

# Oregon Department of Corrections Executive Service Applicant Information Form

Applicant Name:

Social Security Number:

Mailing Address:

Street Address:

Home Phone:

Work Phone:

Other Phone Number:

Fax Number:

E-mail:

## Position Opening:

### Principal Executive/Manager for Superintendent

The State of Oregon is committed to the principles of workforce diversity and affirmative action. In order to achieve a workforce that is reflective of the communities we serve, the following information will help us monitor our outreach and recruitment efforts for this position. Completing this information is voluntary.

Gender: Male  Female

Ethnicity: Caucasian   
African-American   
Hispanic   
Asian   
Native American

Attachment enclosed:  PD100  
 Cover Letter

*The information provided will be used in determining qualifications for the position. I certify that the information I am submitting herein and in response to this recruitment is accurate and truthful.*

Applicant Signature:

Date:

## 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](http://www.oregonjobs.org);
  - b. local Oregon Employment Department field offices,
  - c. most state agency personnel offices, or
  - d. kiosk sites which are located in public places (such as malls, libraries, grocery stores, etc.) throughout the state. Local Employment Department offices can advise on kiosk locations.
2. **Complete a separate application for each job** you apply for unless the announcement gives different instructions. Legible photocopies are acceptable.
3. **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**.
4. To complete the “**Geographic Availability**” section, refer to the listing of city and metropolitan area codes on the last page.
5. **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.
6. **Need to list more than 10 jobs?** Copy a “Work History” page and number added jobs 11, 12, etc.  
**NOTE:**
  - b. This document is protected to allow the form fields to work. If need to unlock the document, the password is “PD100”.
  - c. Some versions may cause you to loose 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.
7. **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.
8. **Please provide your SOCIAL SECURITY 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 social security number is voluntary. If you fail to do so, we will assign an identification number to process your application. You will be required to provide the number if you request an update of your application records.

**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 website at:

[www.hr.das.state.or.us/hire/hire.htm](http://www.hr.das.state.or.us/hire/hire.htm)

## VETERANS' PREFERENCE

Per ORS 408.230 and 408.235 relating to Veterans' Preference for public employment, to obtain veterans' preference points when applying with the State of Oregon, you must meet ALL of the following criteria:

### 5 points (Veteran):

1. You must have served in the Armed Forces for a period of more than 178 consecutive days **or** for at least one day in a combat zone **or** received a combat or campaign ribbon for service in the Armed Forces.
2. **You must have been discharged or released from service within the last 15 years.** (No time limit if you are an eligible disabled veteran). **and**
3. You must have been released or discharged with other than dishonorable discharge.
4. **You must attach a copy of your DD214/DD215** to your application (form PD100).

### 10 points (Disabled Veteran):

1. You must have served in the Armed Forces for a period of more than 178 consecutive days unless you were discharged because of a service-connected disability.
2. You must have been released or discharged with other than dishonorable discharge.
3. **You must attach the following** to your State Application Form (PD100):
  - a. A copy of your DD214/DD215 form; **and**
  - b. A copy of your veterans' disability preference letter from the Department of Veterans' Affairs.

Once you have used preference to attain regular employee status with the State of Oregon, you may not use the preference again. This limitation does not apply to certain disabled veterans.

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.

## 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.

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.

### A RESUME WILL NOT SUBSTITUTE FOR COMPLETION OF THE WORK HISTORY SECTION.

**Complete each box** - If you do not provide all the information in the "Work History" section, no credit will be given for that job.

**NOTE:** When no credit is given for a job, test scores may also be affected.



### 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: <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 CURRENT OR LAST 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:			

CONTINUE WORK HISTORY ON NEXT PAGE

## WORK HISTORY

### JOB NUMBER 2

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 3

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 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

<b>JOB NUMBER 10</b>			
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
TOTAL TIME IN POSITION:		<input type="checkbox"/> Rating Work Performance	<input type="checkbox"/> Responding to Grievances
HOURS WORKED PER WEEK (Average)		<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:			
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:

**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**

**KEEP A COPY OF YOUR APPLICATION FOR INTERVIEWS.  
COPIES WILL NOT BE PROVIDED.**