



UNION COUNTY

1106 K Avenue
La Grande, OR 97850

Phone: (541) 963-1001
Fax: (541) 963-1079

EMPLOYMENT APPLICATION

Union County is an Equal Opportunity Employer

Position applied for: _____

Thank you for your interest in Union County as an employer. Applications will remain on file for six months for future consideration. The applicant is responsible for maintaining a current address where he/she can be immediately contacted.

General Information

(Please type or print)

Name (last, first, middle):			
Mailing Address:			
City/State/Zip:			E-mail Address:
Telephone Number:	Message Phone Number:	Work Phone Number:	May we contact you there? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a current or former County employee? <input type="checkbox"/> Yes <input type="checkbox"/> No		Position/Department:	Dates: From To
Name(s) of relatives employed by the County		Department:	Relationship:
Type of work desired: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Summer <input type="checkbox"/> Other (specify):	Date available to start work, if hired:		Are you authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No
Can you perform the essential functions of the job for which you are applying, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Please provide information where appropriate:		
	Valid Oregon Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No Lic. No.: Exp. Date:		
	Valid Commercial Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No Lic. No.: Exp. Date:		
Other or CDL Endorsements (describe type):			

Education/ Training

Name/address of high school attended:	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, do you have a GED certification equivalent? <input type="checkbox"/> Yes <input type="checkbox"/> No
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College or University	Major	Minor	Full Years Completed	Degrees Conferred Title	Date	Credit Hours

List any vocational, on-the-job, military training, etc., which would be useful in the position for which you are applying.	Dates Attended From To	Hrs/Credits completed

Special Abilities	Type of Experience	Amount/level of expertise
Heavy equipment/ Machinery:		
Office equipment/ Computers, software:		
Technical skills/ Professional licenses:		

Professional References (exclude immediate supervisors)	Place of Employment/Title	Phone
Name:		
Name:		
Name:		

EMPLOYMENT HISTORY

Beginning with your present or most recent employment, list your employment history.
Include self-employment, military service, volunteer experience and periods of unemployment.
The following sections MUST be completed even if a résumé is submitted. Please use additional sheets if necessary.



Employer's name:		From:	To:
Address:		Supervisor:	
Phone:	Hours worked per week:		
Position:			
Primary duties:			
Number of employees supervised by you:		May we contact this employer?	
Reason for leaving:			

Employer's name:		From:	To:
Address:		Supervisor:	
Phone:	Hours worked per week:		
Position:		:	
Primary duties:			
Number of employees supervised by you:		May we contact this employer?	
Reason for leaving:			

Employer's name:		From:	To:
Address:		Supervisor:	
Phone:	Hours worked per week:		
Position:			
Primary duties:			
Number of employees supervised by you:		May we contact this employer?	
Reason for leaving:			

Employer's name:		From:	To:
Address:		Supervisor:	
Phone:	Hours worked per week:		
Position:			
Primary duties:			
Number of employees supervised by you:		May we contact this employer?	
Reason for leaving:			

It is understood and agreed that the foregoing is true to the best of my knowledge, and that any falsification of this application or failure to provide complete information will be grounds for elimination from further consideration or, if employed by Union County, for dismissal.

Applicant's signature

Today's date



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WAIVER AND RELEASE OF DRIVING RECORD

I, the undersigned applicant for employment with Union County, Oregon, hereby authorize the release of both my individual and my employee driving record to Union County, Oregon. I have been informed that portions of this record are my confidential property and may not be obtained without my express consent and request. If I am hired by Union County, this release shall continue to be valid throughout the tenure of my employment with Union County. A photocopy may be accepted in lieu of the original.

SIGNATURE: _____

PRINT NAME: _____

DATE: _____

REFERENCE CHECK PERMISSION/AUTHORIZATION TO RELEASE EMPLOYMENT RECORDS

I hereby authorize my past employers to release information to Union County regarding my employment. This release of information covers my employment record in general, including but not limited to information on the following questions:

1. Dates of employment;
2. Position(s) held;
3. The quality and quantity of my work;
4. My attendance habits (excluding workers' compensation, pregnancy, disability, FMLA and other protected absences);
5. My relationship with co-workers, supervisors and managers;
6. My attitude toward work (cooperative? positive? etc);
7. Reason for leaving and eligibility for rehire (would the employer rehire?);
8. Strong and weak points;
9. Willingness to comply with policies and standards;
10. Whether I have had outbursts of temper, threatened, provoked fights with or assaulted others, engaging in hostile or violent behavior;
11. Other relevant information regarding my performance, skills, ability, suitability for employment sought, etc.

I agree that all former employers who provide such information are indemnified and released from liability arising from such disclosures. I also understand that if I do not sign this Authorization, my application will be rejected. It is my intention that any copy of this authorization be as effective as the original.

SIGNATURE: _____

PRINT NAME: _____

DATE: _____



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ADDITIONAL INFORMATION

To be submitted with application

The State of Oregon requests that we compile statistics on our applications. We would appreciate your help in completing the following statistical information. It is completely voluntary and will not be used in a discriminatory manner.

Please check the groups with which you identify:

- | | |
|-----------------------------------------------------------------|-----------------------------------|
| <input type="checkbox"/> Male | <input type="checkbox"/> White |
| <input type="checkbox"/> Female | <input type="checkbox"/> Black |
| <input type="checkbox"/> Asian or Pacific Islander | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> Native American/Alaskan native | |
| <input type="checkbox"/> Other (<i>please specify</i>): _____ | |

How did you learn of the position for which you are applying?

- ☐ Newspaper ad
Paper: _____
- ☐ Job announcement
Where seen: _____
- ☐ Walk in
- ☐ Other: _____

Date:

Position: