

LINN COUNTY EMPLOYMENT APPLICATION

P.O. Box 100, Albany, OR 97321
(541) 967-3825; FAX(541)926-8228

PLEASE PRINT OR TYPE (Complete both sides; if additional space is needed, attach a separate page)

		Date	LINN COUNTY USE ONLY
POSITION APPLYING FOR		WHEN CAN YOU START?	
NAME - LAST	FIRST	INITIAL	SOCIAL SECURITY NO.
HOME ADDRESS (Street, City, State, Zip Code)			
Mailing Address if different:			
HOME TELEPHONE NUMBER	BUSINESS/MESSAGE PHONE	HAVE YOU EVER BEEN EMPLOYED BY LINN COUNTY? YES NO WHEN?	
ARE YOU OVER 18 YEARS OF AGE? YES NO	HAVE YOU EVER BEEN CONVICTED OF A CRIME, OTHER THAN TRAFFIC VIOLATIONS? (CONVICTION IS NOT NECESSARILY A DISQUALIFIER) YES NO IF YES, EXPLAIN:		
ARE YOU ABLE TO PERFORM THE JOB FUNCTIONS LISTED ON THE JOB CLASSIFICATION AND JOB ANNOUNCEMENT FOR THE POSITION BEING APPLIED FOR? YES NO	ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES WITHOUT RESTRICTIONS? YES NO	DO YOU HAVE A VALID DRIVER'S LICENSE? YES NO STATE: _____ NUMBER: _____	

MARK THE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18
(NOTE: HIGH SCHOOL GRADUATION OR G.E.D. = GRADE 12)

UNIVERSITY, BUSINESS OR TRADE SCHOOLS ATTENDED	LOCATION OF SCHOOL	MAJOR/MINOR	LENGTH OF STUDY IN YEARS AND/OR MONTHS	CREDITS REC'D		DEGREE OR CERTIFICATE EARNED
				SEM HRS	QTR HRS	

LIST ANY ADDITIONAL EXPLANATION AND INFORMATION SUCH AS, SPECIAL TRAINING, LICENSES, CERTIFICATES, WORK AND/OR EQUIPMENT SKILLS, LANGUAGES, OR OTHER SPECIAL SKILLS YOU MAY HAVE THAT ARE PERTINENT TO THE POSITION TO WHICH YOU ARE APPLYING.

LIST THE NAMES OF **THREE PERSONS, OTHER THAN FORMER EMPLOYERS OR RELATIVES**, HAVING KNOWLEDGE OF YOUR CHARACTER, EXPERIENCE, OR ABILITY.

NAME	ADDRESS	BUSINESS	TELEPHONE

SOME POSITIONS (see job classification and job announcement) MAY REQUIRE or GIVE PREFERENCE FOR COMPUTER, TYPING or DICTATION SKILLS AND MAY REQUIRE A PRE-EMPLOYMENT TEST. For consideration for such a position, please complete the following.

Do you type?	YES	NO	Speed	wpm	Do you take shorthand/transcription?	YES	NO	Speed	wpm
Do you operate computers? YES NO What software are you familiar with? What other office machines can you operate?									

EMPLOYMENT RECORD

BEGINNING WITH THE MOST RECENT, list jobs held in the last ten years. Include any other experience related to the position for which you are applying and any volunteer work. If additional space is needed, attach a page with information in the same format. You may also attach a résumé.

NAME AND ADDRESS OF EMPLOYER	DATES EMPLOYED (MO./YR.)		NAME AND TITLE OF SUPERVISOR
	FROM:	TO:	
	PART-TIME	FULL-TIME	PHONE: May we contact? YES NO
	SALARY: HR MO		REASON FOR LEAVING:
STARTING \$	LAST \$		

POSITION YOU HELD: (Describe in detail below the work you performed, equipment you operated, and skills you used)

NAME AND ADDRESS OF EMPLOYER	DATES EMPLOYED (MO./YR.)		NAME AND TITLE OF SUPERVISOR
	FROM	TO	
	PART-TIME	FULL-TIME	PHONE: May we contact? YES NO
	SALARY HR MO		REASON FOR LEAVING:
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POSITION YOU HELD: (Describe in detail below the work you performed, equipment you operated, and skills you used)

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STARTING \$	LAST \$		

POSITION YOU HELD: (Describe in detail below the work you performed, equipment you operated, and skills you used)

Linn County is an Equal Opportunity - Affirmative Action Employer, dedicated to a policy of non-discrimination in employment on the basis of race, color, religion, sex, national origin, age, marital, disability, veteran, or status within any other legal protected group. I understand that my use of this application does not indicate that there are any positions open and does not in any way obligate the County to offer me employment. I understand that an offer of employment is subject to (1) my providing proof of work eligibility, as required by United States law; and (2) my completion, satisfactory to the County, of any and all pre-employment tests, physical examinations and procedures the County decides to use. I understand that misrepresentation or omission of facts called for in this application is cause for rejection of the application and/or dismissal from employment. I understand that if employed, during the probation period applicable to the position offered, my employment will be "at will" and may be terminated at any time, with or without cause or notice. By my signature, (1) I understand the information contained in this paragraph; (2) I authorize LINN COUNTY to make investigations to verify the information contained in this application and resume (if provided); and (3) I acknowledge receipt of the applicable job classification and job announcement. I hereby certify that this application contains no misrepresentations or falsifications and that the information given is true and complete to the best of my knowledge and belief. If a personal copy of a completed application is needed, make it before submitting this form. Unsigned applications will not be considered.

SIGNATURE OF APPLICANT _____ DATE _____