



UNION COUNTY SHERIFF'S OFFICE EMPLOYMENT APPLICATION

1109 K Avenue
 La Grande, OR 97850
 Phone: (541) 963-1017
 Fax: (541) 963-1023

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):			
Street Address/Mailing Address (if different):			
City/State/Zip:		Social Security No.:	
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	<i>Please provide information where appropriate:</i>		
	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:	Dates of Enrollment: From: _____ To: _____	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	Dates Attended		Full Years Completed	Degrees Conferred		Credit Hours
		From	To		Title	Date	

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

Special Abilities	Type of Experience	Amount/level of expertise
Firearms/Weapons:		
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:	Starting salary:	
Position:		Last salary:	
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:	Starting salary:	
Position:		Last salary:	
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:	Starting salary:	
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Employer's name:		From:	To:
Address:		Supervisor:	
Phone:	Hours worked per week:	Starting salary:	
Position:		Last salary:	
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. I hereby authorize the County or an independent investigating agency to conduct a thorough investigation of my personal and professional background, including credit, criminal and driving records.

Applicant's signature

Today's date



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ADDITIONAL INFORMATION

To be submitted with application

The Oregon State Human Rights Commission 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:

- Male
- Female
- Asian or Pacific Islander
- Native American/Alaskan native
- Other (please specify): _____
- White
- Black
- Hispanic

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

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

Social Security Number:

Date:

Position:

Union County is mindful of its obligation to employ qualified persons, and of its entitlement under law to consider an applicant's conviction record as it relates to job performance. A conviction record will not disqualify you for employment unless such record would reasonably affect your fitness for the job for which you have applied. Union County will perform background checks with the Oregon State Police on all applicants for positions in which the incumbent would be working with minors or at-risk adults.

*The following question **MUST** be answered by all applicants in order for this application to be considered complete.*

Have you been convicted of a felony or released from prison within the last seven (7) years, or been convicted of a misdemeanor within the past three (3) years?

- Yes
- No

If "Yes," please explain:



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WAIVER AND RELEASE OF DRIVING RECORD

To be submitted with application

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

To be submitted with application

I, the undersigned applicant for employment with Union County, Oregon, in consideration of the review of my employment application, do hereby give permission for an authorized representative of Union County to inquire of former employers and other individuals about my ability to perform all aspects of the position for which I am being considered. Those individuals who supply references may respond freely to all questions concerning my job-related knowledge, skills, abilities, education and experience, and any other matters which may be relevant to my performance in the position I am seeking. I further release and authorize any prior employer of mine to release to Union County, Oregon, any and all records of my prior employment retained by my former employers.

I understand and agree to waive any claim or cause of action relating to use of any and all information gained through these inquiries or release of prior employment records, and promise to defend and hold harmless Union County, Oregon, its officers and employees from any claim or loss arising from such release.

It is my intention that any copy of this authorization be as effective as the original.

SIGNATURE: _____

PRINT NAME: _____

DATE: _____

AN EQUAL OPPORTUNITY EMPLOYER

CRIMINAL HISTORY AUTHORIZATION FORM

(Note: This form and information in it are not part of your application and will not be provided to the hiring official).

You have applied for the position of _____.

Employment for this position is subject to a Criminal History Records Check.

I, _____, hereby authorize Union County to
(Please Print Your Name)
conduct a routine Criminal History Background Check in connection with my application for the above mentioned position.

Signature

Date Signed

Female Male

*Date of Birth

*Driver's License #/State

Mailing Address

*Social Security #

* Information needed to ensure accurate identification and information match.