

## LINN COUNTY EMPLOYMENT APPLICATION

P. O. Box 100, Albany, OR 97321; 541-967-3825

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

POSITION APPLYING FOR:				JOB CLASSIFICATION NO:			DATE		
NAME: LAST		FIRST INITIAL					INITIAL		
ADDRESS: CI				STATE: ZIP:					
EMAIL ADDRESS:			WHEN WOULD YOU BE AVAILABLE TO START?						
TELEPHONE NO. ( )	ELEPHONE NO. ( ) CELL NO. (			ARE YOU 18 YEARS OLD OR OVER?					OVER?
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: LICENSE NO:						
ARE YOU ABLE TO PERFORM THE JOB FUNCTIONS FOR THE POSITION YOU ARE APPLYING FOR AS INDICATED IN THE JOB CLASSIFICATION AND ANNOUNCEMENT?   YES  NO			HAVE YOU EVER BEEN EMPLOYED BY LINN COUNTY?  ☐ YES ☐ NO IF, YES, WHEN WERE YOU EMPLOYED?						
DID YOU GRADUATE FROM HIGH SCHOOL? ☐ YES ☐ NO; HIGHEST LEVEL COMPLETED ☐ 9 ☐ 10 ☐ 11 ☐ 12; OR DID YOU RECEIVE A G.E.D.? ☐ YES ☐ NO									12; OR
		COLLEGE/UNIVER	RSITY EDU	JCAT	ION				
200200 02		CATION OF SCHOOL		MAJOR/M		LENGTH OF STUDY II YEARS AND/OR MONTHS		EDITS EIVED	DEGREE OR CERTIFICATE EARNED
SCHOOLS ATTENDED			<u> </u>			moltino	Sem Hrs	Qtr Hrs	EANIED
							-		
GIVE AND/OR LIST ANY ADDITION WORK AND/OR EQUIPMENT SK POSITION TO WHICH YOU ARE	(ILLS, LANGUA	GES, OR OTHER SE							
LIST THE NAMES OF <b>THREE PI</b> CHARACTER, EXPERIENCE OF		ER THAN FORMER	EMPLOY	/ERS	S OR RELA	.TIVES, HAVING	KNOW	LEDGE	OF YOUR
NAME ADDRESS		SS	BUSINESS			3		TELEPHONE	
SOME POSITIONS MAY REQUIR (SEE JOB CLASSIFICATION/ANN						AY REQUIRE A	PRE-EN	ЛРLОY	MENT TEST
WHAT DIFFERENT SOFTWARE	PROGRAMS A	RE YOU FAMILIAR	WITH? W	/HAT	OTHER OI	FFICE MACHIN	ES CAN	YOU C	)PERATE?
ARE YOU A VETERAN OF THE	U.S. ARMED F	FORCES?   YES	□ NO						
ARE YOU A DISABLED VETE YOU MUST ALSO SUBMIT A I									

## **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	☐ PART-TIME					
		OR	PHONE: ( )				
	ТО	☐ FULL-TIME	May we contact? ☐ YES ☐ NO				
POSITION YOU HELD: (DESCRIBE IN DETA	 IL BELOW THE WORK YOU	J PERFORMED, EQUIPME	ENT YOU OPERATED, AND SKILLS YOU USED)				
		,	, , , , , , , , , , , , , , , , , , , ,				
NAME AND ADDRESS OF EMPLOYER	DATES EMPLOYED (	(MO./YR.)	NAME AND TITLE OF SUPERVISOR				
	FROM	PART-TIME	_				
	T TOW	OR OR	PHONE: ( )				
	то	☐ FULL-TIME	May we contact? ☐ YES ☐ NO				
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NAME AND ADDRESS OF EMPLOYER	DATES EMPLOYED (	<u>`</u>	NAME AND TITLE OF SUPERVISOR				
	FROM	☐ PART-TIME					
	TO	OR	PHONE: ( )				
	ТО	☐ FULL-TIME	May we contact? ☐ YES ☐ NO				
NAME AND ADDRESS OF EMPLOYER	DATES EMPLOYED (MC	O./YR.)	NAME AND TITLE OF SUPERVISOR				
	FROM	☐ PART-TIME					
		OR	PHONE: ( )				
	ТО	☐ FULL-TIME	May we contact? ☐ YES ☐ NO				
POSITION YOU HELD: (DESCRIBE IN DETA	IL BELOW THE WORK YOU	J PERFORMED, EQUIPMI	ENT YOU OPERATED, AND SKILLS YOU USED)				
HOW DID YOU HEAR ABOUT THIS POSIT	ION?   Linn County	y Website	Employment Office				
Other							
on County is an Equal Opportunity - Affirma	tive Action Employer dec	dicated to a policy of no	n-discrimination in employment on the basis of				
			her legal protected group. I understand that my				
e of this application does not indicate that	at there are any position	ns open and does not	in any way obligate the County to offer me				
nployment. I understand that an offer of em							
	ounty, of any and all pre-	employment tests, phys	sical examinations and procedures the County				
	ounty, of any and all pre- ntation or omission of fac	employment tests, physits called for in this app	sical examinations and procedures the County lication is cause for rejection of the application				
d/or dismissal from employment. I under aployment will be "at will" and may be ter	ounty, of any and all pre- ntation or omission of fac stand that if employed, minated at any time, wit	employment tests, physits called for in this app during the probation p h or without cause or	sical examinations and procedures the County lication is cause for rejection of the application period applicable to the position offered, my notice. By my signature, (1) I understand the				
d/or dismissal from employment. I under aployment will be "at will" and may be ter ormation contained in this paragraph; (2)	ounty, of any and all pre- ntation or omission of fac stand that if employed, minated at any time, wit I authorize LINN COUN	employment tests, physics called for in this app during the probation p h or without cause or TY to make investigation	sical examinations and procedures the County lication is cause for rejection of the application period applicable to the position offered, my notice. By my signature, (1) I understand the cons to verify the information contained in this				
d/or dismissal from employment. I under apployment will be "at will" and may be ter ormation contained in this paragraph; (2) plication and resume (if provided); and (3) I	ounty, of any and all pre- ntation or omission of fac stand that if employed, minated at any time, wit I authorize LINN COUN acknowledge receipt of t	employment tests, physics called for in this app during the probation p h or without cause or TY to make investigation the applicable job classi	sical examinations and procedures the County lication is cause for rejection of the application period applicable to the position offered, my notice. By my signature, (1) I understand the ons to verify the information contained in this fication and job announcement. I hereby certify				
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Please refer to the Job Announcement posted on the Linn County webpage at http://www.co.linn.or.us/jobs to obtain information regarding where to submit your completed application. If you do not have access to a computer or if you have any questions, feel free to call 541-967-3825.