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

ADDRESS:	CITY:	STATE:	ZIP:

EMAIL ADDRESS:	WHEN WOULD YOU BE AVAILABLE TO START?

TELEPHONE NO. ( )	CELL NO. ( )	ARE YOU 18 YEARS OLD OR OVER? ☐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: 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

COLLEGE/UNIVERSITY EDUCATION

COLLEGE, UNIVERSITY, BUSINESS OR TRADE SCHOOLS ATTENDED	LOCATION OF SCHOOL	MAJOR/MINOR	LENGTH OF STUDY IN YEARS AND/OR MONTHS	CREDITS RECEIVED		DEGREE OR CERTIFICATE EARNED
				Sem Hrs	Qtr Hrs	

GIVE AND/OR LIST ANY ADDITIONAL INFORMATION/EXPLANATION 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 ABILITIES.

NAME	ADDRESS	BUSINESS	TELEPHONE

SOME POSITIONS MAY REQUIRE OR GIVE PREFERENCE FOR SPECIFIC SKILLS AND MAY REQUIRE A PRE-EMPLOYMENT TEST (SEE JOB CLASSIFICATION/ANNOUNCEMENT). TYPING SPEED _____ WPM

WHAT DIFFERENT SOFTWARE PROGRAMS ARE YOU FAMILIAR WITH? WHAT OTHER OFFICE MACHINES CAN YOU OPERATE?

ARE YOU A VETERAN OF THE U.S. ARMED FORCES? ☐YES ☐NO

ARE YOU A DISABLED VETERAN OF THE U.S. ARMED FORCES? ☐YES ☐NO - IF YOU CHECKED YES TO EITHER, **YOU MUST ALSO SUBMIT A LINN COUNTY VETERAN'S PREFERENCE FORM WITH SUPPORTING DOCUMENTATION.**

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 OR ☐ FULL-TIME	PHONE: ( ) May we contact? ☐ YES ☐ NO
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
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POSITION YOU HELD: (DESCRIBE IN DETAIL BELOW THE WORK YOU PERFORMED, EQUIPMENT YOU OPERATED, AND SKILLS YOU USED)			

HOW DID YOU HEAR ABOUT THIS POSITION? ☐ Linn County Website ☐ Employment Office ☐ Newspaper ☐ Other _____

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 _____

Please refer to the Job Announcement posted on the Linn County webpage at http://www.co.linn.or.us/jobstemp.html 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.