



Marion County Employment Application

PLEASE READ AND COMPLETE THIS ENTIRE APPLICATION

Thank you for your interest in employment with Marion County. All qualified applicants will be considered without regard to race, religion, color, national origin, sex, age, marital status, mental or physical disability, or sexual orientation. To ensure the broadest range of services to individuals with disabilities, Marion County is prepared to make necessary arrangements. Please call (503) 589-3295 at least two (2) working days in advance for services.

Marion County participates in E-Verify. For further information, please see the attached [E-Verify document](#). El Condado de Marion participa adentro E-Verifica. Para mas información, vea por favor [el documento unido](#).

INSTRUCTIONS

- Carefully read the job announcement and submit a separate application for each position for which you are applying.
- Provide all requested information accurately and completely on this application. Include responses to exam questions when listed on the job announcement. (Not all job announcements include exam questions.)
- Type or print legibly. If you need additional space, attach a separate sheet.
- Only applications that are complete and legible will be considered during the application review process, and Marion County Human Resources will not contact applicants for clarification on portions of the application that are incomplete or illegible.
- Remember to sign and date the application.** *Marion County will not consider applications that are submitted without a signature.*
- Applications may be submitted in person or by mail or fax. We suggest you keep a copy of your completed application and attachments for future reference. Marion County cannot make copies of applications.
- All applications must be submitted to Marion County Human Resources by 5:00 p.m. on the closing date specified on the job announcement.**

VETERANS' PREFERENCE POINTS

The following criteria, established in ORS 408.230 and 408.235, will be used to determine eligibility for veterans' preference points:

Veteran (5 points)	Disabled Veteran (10 points)
<ol style="list-style-type: none"> You must have served in the Armed Forces for a period of more than 180 consecutive days, unless you were discharged because of a service-connected disability. You must have been discharged or released from service within the last 15 years. (No time limit if you are an eligible disabled veteran.) You must have been released or discharged with other than dishonorable discharge. You must attach a copy of your DD214/DD215 to your application. 	<ol style="list-style-type: none"> You must have served in the Armed Forces for a period of more than 180 consecutive days, unless you were discharged because of a service-connected disability. You must have been released or discharged with other than dishonorable discharge. You must attach the following to your application form: <ol style="list-style-type: none"> A copy of your DD214/DD215 form; and A copy of your veterans' disability preference letter from the Department of Veterans' Affairs.

For additional information on Veterans' Preference eligibility, including definition of the terms "veteran" and "disabled veteran", contact the Oregon Department of Veterans' Affairs at 1-800-692-9666.

DO NOT ATTACH THIS PAGE TO YOUR APPLICATION

Compiling Your Application Packet

Please use this as a guideline for the order in which your application packet should be compiled:

1. Application page with your name and contact information.
2. Application pages with your employment experience.
3. Application page with your education experience and signature.
4. Any additional pages you wish to add for employment experience, education, certification or licensing information that did not fit into the space allotted in the application. (optional)
5. Answers to Exam Questions (when listed on page one of the job announcement as a requirement for the position).
6. Documents for determining Veteran's preference points (DD214/DD215/ Veterans' disability preference letter from the Department of Veterans' Affairs).
7. Release of Information for Driving History Form. (This form is only required if stated in the Necessary Special Requirements section of the Job Announcement.)
8. Affirmative Action Reporting Page.

DO NOT ATTACH THIS PAGE TO YOUR APPLICATION



Employment Application

Job # _____ Job Title _____

Last Name

If you are applying for a **TEMPORARY, RELIEF, RESERVE** or **INTERN** position, please include the following information:

Department _____

Division/Program _____ Contact Person _____

Last Name _____ First Name _____ Middle Initial _____

Mailing Address _____

City _____ State _____ Zip Code _____ County _____

Primary Phone _____ Alternate/Message Phone _____

Email Address (Optional) _____

Complete this section if the Job Announcement indicates that the position requires a license or certification or if preference points are awarded for a license or certification. DO NOT LIST DRIVER'S LICENSE INFORMATION IN THIS SECTION; there is a separate page for driver's license information.

Type _____ No. _____ State _____ Expiration Date _____

Type _____ No. _____ State _____ Expiration Date _____

Type _____ No. _____ State _____ Expiration Date _____

What languages do you speak, read and/or write fluently, including English?

Final applicants for positions, which require fluency in a language other than English, will be tested to demonstrate fluency in that language.

	First Language	Second Language	Third Language
SPEAK			
READ			
WRITE			

FOR OFFICE USE ONLY

Date Stamp

Driving History Checked: _____

Reasons for non-acceptance:

____ Exp./Ed.	____ Skills
____ Lic./Cert	____ Late
____ Exam	____ Signature

Other _____

Date/Initials _____

Exam Score _____

Veteran Points _____

Preference Points _____

Final Score _____

Please indicate (x) which of the following types of work you are willing to accept:

- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> Full-Time | <input type="checkbox"/> Evening Work | <input type="checkbox"/> Temporary – Full-Time |
| <input type="checkbox"/> Part-Time | <input type="checkbox"/> Weekend Work | <input type="checkbox"/> Temporary – Part-Time |
| <input type="checkbox"/> Irregular Schedule | | |

Are you **currently** a Regular or Temporary employee of Marion County?

- Yes No

If yes, please indicate your work area: _____

EMPLOYMENT EXPERIENCE – PAID AND UNPAID

List all jobs separately. Use additional sheets if necessary, but include all information requested in the boxes below.
RESUMES MAY NOT BE SUBSTITUTED FOR ANY PORTION OF THE APPLICATION. IF YOU SUBMIT A RESUME, IT WILL NOT BE USED IN THE APPLICATION PROCESS.

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

DATES OF EMPLOYMENT Begin with your current or most recent work experience			POSITION:	EMPLOYER NAME:
	MONTH	YEAR		
FROM:			AVERAGE HOURS PER WEEK:	PHONE:
TO:			# OF EMPLOYEES SUPERVISED:	
TOTAL TIME EMPLOYED YRS MO			NAME OF SUPERVISOR:	REASON FOR LEAVING:
CURRENT OR LAST SALARY	\$	/ HR		

JOB DUTIES:

DATES OF EMPLOYMENT			POSITION:	EMPLOYER NAME:
	MONTH	YEAR		
FROM:			AVERAGE HOURS PER WEEK:	PHONE:
TO:			# OF EMPLOYEES SUPERVISED:	
TOTAL TIME EMPLOYED YRS MO			NAME OF SUPERVISOR:	REASON FOR LEAVING:

JOB DUTIES:

DATES OF EMPLOYMENT			POSITION:	EMPLOYER NAME:
	MONTH	YEAR		PHONE:
FROM:			AVERAGE HOURS PER WEEK:	MAILING ADDRESS:
TO:			# OF EMPLOYEES SUPERVISED:	
TOTAL TIME EMPLOYED YRS MO			NAME OF SUPERVISOR:	REASON FOR LEAVING:

JOB DUTIES:

DATES OF EMPLOYMENT			POSITION:	EMPLOYER NAME:
	MONTH	YEAR		PHONE:
FROM:			AVERAGE HOURS PER WEEK:	MAILING ADDRESS:
TO:			# OF EMPLOYEES SUPERVISED:	
TOTAL TIME EMPLOYED YRS MO			NAME OF SUPERVISOR:	REASON FOR LEAVING:

JOB DUTIES:

DATES OF EMPLOYMENT			POSITION:	EMPLOYER NAME:
	MONTH	YEAR		
FROM:			AVERAGE HOURS PER WEEK:	MAILING ADDRESS:
TO:			# OF EMPLOYEES SUPERVISED:	
TOTAL TIME EMPLOYED YRS MO			NAME OF SUPERVISOR:	REASON FOR LEAVING:

JOB DUTIES:

DATES OF EMPLOYMENT			POSITION:	EMPLOYER NAME:
	MONTH	YEAR		
FROM:			AVERAGE HOURS PER WEEK:	MAILING ADDRESS:
TO:			# OF EMPLOYEES SUPERVISED:	
TOTAL TIME EMPLOYED YRS MO			NAME OF SUPERVISOR:	REASON FOR LEAVING:

JOB DUTIES:

EDUCATION Please list all colleges, universities, military, trade, business or other schools attended.

Do not list the year you graduated from high school or received your GED.

Do you have a High School Diploma or GED? <input type="checkbox"/> Yes <input type="checkbox"/> No		Check Highest High School Year Completed: <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12		College <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		Graduate School <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10	
School/College/University (List name and location)	Major/Minor	Credits Completed		Type of Degree (AA, BA, BS, MA, PhD)	Date Awarded		
		# of Credit Hours	Check One				
	Major:		<input type="checkbox"/> Quarter				
	Minor:		<input type="checkbox"/> Semester				
			<input type="checkbox"/> Clock				
	Major:		<input type="checkbox"/> Quarter				
	Minor:		<input type="checkbox"/> Semester				
			<input type="checkbox"/> Clock				
	Major:		<input type="checkbox"/> Quarter				
	Minor:		<input type="checkbox"/> Semester				
			<input type="checkbox"/> Clock				
	Major:		<input type="checkbox"/> Quarter				
	Minor:		<input type="checkbox"/> Semester				
			<input type="checkbox"/> Clock				

Use the space below to provide additional remarks, special skills, other courses, and training or education equivalencies specifically required on the job announcement. Use this space for explanation of other items. Do not use this space for work history.

My signature below affirms that:

- I hold harmless from any liability any employer, person or employee supplying reference information regarding me and my previous employment or education.
- I authorize Marion County to access my driving history in order to determine my qualifications for this position.
- I hold Marion County harmless from all liability, which may result from making any investigation of information provided in the application materials.
- If employed, I hold Marion County harmless from any liability for future references it may provide regarding my work history.
- All information on this application is true to the best of my knowledge.
- I understand that falsification or misrepresentation may result in disqualification from employment consideration or termination from employment.

NOTE: Some positions may require that applicants submit to a drug/alcohol screen, physical and/or psychological exam, skills test and/or criminal history/background check.

Signature: _____

Date: _____

Applications cannot be returned. Marion County cannot make copies of applications. Please make necessary copies before submitting. A separate application is required for each individual vacancy. Unsigned applications will not be processed.

EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

Marion County Business Services, Courthouse Square, 4th Floor, 555 Court St. NE; Salem, Oregon
PO Box 14500; Salem, Oregon 97309

Phone (503) 589-3295 Job Line (503) 588-5589 Fax (503) 588-5495 www.co.marion.or.us

Business Hours: Mon - Fri 8:00 a.m. - 5:00 p.m.



Marion County
OREGON

RELEASE OF INFORMATION FOR DRIVING HISTORY

Complete this form only if directed to do so in the Necessary Special Requirements section of the Job Announcement or if you are applying for temporary employment. For confidentiality purposes, this form will be removed from your employment application. Please fill in all of the blanks.

Please list all driver's license numbers and states in which they were issued during the last five years.

Applicant Name (print legibly): _____

Address, City, State & Zip Code: _____

Phone Number: _____

Date of Birth: _____

Oregon Driver's License Number: _____ Year first Issued: _____

If you do not have an Oregon driver's license or you have had an out-of state driver's license within the last five years, complete the Out-of-state Driver's Licenses section below.

Out-of-state Driver's Licenses	
Important: This information is required for all out-of-state licenses you have had within the last five years. Marion County cannot look up the number for you. Out-of-state licenses will be rechecked as needed.	
License Number	State
License Number	State
For Office Use Only	
Record Checked By	Date
Dept/Division	Title
	Approved
	NOT Approved
	Approved with the following restrictions:
Form version 5/15/2008	



Affirmative Action Reporting

This page will be separated from your application and kept for Affirmative Action reporting purposes only.

Please complete this form. In accordance with Federal guidelines for Equal Employment Opportunities, Marion County is required to keep records on applicants' demographic information. Submission of information is voluntary and will not affect your consideration for employment.

Job # _____ **Job Title** _____

Gender: Female Male

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A **Asian:** All persons having origins in any of the original peoples of the Far East, Southeast Asia.

AI/AN **American Indian or Alaskan Native:** All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

B **Black (Not of Hispanic Origin):** All persons having origins in any of the black racial groups of Africa.

H **Hispanic/Latino:** All persons of Mexican, Puerto Rican, Cuban, Central or South American, or Spanish culture or origin, regardless of race.

M **More than one ethnic origin.**

NH/OPI **Native Hawaiian or Other Pacific Islander:** All persons having origins in any of the original peoples of Hawaii or the Pacific Islands.

O **Other**

W **White (Not of Hispanic Origin):** All persons having origins in any of the original peoples of Europe, North Africa, the Middle East or the Indian Subcontinent.

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Disabled: Yes No

Checking the "yes" box has no effect on an employer's obligation to provide reasonable accommodation under state and federal disability laws. Please see the instruction page if you need assistance applying for employment.

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Veteran: Yes No

If you are eligible for veteran preference points, please submit a copy of your DD214/DD215.

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Please indicate where you first found out about this employment opportunity. This information is not part of any applicant evaluation procedure for this position.

Marion County Internet or Intranet Walked into Marion County Human Resources Office

Oregonian OregonLive.com Bulletin Board (Please Specify) _____

Marion County Job Line (503) 588-5589 E-mail (Please Specify) _____

Other Newspaper or Internet (Please Specify) _____

Marion County Employee Referral Employee's Name: _____

Oregon Employment Division (mark all that apply) Walk-In Internet I-Match Skills

Other (Please Specify) _____

THIS AFFIRMATIVE ACTION REPORTING PAGE SHOULD BE ATTACHED AS THE LAST PAGE OF YOUR APPLICATION PACKET FOLLOWING THE SIGNATURE PAGE AND ANY ATTACHMENTS.