

Grant County, Oregon

EMPLOYMENT APPLICATION

(1-2022)

Grant County makes its employment decisions without regard to race, color, gender, national origin, sex, retaliation, religion, marital status, age, association with protected classes, sexual orientation, gender identity, prior industrial injury, mental or physical disabilities unrelated to job performance, veterans, or any other protected class under federal or state law. Grant County is a Drug-Free Workplace and complies with the Oregon Smoke-Free Workplace law. Candidates who are provided a conditional offer of employment will be subject to a criminal history records check. Those candidates who will be in a safety sensitive position will be subject to a pre-employment drug test. Those candidates who will be required to hold a driver's license will be subject to a pre-employment DMV records check to ensure a safe driving record.

THIS APPLICATION WILL BE CONSIDERED ONLY FOR THIS SPECIFIC JOB. IT WILL NOT BE RETAINED FOR FUTURE POSITIONS. IF YOU DESIRE TO BE CONSIDERED FOR A POSITION AT A FUTURE TIME, YOU MUST FILE A NEW APPLICATION. IF HIRED, THIS APPLICATION WILL BECOME PART OF YOUR PERMANENT PERSONNEL FILE.

DIRECTIONS: Print in INK or type. An incomplete application will not be considered. Use additional sheets if more space is needed.

1. POSITION APPLIED FOR DATE

2. Name_ LAST FIRST MIDDLE

3. Mailing Address City State Zip Code

4. Phone No. Home Work (if permission to contact you at work) Other Phone

5. Confidential e-mail address (where information regarding this application may be sent):

6. How did you hear about this opportunity? _____

7. EDUCATION - If now in high school, include present term.

Name and Location of High School

High School Diploma Earned Yes No

If not a high school graduate, do you have a Certificate of Equivalency (GED) - Yes No

• Schools Attended After High School, or Special Training Received:

NAME AND LOCATION OF SCHOOL OR TRAINING FACILITY

FROM (month/year) _____ TO (month/year) _____ Full Time Student Part Time Student

Major_ _____ Minor_ _____ No. Of Credits Received _____
FIELDS OF STUDY OR TITLES OF SPECIAL COURSES

CERTIFICATES, DEGREES, OR OTHER EARNED

• **Other School Attended After High School, or Special Training Received:**

NAME AND LOCATION OF SCHOOL OR TRAINING FACILITY

FROM (month/year) _____ TO (month/year) _____ Full Time Student Part Time Student

Major_ _____ Minor_ _____ No. Of Credits Received _____

FIELDS OF STUDY OR TITLES OF SPECIAL COURSES

CERTIFICATES, DEGREES, OR OTHER EARNED

• **Other School Attended After High School, or Special Training Received:**

NAME AND LOCATION OF SCHOOL OR TRAINING FACILITY

FROM (month/year) _____ TO (month/year) _____ Full Time Student Part Time Student

Major_ _____ Minor_ _____ No. Of Credits Received _____

FIELDS OF STUDY OR TITLES OF SPECIAL COURSES

CERTIFICATES, DEGREES, OR OTHER EARNED

8. Describe specialized training, military service, job-related skills, other related skills, and professional licenses and certificates that you consider relevant to the position for which you are applying:

9. Have you ever been discharged from employment - Yes No If yes, explain fully:

10. Have you ever worked for Grant County before? Yes No. If yes, date(s) worked and position(s) held: _____

11. To insure that you are not placed in a position which might be a hazard to you or to others, a physical examination prior to appointment to a position may be required. Final appointment for those specific positions will be contingent upon the results of the physical examination.

12. EMPLOYMENT HISTORY - Beginning with your present/most recent job, describe your work experience during the past ten (10) years. List any experience related to the duties of the position for which you are applying. Include any non-paid/volunteer work that might apply.

NOTE: IF GIVEN A CONDITIONAL OFFER OF EMPLOYMENT PRESENT AND PAST EMPLOYERS WILL BE CONTACTED. FILL IN THE FOLLOWING IN DETAIL. PLEASE PRINT.

• _____
NAME OF PRESENT OR LAST EMPLOYER

Address	City	State	Zip Code	Telephone
JOB TITLE _____	IMMEDIATE SUPERVISOR-S NAME _____			

FROM (month/year) _____ TO (month/year) _____ Full Time Part Time (Hrs Per Week _____)

Specific Duties _____

Reason for Leaving _____

• _____
NAME OF PRESENT OR LAST EMPLOYER

Address	City	State	Zip Code	Telephone
JOB TITLE _____	IMMEDIATE SUPERVISOR-S NAME _____			

FROM (month/year) _____ TO (month/year) _____ Full Time Part Time (Hrs Per Week _____)

Specific Duties _____

Reason for Leaving _____

• _____
NAME OF PRESENT OR LAST EMPLOYER

Address	City	State	Zip Code	Telephone
JOB TITLE _____	IMMEDIATE SUPERVISOR-S NAME _____			

FROM (month/year) _____ TO (month/year) _____ Full Time Part Time (Hrs Per Week _____)

Specific Duties _____

Reason for Leaving _____

• _____
NAME OF PRESENT OR LAST EMPLOYER

Address City State Zip Code Telephone
JOB TITLE _____ IMMEDIATE SUPERVISOR-S NAME _____

FROM (month/year) _____ TO (month/year) _____ Full Time Part Time (Hrs Per Week _____)
Specific Duties _____

Reason for Leaving _____

• _____
NAME OF PRESENT OR LAST EMPLOYER

Address City State Zip Code Telephone
JOB TITLE _____ IMMEDIATE SUPERVISOR-S NAME _____

FROM (month/year) _____ TO (month/year) _____ Full Time Part Time (Hrs Per Week _____)
Specific Duties _____

Reason for Leaving _____

• _____
NAME OF PRESENT OR LAST EMPLOYER

Address City State Zip Code Telephone
JOB TITLE _____ IMMEDIATE SUPERVISOR-S NAME _____

FROM (month/year) _____ TO (month/year) _____ Full Time Part Time (Hrs Per Week _____)
Specific Duties _____

Reason for Leaving _____

13. REFERENCES. List three (3) professional references, other than family, who are familiar with your work experience and job performance.

NAME	OCCUPATION	ADDRESS	PHONE
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

14. IMMIGRATION AND REFORM AND CONTROL ACT OF 1986.

If hired, you will be required to submit identification in accordance with the Immigration and Naturalization Service requirements. Do you have the legal right to work in the U.S.? Yes No

15. ABILITY TO PERFORM THE ESSENTIAL JOB FUNCTIONS.

A job description detailing the essential functions and duties of the job for which you are applying is attached. Are you able to perform the essential job functions or duties listed with or without accommodation? Yes No

**AS AN APPLICANT FOR EMPLOYMENT WITH GRANT COUNTY,
I UNDERSTAND AND AUTHORIZE THE FOLLOWING:**

I hereby certify that the information contained in this application contains no misrepresentations or falsifications, and that the information given is true and complete to the best of my knowledge and belief. I fully understand that misrepresentations or an omission of fact in this application is cause for disqualification of this application and/or dismissal from employment. I fully understand the requirements for employment with Grant County as contained in this application. I authorize Grant County, OR, to make any and all necessary inquiries or investigations to verify or supplement the information contained herein. I also specifically authorize any past employer, education, or other person with knowledge of my work history, to release to Grant County, any information requested to determine my qualifications and fitness for the position I am seeking. Further, I release Grant County and all individuals giving or receiving information from any liability or damage whatsoever which may result from furnishing the requested information. AN UNSIGNED APPLICATION IS CONSIDERED AN INCOMPLETE APPLICATION.

APPLICANTS SIGNATURE

DATE

**An incomplete application will not be accepted.
Complete the attached Veterans' Preference form if applicable.**

VETERANS' PREFERENCE

Under Oregon law, veterans who meet minimum qualifications for a position may be eligible for employment preference. If you think you may qualify, please read the following checklist carefully. Check the box for each item that is appropriate. If you need further explanation or have specific questions, please contact Grant County Human Resources at (541-575-0059)

Please complete this form and submit it along with your application materials.

Qualified Veteran: You may claim veterans' preference if you check at least one of the boxes below and provide proof by submitting a copy of your DD-214 or 215 that reflects your "Honorable" separation status from Active Duty.

Preference will not be applied unless you submit the appropriate documentation at the time you submit your application materials.

ORS 408.225 (e)

- I served on active duty with the Armed Forces of the United States for a period of more than 90 consecutive days beginning on or before January 31, 1955, and was discharged or released under honorable conditions; or
- I served on active duty with the Armed Forces of the United States for a period of more than 178 consecutive days beginning after January 31, 1955, and was discharged or released from active duty under honorable conditions; or
- I served on active duty with the Armed Forces of the United States for 178 days or less and was discharged or released from active duty under honorable conditions because of a service-connected disability or;
- I served on active duty with the Armed Forces of the United States for 178 days or less and was discharged or released from active duty under honorable conditions and have a disability rating from the United States Department of Veterans Affairs; or
- I served on active duty with the Armed Forces of the United States for at least one day in a combat zone and was discharged or released from active duty under honorable conditions; or
- I received a combat or campaign ribbon or an expeditionary medal for service in the Armed Forces of the United States and was discharged or released from active duty under honorable conditions
- I am receiving a nonservice-connected pension from the United States Department of Veterans Affairs.

Please turn over and complete page 2

“Active Duty” does not include attendance at a school under military orders, except schooling incident to an active enlistment or a regular tour of duty, or normal military training as a reserve officer or member of an organized reserve or National Guard unit.

Qualified Disabled Veteran: You may claim additional preference as a disabled veteran if you can check at least one box in the section below and provide proof of eligibility by submitting both of the following documents: (1) A copy of your Certificate of Release or Discharge from Active Duty (a Federal DD form 214/DD form 215 that reflects your “honorable” separation status. And (2) A public employment preference letter from the United States Department of Veterans Affairs, unless the information is already included in your DD 214/215. You can order a preference letter by calling the US Department of Veterans Affairs at 1-800-827-1000. Preference will not be applied unless you submit the appropriate documentation at the time you submit your application.

ORS 408.225(1)(3)-Disabled Veteran

- I am entitled to disability compensation under laws administered by the US Department of Veterans Affairs; or
- I was discharged or released from active duty for a disability incurred or aggravated in the line of duty; or
- I was awarded the Purple Heart for wounds received in combat.

I hereby claim veterans’ preference and certify that the above information is true and correct. I understand that any false statements or misrepresentations made by me may be cause for my disqualification or dismissal, regardless of when discovered.

Print Name _____
Last 4 of your Social Security No. XXX-XX-_____

Signature of Applicant

Date

Position Applied For