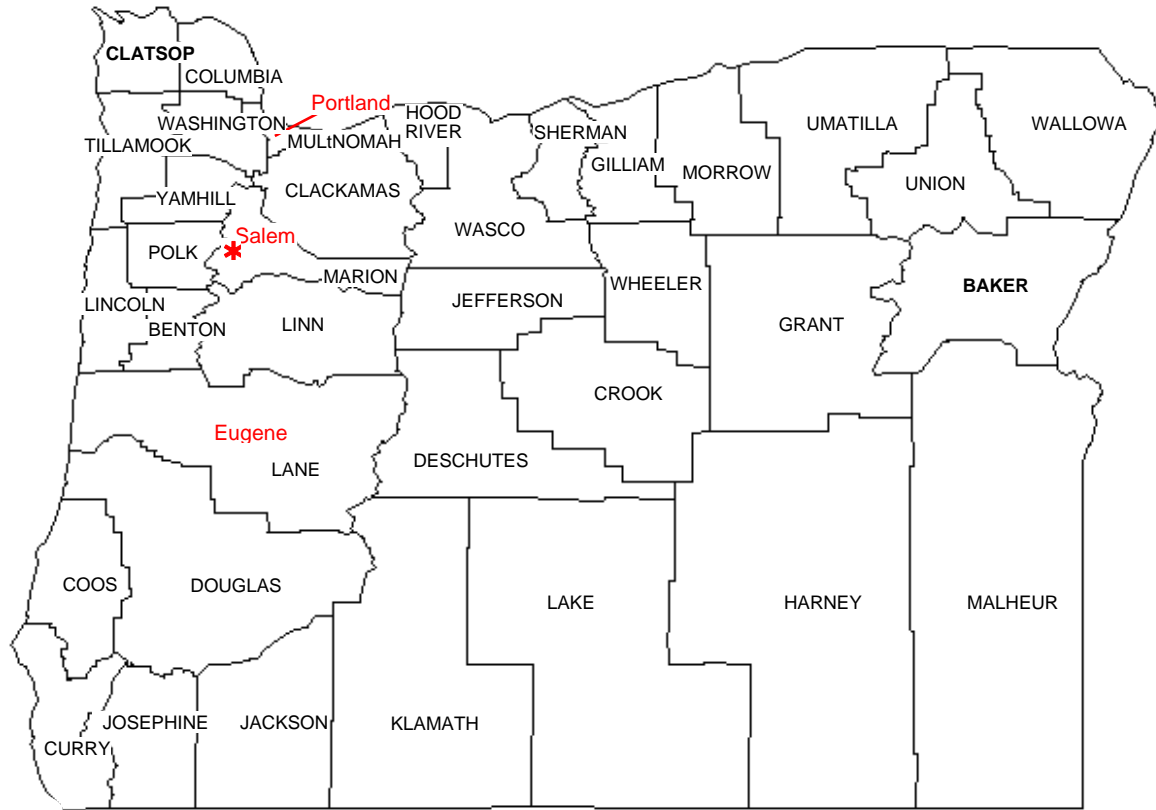
METROPOLITAN AREAS

<u>EMA – Eugene Metro Area</u>	<u>PMA – Portland Metro Area</u>	<u>SMA – Salem Metro Area</u>
Includes: Cottage Grove, Eugene, Springfield, Sweet Home	Includes: Beaverton, Clackamas, Gresham, Hillsboro, Lake Oswego, Milwaukie, Oregon City, Portland, Tigard, Troutdale	Includes: Albany, Dallas, McMinnville, Monmouth/ Independence, Sublimity, Salem/Keizer, Woodburn

CITY CODES

22A	Albany	03C	Estacada	22J	Lyons	24N	Scotts Mills
11A	Arlington	20D	Eugene	16B	Madras	34H	Sherwood
15A	Ashland	20E	Florence	18D	Malin	19C	Silver Lake
04A	Astoria	34D	Forest Grove	33D	Maupin	24O	Silverton
12A	Austin	35A	Fossil	36F	McMinnville	09C	Sisters
01A	Baker City	34E	Gaston	15G	Medford	20H	Springfield
06A	Bandon	24E	Gates	18E	Merrill	05F	St. Helens
34A	Banks	24F	Gervais	16C	Metolius	24L	St. Paul
34B	Beaverton	03D	Gladstone	24J	Mill City	24P	Stayton
09A	Bend	08B	Gold Beach	30G	Milton-Freewater	24Q	Sublimity
25A	Boardman	15E	Gold Hill	03E	Milwaukie	01H	Sumpter
08A	Brookings	17B	Grants Pass	35B	Mitchell	10J	Sutherlin
13A	Burns	26B	Gresham	03F	Molalla	22H	Sweet Home
03B	Canby	01D	Haines	27D	Monmouth	33G	The Dalles
12B	Canyon City	04C	Hammond	12G	Monument	34J	Tigard
10A	Canyonville	25B	Hardman	28B	Moro	29F	Tillamook
14A	Cascade Locks	25C	Heppner	29D	Nehalem	21D	Toledo
17A	Cave Junction	30F	Hermiston	36G	Newberg	26D	Troutdale
15C	Central Point	34F	Hillsboro	21B	Newport	34I	Tualatin
06K	Charleston	13E	Hines	06H	North Bend	24R	Turner
18B	Chiloquin	14B	Hood River	31F	North Powder	30K	Umatilla
03L	Clackamas	24G	Hubbard	10F	Oakland	31H	Union
05A	Clatskanie	01F	Huntington	20G	Oakridge	23E	Vale
05B	Columbia City	24H	Idanha	23D	Ontario	20I	Veneta
11B	Condon	27C	Independence	03G	Oregon City	32D	Wallowa
06B	Coos Bay	31D	Island City	19B	Paisley	21E	Waldport
06C	Coquille	15F	Jacksonville	30H	Pendleton	04E	Warrenton
34C	Cornelius	12E	John Day	02C	Philomath	03J	West Linn
01C	Cornucopia	23A	Jordan Valley	08C	Port Orford	15	White City
02A	Corvallis	32B	Joseph	26C	Portland	27E	Willamina
20B	Cottage Grove	20F	Junction City	07A	Prineville	03K	Wilsonville
31A	Cove	23B	Juntura	09B	Redmond	24S	Woodburn
20C	Creswell	18C	Klamath Falls	10G	Reedsport	26E	Wood Village
16A	Culver	36E	Lafayette	01G	Richland	36I	Yamhill
27A	Dallas	31E	LaGrande	10I	Roseburg	10K	Yoncalla
24C	Detroit	03H	Lake Oswego	15I	Rogue River		
10B	Drain	19A	Lakeview	24M	Salem/Keizer		
31B	Elgin	09D	LaPine	03I	Sandy		
10C	Elkton	22E	Lebanon	05G	Scappoose		
32A	Enterprise	21A	Lincoln City	22F	Scio		

STATE OF OREGON COUNTY MAP



COUNTY CODE LISTING

The first two digits of the city codes listed in the "Geographic Availability" section identifies the county in which the city is located. Following are Oregon's Counties and their codes.

01	BAKER		13	HARNEY		25	MORROW
02	BENTON		14	HOOD RIVER		26	MULTNOMAH
03	CLACKAMAS		15	JACKSON		27	POLK
04	CLATSOP		16	JEFFERSON		28	SHERMAN
05	COLUMBIA		17	JOSEPHINE		29	TILLAMOOK
06	COOS		18	KLAMATH		30	UMATILLA
07	CROOK		19	LAKE		31	UNION
08	CURRY		20	LANE		32	WALLOWA
09	DESCHUTES		21	LINCOLN		33	WASCO
10	DOUGLAS		22	LINN		34	WASHINGTON
11	GILLIAM		23	MALHEUR		35	WHEELER
12	GRANT		24	MARION		36	YAMHILL