

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/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: | |
| CLASSIFICATION NUMBER: | ANNOUNCEMENT NUMBER: | DRIVER'S LICENSE NUMBER: | STATE OF ISSUE: |

| NAME AND ADDRESS | |
|---------------------------|--|
| NAME (LAST, FIRST, M.I.): | HOME TELEPHONE (include area code): |
| MAILING ADDRESS: | WORK TELEPHONE (include area code): |
| CITY, STATE AND ZIP CODE: | OTHER (include area code): |
| EMAIL ADDRESS: | <input type="checkbox"/> PAGER <input type="checkbox"/> CELLPHONE <input type="checkbox"/> MESSAGE |

| | |
|---|-----------------|
| <input type="checkbox"/> PRESENT OR <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): | DATE OF ENTRY (M-D-Y): | DATE OF DISCHARGE (M-D-Y): | BRANCH OF SERVICE: |
| <input type="checkbox"/> 5 <input type="checkbox"/> 10 | | | |

| WORK SCHEDULE AVAILABILITY | | |
|---|---|-------------------------------|
| CHECK ONLY ONE: | CHECK ONLY ONE: | DATE YOU CAN REPORT FOR WORK: |
| <input type="checkbox"/> PERMANENT (P) <input type="checkbox"/> SEASONAL (S) <input type="checkbox"/> EITHER (B) | <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) | |

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 attached map and geographic availability list for choices.)

| | | | | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|--------------------------------|
| <input type="checkbox"/> EMA | <input type="checkbox"/> 03G | <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"/> SMA | <input type="checkbox"/> 03H | <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"/> PMA | <input type="checkbox"/> 03I | <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"/> 03L | <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"/> 01A | <input type="checkbox"/> 04A | <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"/> 01C | <input type="checkbox"/> 04C | <input type="checkbox"/> 10A | <input type="checkbox"/> 14B | <input type="checkbox"/> 19A | <input type="checkbox"/> 22H | <input type="checkbox"/> 25A | <input type="checkbox"/> 31A | <input type="checkbox"/> 34I |
| <input type="checkbox"/> 01D | <input type="checkbox"/> 05A | <input type="checkbox"/> 10B | <input type="checkbox"/> 15A | <input type="checkbox"/> 19B | <input type="checkbox"/> 23A | <input type="checkbox"/> 25B | <input type="checkbox"/> 31B | <input type="checkbox"/> 34J |
| <input type="checkbox"/> 01G | <input type="checkbox"/> 05B | <input type="checkbox"/> 10C | <input type="checkbox"/> 15C | <input type="checkbox"/> 19C | <input type="checkbox"/> 23B | <input type="checkbox"/> 25C | <input type="checkbox"/> 31D | <input type="checkbox"/> 35A |
| <input type="checkbox"/> 01H | <input type="checkbox"/> 05F | <input type="checkbox"/> 10F | <input type="checkbox"/> 15E | <input type="checkbox"/> 20B | <input type="checkbox"/> 23D | <input type="checkbox"/> 26B | <input type="checkbox"/> 31E | <input type="checkbox"/> 35B |
| <input type="checkbox"/> 02A | <input type="checkbox"/> 05G | <input type="checkbox"/> 10G | <input type="checkbox"/> 15F | <input type="checkbox"/> 20C | <input type="checkbox"/> 24C | <input type="checkbox"/> 26C | <input type="checkbox"/> 31F | <input type="checkbox"/> 36E |
| <input type="checkbox"/> 02C | <input type="checkbox"/> 06A | <input type="checkbox"/> 10I | <input type="checkbox"/> 15G | <input type="checkbox"/> 20D | <input type="checkbox"/> 24E | <input type="checkbox"/> 26D | <input type="checkbox"/> 31H | <input type="checkbox"/> 36F |
| <input type="checkbox"/> 03B | <input type="checkbox"/> 06B | <input type="checkbox"/> 10J | <input type="checkbox"/> 15I | <input type="checkbox"/> 20E | <input type="checkbox"/> 24F | <input type="checkbox"/> 27A | <input type="checkbox"/> 32A | <input type="checkbox"/> 36G |
| <input type="checkbox"/> 03C | <input type="checkbox"/> 06C | <input type="checkbox"/> 11A | <input type="checkbox"/> 16A | <input type="checkbox"/> 20F | <input type="checkbox"/> 24G | <input type="checkbox"/> 27C | <input type="checkbox"/> 32B | <input type="checkbox"/> Other |
| <input type="checkbox"/> 03D | <input type="checkbox"/> 06H | <input type="checkbox"/> 11B | <input type="checkbox"/> 16B | <input type="checkbox"/> 20G | <input type="checkbox"/> 24H | <input type="checkbox"/> 27D | <input type="checkbox"/> 33G | |
| <input type="checkbox"/> 03E | <input type="checkbox"/> 07A | <input type="checkbox"/> 12A | <input type="checkbox"/> 16C | <input type="checkbox"/> 20H | <input type="checkbox"/> 24J | <input type="checkbox"/> 28B | <input type="checkbox"/> 34A | (list city) |
| <input type="checkbox"/> 03F | <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 | |

| OFFICE USE ONLY | | | | | | | | | |
|---------------------|--|--|------------|---|------------------|---|---|------|-------|
| SKILL CODES: | | | DATE STAMP | | | | <input type="checkbox"/> ACCEPTED <input type="checkbox"/> NOT ACCEPTED _____ (Reason Code) | | |
| 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 INSTRUCTIONS

◆◆A RESUME WILL NOT SUBSTITUTE◆◆

The information you provide on the following pages will be used primarily 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 (or whatever period of time you've worked, if less than 10 years). If you gained any of the qualifying experience more than 10 years ago, be sure to include those jobs as well.

- ◆ If you held more than one position within the same company, list duties and time spent for each position as a separate job in the work history section.
- ◆ Clearly describe all your duties. Indicate the percentage of time you spent doing the duties that qualify you for this job if they were not your main duties. (See the "To Qualify" section of the recruitment announcement.)
Examples: Bookkeeping 4 hours out of a 40 hour week = 10%; or 5 hours out of a 20 hour week = 25%.
- ◆ 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.
- ◆ If your hours vary, indicate the average number of hours worked per week. Do not give a range of time (i.e. 20-30 hrs) or "varies."
- ◆ Complete each box. A resume will not substitute for the completion of the work history section. If you do not provide all the information in the "Work History" section, no credit will be given for that job. If you need additional space to list job duties, attach a separate sheet, clearly identifying the job number you are describing.
- ◆ Copy the "Work History" page if you need to list more jobs. Be sure to identify additional jobs by numbering them 6, 7, 8, etc.
- ◆ Your application materials must be received at the address listed in the "How to Apply" section of the recruitment announcement by the date and time stated or it may not be accepted.
- ◆ Keep a copy of your application materials for interview(s). **Copies will not be provided.**

WORK HISTORY

JOB NUMBER 3:

| | | | |
|------------------------|----------------------------------|---|---|
| NAME OF EMPLOYER: | | EMPLOYER'S LOCATION (CITY AND STATE): | |
| KIND OF BUSINESS: | | SUPERVISOR'S NAME AND PHONE NUMBER: | |
| YOUR JOB TITLE: | | SUPERVISION / LEADWORK CHECK THE AREAS FOR WHICH YOU WERE RESPONSIBLE: | |
| 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 | <input type="checkbox"/> RECOMMENDING HIRING |
| TOTAL TIME IN POSITON: | 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 4:

| | | | |
|------------------------|----------------------------------|---|---|
| NAME OF EMPLOYER: | | EMPLOYER'S LOCATION (CITY AND STATE): | |
| KIND OF BUSINESS: | | SUPERVISOR'S NAME AND PHONE NUMBER: | |
| YOUR JOB TITLE: | | SUPERVISION / LEADWORK CHECK THE AREAS FOR WHICH YOU WERE RESPONSIBLE: | |
| 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 | <input type="checkbox"/> RECOMMENDING HIRING |
| TOTAL TIME IN POSITON: | 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 5:

| | | | |
|--|----------------------------------|--|---|
| NAME OF EMPLOYER: | | EMPLOYER'S LOCATION (CITY AND STATE): | |
| KIND OF BUSINESS: | | SUPERVISOR'S NAME AND PHONE NUMBER: | |
| YOUR JOB TITLE: | | SUPERVISION / LEADWORK CHECK THE AREAS FOR WHICH YOU WERE RESPONSIBLE: | |
| FROM (MONTH - YEAR): | TO (MONTH - YEAR): | <input type="checkbox"/> ASSIGNING AND REVIEWING WORK | <input type="checkbox"/> HANDLING DISCIPLINARY PROBLEMS |
| TOTAL TIME IN POSITION: | HOURS WORKED PER WEEK (AVERAGE): | <input type="checkbox"/> RATING WORK PERFORMANCE | <input type="checkbox"/> RESPONDING TO GRIEVANCES |
| | | <input type="checkbox"/> HIRING | <input type="checkbox"/> RECOMMENDING HIRING |
| 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 IN INK):

DATE:

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

YOUR APPLICATION MUST BE RECEIVED AT THE ADDRESS LISTED ON THE RECRUITMENT ANNOUNCEMENT BY THE CLOSE DATE.

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