

State Of Oregon

Employment Application Form

An Equal Opportunity and Affirmative Action Employer

Form PD100 – Word 6.0
Updated OBNE 2007

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 must be submitted by mail to

Oregon Board of Naturopathic Examiners

Attn: Employment

800 NE Oregon Street, Suite 407

Portland, OR 97232

1. To complete the Geographic Availability section, refer to the listing of city and metropolitan area codes on the last page.
2. Incomplete or illegible applications, including faxed submissions will not be accepted. The OBNE is not responsible for applications that are lost or misdirected in the mail.

The information you provide in the Work History section will help determine if you qualify for the position. Start with your current or most recent employment and provide information relevant to the duties of that job.

3. If you held more than one position within the same company please list each position as a separate job in the Work History section
4. 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.
5. A resume or position description will not substitute for completion of the Work History section, but may be submitted with your application.
6. Submit by mail your cover letter, completed application, resume and writing samples if available to
Attn: Employment
OBNE
800 NE Oregon Street, Suite 407
Portland, OR 97232

Please make a copy of your application materials. Copies will not be provided should you be contacted for an interview.

PLEASE COMPLETE THE FOLLOWING INFORMATION:

Job Applied For: Administrative Assistant II

Classification Number: OA C0108 **Announcement Number:** obne071126

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):	SOCIAL SECURITY NUMBER: - -
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CLASSIFICATION NUMBER:	ANNOUNCEMENT NUMBER:	DRIVER'S LICENSE NUMBER:	STATE OF ISSUE:
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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:
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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:
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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:
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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. 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"/> 03G	<input type="checkbox"/> 07A	<input type="checkbox"/> 12A	<input type="checkbox"/> 16C	<input type="checkbox"/> 20H	<input type="checkbox"/> 24J	<input type="checkbox"/> 27D	<input type="checkbox"/> 33G
<input type="checkbox"/> SMA	<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"/> 28B	<input type="checkbox"/> 34A
<input type="checkbox"/> PMA	<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"/> 29D	<input type="checkbox"/> 34B
	<input type="checkbox"/> 03L	<input type="checkbox"/> 08C	<input type="checkbox"/> 12G	<input type="checkbox"/> 18B	<input type="checkbox"/> 21D	<input type="checkbox"/> 24N	<input type="checkbox"/> 29F	<input type="checkbox"/> 34C
<input type="checkbox"/> 01A	<input type="checkbox"/> 04A	<input type="checkbox"/> 09A	<input type="checkbox"/> 13A	<input type="checkbox"/> 18C	<input type="checkbox"/> 22A	<input type="checkbox"/> 24P	<input type="checkbox"/> 30F	<input type="checkbox"/> 34D
<input type="checkbox"/> 01C	<input type="checkbox"/> 04C	<input type="checkbox"/> 09B	<input type="checkbox"/> 13E	<input type="checkbox"/> 18D	<input type="checkbox"/> 22E	<input type="checkbox"/> 24Q	<input type="checkbox"/> 30G	<input type="checkbox"/> 34E
<input type="checkbox"/> 01D	<input type="checkbox"/> 04E	<input type="checkbox"/> 09C	<input type="checkbox"/> 14A	<input type="checkbox"/> 18E	<input type="checkbox"/> 22F	<input type="checkbox"/> 24R	<input type="checkbox"/> 30H	<input type="checkbox"/> 34F
<input type="checkbox"/> 01G	<input type="checkbox"/> 05A	<input type="checkbox"/> 10A	<input type="checkbox"/> 14B	<input type="checkbox"/> 19A	<input type="checkbox"/> 22H	<input type="checkbox"/> 24S	<input type="checkbox"/> 30K	<input type="checkbox"/> 34H
<input type="checkbox"/> 01H	<input type="checkbox"/> 05B	<input type="checkbox"/> 10B	<input type="checkbox"/> 15A	<input type="checkbox"/> 19B	<input type="checkbox"/> 23A	<input type="checkbox"/> 25A	<input type="checkbox"/> 31A	<input type="checkbox"/> 34I
<input type="checkbox"/> 02A	<input type="checkbox"/> 05F	<input type="checkbox"/> 10C	<input type="checkbox"/> 15C	<input type="checkbox"/> 19C	<input type="checkbox"/> 23B	<input type="checkbox"/> 25B	<input type="checkbox"/> 31B	<input type="checkbox"/> 34J
<input type="checkbox"/> 02C	<input type="checkbox"/> 05G	<input type="checkbox"/> 10F	<input type="checkbox"/> 15E	<input type="checkbox"/> 20B	<input type="checkbox"/> 23D	<input type="checkbox"/> 25C	<input type="checkbox"/> 31D	<input type="checkbox"/> 35A
<input type="checkbox"/> 03B	<input type="checkbox"/> 06A	<input type="checkbox"/> 10G	<input type="checkbox"/> 15F	<input type="checkbox"/> 20C	<input type="checkbox"/> 24C	<input type="checkbox"/> 26B	<input type="checkbox"/> 31E	<input type="checkbox"/> 35B
<input type="checkbox"/> 03C	<input type="checkbox"/> 06B	<input type="checkbox"/> 10I	<input type="checkbox"/> 15G	<input type="checkbox"/> 20D	<input type="checkbox"/> 24E	<input type="checkbox"/> 26C	<input type="checkbox"/> 31F	<input type="checkbox"/> 36E
<input type="checkbox"/> 03D	<input type="checkbox"/> 06C	<input type="checkbox"/> 10J	<input type="checkbox"/> 15I	<input type="checkbox"/> 20E	<input type="checkbox"/> 24F	<input type="checkbox"/> 26D	<input type="checkbox"/> 31H	<input type="checkbox"/> 36F
<input type="checkbox"/> 03E	<input type="checkbox"/> 06H	<input type="checkbox"/> 11A	<input type="checkbox"/> 16A	<input type="checkbox"/> 20F	<input type="checkbox"/> 24G	<input type="checkbox"/> 27A	<input type="checkbox"/> 32A	<input type="checkbox"/> 36G
<input type="checkbox"/> 03F	<input type="checkbox"/> 06K	<input type="checkbox"/> 11B	<input type="checkbox"/> 16B	<input type="checkbox"/> 20G	<input type="checkbox"/> 24H	<input type="checkbox"/> 27C	<input type="checkbox"/> 32B	<input type="checkbox"/> Other

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:
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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	
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:

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:	
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:			

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:	
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:			

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:
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 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:		

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:
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 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:		

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:
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 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:		

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:
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 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:		

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:	
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:			

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:	
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:			

CONTINUE WORK HISTORY ON NEXT PAGE

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 be signed IN INK):	DATE:
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KEEP A COPY OF YOUR APPLICATION FOR INTERVIEWS. COPIES WILL NOT BE PROVIDED.

Your application materials (cover letter, application, resume, writing samples) must be received together or it may not be accepted.

Send to: Employment, OBNE, 800 NE Oregon Street, suite 407, Portland OR 97232

THANK YOU FOR YOUR INTEREST IN EMPLOYMENT WITH THENATUROPATHIC BOARD

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.

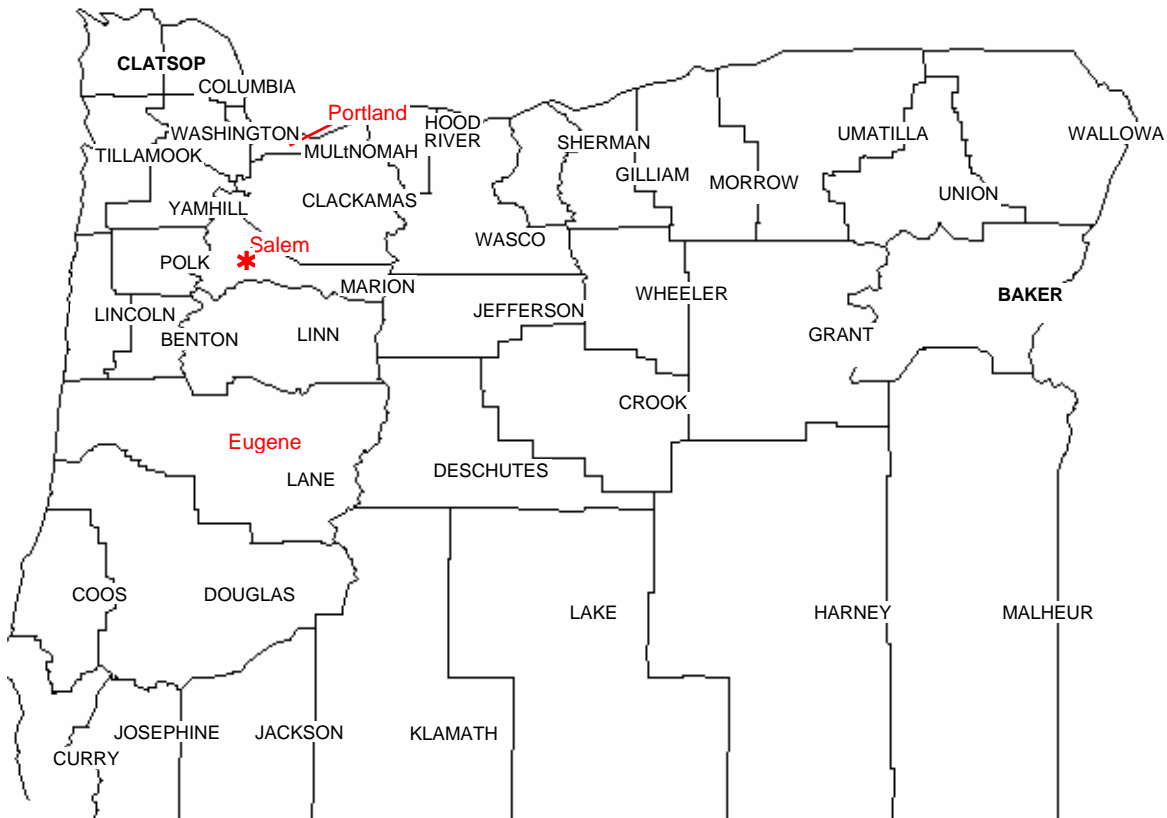
METROPOLITAN AREAS

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

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