

# 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  | <b>LINN COUNTY USE ONLY</b> |
| 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<br>( )  | BUSINESS/MESSAGE PHONE<br>( )  | HAVE YOU EVER BEEN EMPLOYED BY LINN COUNTY? <input type="checkbox"/> NO <input type="checkbox"/> YES WHEN?          |                             |
| ARE YOU OVER 18 YEARS OF AGE? <input type="checkbox"/> YES <input type="checkbox"/> NO  | HAVE YOU EVER BEEN CONVICTED OF A CRIME, OTHER THAN TRAFFIC VIOLATIONS? (CONVICTION IS NOT NECESSARILY A DISQUALIFIER)<br><input type="checkbox"/> YES <input type="checkbox"/> NO<br>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?<br><input type="checkbox"/> YES <input type="checkbox"/> NO | ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES WITHOUT RESTRICTIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO   | DO YOU HAVE A VALID DRIVER'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>STATE:<br>NUMBER: |                             |

CIRCLE 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.

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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? <input type="checkbox"/> YES <input type="checkbox"/> NO Speed _____ wpm   | Do you take shorthand/transcription? <input type="checkbox"/> YES <input type="checkbox"/> NO Speed _____ wpm |
| Do you operate computers? <input type="checkbox"/> YES <input type="checkbox"/> 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                                 |   |
|                              | <input type="checkbox"/> PART-TIME                             | <input type="checkbox"/> FULL-TIME | PHONE: (    )<br>May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO |
|                              | SALARY <input type="checkbox"/> HR <input type="checkbox"/> 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                                 |   |
|                              | <input type="checkbox"/> PART-TIME                             | <input type="checkbox"/> FULL-TIME | PHONE: (    )<br>May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO |
|                              | SALARY <input type="checkbox"/> HR <input type="checkbox"/> MO |                                    | REASON FOR LEAVING:   |
| STARTING \$                  | LAST \$  |                                    |   |

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|                              | FROM   | TO                                 |   |
|                              | <input type="checkbox"/> PART-TIME                             | <input type="checkbox"/> FULL-TIME | PHONE: (    )<br>May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO |
|                              | SALARY <input type="checkbox"/> HR <input type="checkbox"/> MO |                                    | REASON FOR LEAVING:   |
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|                              | FROM   | TO                                 |   |
|                              | <input type="checkbox"/> PART-TIME                             | <input type="checkbox"/> FULL-TIME | PHONE: (    )<br>May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO |
|                              | SALARY <input type="checkbox"/> HR <input type="checkbox"/> MO |                                    | REASON FOR LEAVING:   |
| STARTING \$                  | LAST \$  |                                    |   |

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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 \_\_\_\_\_