

RECRUITMENT TRACKING INFORMATION
PLEASE COMPLETE THE FOLLOWING INFORMATION:

Job Applied For: _____

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

PLEASE COMPLETE THE FOLLOWING INFORMATION: HOW DID YOU LEARN ABOUT THIS POSITION?	
<input type="checkbox"/> Department of Corrections Web site	<input type="checkbox"/> State Jobs Page (www.oregonjobs.org)
<input type="checkbox"/> Other Web site (List Web site):	
<input type="checkbox"/> Newspaper (List Publication):	
<input type="checkbox"/> Employment Office (Location):	
<input type="checkbox"/> Employee Referral	<input type="checkbox"/> Friend
<input type="checkbox"/> Job/Career Fair (Location):	
<input type="checkbox"/> 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.

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:

 - 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 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):

There is no limit to the number of times you can use these points within 15 years of discharge or release from service.

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, 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):

There is no limit to the number of times you can use these points. These points never expire.

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.

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.

OREGON DEPARTMENT OF CORRECTIONS 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):	APPLICANT IDENTIFICATION NUMBER: 9 0
--	--

CLASSIFICATION NUMBER:	ANNOUNCEMENT NUMBER:	OREGON EMPLOYEE IDENTIFICATION NUMBER: O R O	CURRENT STATE OF OREGON EMPLOYEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
-------------------------------	-----------------------------	--	--

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)	Check Only One: <input type="checkbox"/> FULL TIME (F) <input type="checkbox"/> FULL OR PART TIME (E) <input type="checkbox"/> PART TIME (P) <input type="checkbox"/> INTERMITTENT (I)	<input type="checkbox"/> JOB SHARE (J) <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) YES NO

GEOGRAPHIC AVAILABILITY - Check where you are willing to work.

<input type="checkbox"/> 01A Baker City – Powder River Correctional Facility (PRCF) <input type="checkbox"/> 03K Wilsonville – Coffee Creek Correctional Facility (CCCF) <input type="checkbox"/> 06H North Bend – Shutter Creek Correctional Institution (SCCI) <input type="checkbox"/> 19A Lakeview – Warner Creek Correctional Facility (WCCF) <input type="checkbox"/> 23D Ontario – Snake River Correctional Institution (SRCI) <input type="checkbox"/> 24M Salem – Includes the following institutions & locations: <input type="checkbox"/> Administrative Facilities <input type="checkbox"/> Mill Creek Correctional Facility (MCCF) <input type="checkbox"/> Oregon State Correctional Institution (OSCI) <input type="checkbox"/> Oregon State Penitentiary (OSP) <input type="checkbox"/> Santiam Correctional Institution (SCI) <input type="checkbox"/> Oregon State Penitentiary – Minimum (OSPM)	<input type="checkbox"/> 26C Portland – Columbia River Correctional Institution (CRCI) <input type="checkbox"/> 29F Tillamook – South Fork Forest Camp (SFFC) <input type="checkbox"/> 30H Pendleton – Eastern Oregon Correctional Institution (EOCI) <input type="checkbox"/> 30K Umatilla – Two Rivers Correctional Institution (TRCI) <input type="checkbox"/> 16B Madras – Deer Ridge Correctional Institution (DRCI) <input type="checkbox"/> 10 Douglas County - Roseburg <input type="checkbox"/> 22 Linn County - Albany
---	--

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.

--

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

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)
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.**