

# State of Oregon Applicant Information Form

<b>Applicant Name:</b>		<b>Oregon Employee/ Applicant Identification #:</b>	
<b>Mailing Address:</b>		<b>City:</b>	<b>State:</b>
<b>Zip Code:</b>		<b>Home Phone:</b>	
<b>Job Title:</b>		<b>Work Phone:</b>	
<b>Announcement #:</b>		<b>Email Address:</b>	

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

**Attachments enclosed:**

- Resume   
  Cover Letter   
  References   
  Other

### 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.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

## 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 1-3 above you must have:

1. Been discharged or released from active duty under honorable conditions; and
2. Make application within 15 years of discharge or release from service in the Armed Forces (408.235).

***You must attach the following*** to your application materials:

- a) A copy of your DD214/DD215 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 application materials:

- a) A copy of your DD214/DD215 form; and
- b) A copy of your veterans' disability preference letter from the Department of Veterans' Affairs.

## 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 (please 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.**