

**DEPARTMENT OF CONSUMER AND BUSINESS SERVICES  
LATERAL TRANSFER/VOLUNTARY DEMOTION REQUEST FORM**

*Please complete this form and submit it, along with your résumé. The voluntary information on this document will be used by Employee Services for statistical purposes and will not be shared with the hiring manager.*

Employee ID Number: <b>OR</b>	Lateral List Applied For: (Class Title, e.g. Office Specialist 2)	
Name (Last, First, Middle Initial):		
Mailing Address:	Home Phone:	Work Phone:
City, State, Zip Code:	Cell Phone:	Message Phone:
E-mail address:		
Please list the city(ies) in which you are willing to work.		

**REQUESTED WORK SCHEDULE**

**Choose one:**

Full Time (F)	Full or Part Time (E)	Any (B)
Part Time (P)	Job Share (J)	

**VETERANS' PREFERENCE**

Eligible veterans will be given veterans' preference. To receive preference you **MUST** complete this section and attach appropriate documentation as outlined by the Department of Administrative Services at the following website: <https://www.oregon.gov/jobs/Pages/Veterans.aspx>

<b>Points (Check One):</b> 5                      10	<b>Date of Entry (M-D-Y):</b>	<b>Date of Discharge (M-D-Y):</b>
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**NOTE: You must submit a current résumé with this document.**

**CERTIFICATION AND SIGNATURE**

I understand that any verbal or written statement that is false, fraudulent or misleading that is contained in these application 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 in some circumstances, prosecution for a crime.

- ♦ I certify that all statements contained in these application materials are true and complete whether made by me or others at my request.
- ♦ I authorize DCBS to check employment references and verify education information provided in these application materials and as disclosed in the interview process.
- ♦ I authorize DCBS to check my driving record if the position for which I am applying requires driving.
- ♦ I understand that I may be asked to submit to a pre-employment criminal history background check as a condition of employment.
- ♦ I release DCBS and all providers of information from any liability as a result of furnishing and receiving any information related to the hiring process.
- ♦ I understand I am not obligated to accept any position that might be offered.
- ♦ I understand that I may update my address, phone number(s), and geographical location to which I desire transfer at any time by submitting a new DCBS Lateral Transfer/Voluntary Demotion Request Form, or by notifying DCBS Employee Services by email.
- ♦ I understand that my name will be referred until I request in writing/e-mail to Employee Services, to be inactivated, or I am no longer employed by DCBS.

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.

<b>SIGNATURE (Must be signed in ink if submitting a hard copy.):</b>	<b>DATE:</b>
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