# CLACKAMAS COUNTY VECTOR CONTROL DISTRICT APPLICATION FOR EMPLOYMENT

Clackamas County Vector Control District is an equal opportunity employer. All applicants will be considered without regard to age, race, color, national origin, religion, sex, sexual orientation, gender identity, mental or physical disability, or other protected status in accordance with applicable federal and state equal employment opportunity laws. If you require an accommodation to participate in our application process, please contact the District Manager at 503-655-8394.

NAME:	TELEPHONE:
	E-Mail:
POSITION APPLIED FOR:	DATE AVAILABLE FOR EMPLOYMENT:
Are you at least 18 years of age? Yes	□ No □
Have you ever been employed by Clacka	amas County Vector Control District? Yes No
Are you currently employed? Yes	No May we contact your present employer? Yes No
If yes, please give contact name and phor	ne number:
Are you eligible to work in the United St	ates? Yes No No
1 0	o you have a valid driver's license? Yes \( \subseteq \text{No} \subseteq \) cense been suspended or revoked in the last 3 years? Yes \( \subseteq \text{No} \subseteq \)
Available to work: FULL TIME	PART-TIME OVERTIME
<b>EDUCATION</b>	
HIGH SCHOOL NAME:	YEARS COMPLETED 9 10 11 12
COLLEGE NAME:	YEARS COMPLETED 1 2 3 4
COURSE OF STUDY/DEGREE:	
GRADUATE COLLEGE NAME	YEARS COMPLETED 1 2 3 4
COURSE OF STUDY/DEGREE	
POST-GRADUATE OR OTHER VOCAT YEARS COMPLETED 1 2 3 4	TIONAL, TECHNICAL, OR OTHER EDUCATION AND TRAINING:
COURSE OF STUDY/DEGREE	

## SPECIAL SKILLS, QUALIFICATIONS, & CERTIFICATIONS

	any special certifications, sk training or other activities re	-		•
	on any transferrable skills			
	, to the position for which you		Ti Tittitett y Cetticettic	in or emperiorize than reverse,
				<del></del>
REFERENCES				
List 3 non-relatives w	who are familiar with your sk	ills, qualification	ns, work history and	work performance.
NAME	OCCUPATION/REL	-	YEARS KNOWN	-
TUNE	<u>occernitory need</u>		1 Eziko kito wit	TEEDI HONE
1				
2.				
3				
EMPLOYMENT EX	<u>XPERIENCE</u>			
give company name and	recent jobs in order, startin d supply business reference NOT LEAVE OUT ANY JO	es. If you worke		
Employer:		Supervisor	's Name:	
Address:				
Your Job Position:			From:	10:
What did you like most a	about your job?			
What did you like least a	about your job?			
Were you discharged from	om this job? Yes 🗌 I	No 🗌		
If No, what was your rea	ason for leaving:			

Employer:	Supervisor's Name:			
Address:				
Telephone:				
Your Job Position:			From:	To:
What did you like most about your job?				
What did you like least about your job?				
Were you discharged from this job?	Yes	No 🗌		
If No, what was your reason for leaving:				
Employer:	Supervisor's Name:			
Address:				
Telephone:				
Your Job Position:			From:	To:
What did you like most about your job?				
What did you like least about your job?				
Were you discharged from this job?	Yes	No 🗌		
If No, what was your reason for leaving:				

Employer:	Supervisor's Name:			
Address:				
Telephone:				
Your Job Position:			From:	To:
What did you like most about your job?				
What did you like least about your job?				
Were you discharged from this job?	Yes	No 🗌		
If No, what was your reason for leaving:				
Employer:	Supervisor's Name:			
Address:				
Telephone:				
Your Job Position:			From:	To:
What did you like most about your job?				
What did you like least about your job?				
Were you discharged from this job?	Yes	No 🗌		
If No, what was your reason for leaving:				

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY THOSE APPLICATIONS THAT ARE <u>FULLY COMPLETED</u>, <u>SIGNED AND DATED</u> ARE CONSIDERED VALID. IF YOU HAVE ANY QUESTIONS REGARDING THESE STATEMENTS, PLEASE ASK THEM BEFORE SIGNING.

1.	All answers and statements I have made on this application (and resume or other supplementary materials) are true and complete without omissions. I understand that any false, misleading, or incomplete information will be grounds for refusal to hire or for immediate discharge if I am employed. I authorize the District to obtain information about me from any of the prior employers or persons named in this application, including those provided by me as references. I also agree to sign an authorization releasing these prior employers and persons of liability for providing such information.  Please initial:
2.	I understand that if I am offered employment, I will be required to pass a criminal history check and may also be required to pass a driver's record check, credit check, pre-employment drug screen, and/or physical as a condition of being hired, depending on the position for which I am applying and consistent with applicable laws.
	Please initial:
3.	I understand that if I am hired I will be responsible for complying with all policies and rules of the District as they presently exist or are later modified. I also understand that except as otherwise provided in an applicable collective bargaining agreement, civil service rules, or other written employment agreement signed by the District Manager, my employment with the District will be terminable at-will for any reason and at any time without notice, at the option of the District or myself, except as prohibited by applicable law.  Please initial:
4.	I also understand that nothing in this application, the interview, or hiring process or in an offer of employment creates a contract for employment or continued employment with the District, and that no representative of the District has any authority to change my at-will employment status or to otherwise enter into any employment agreement for any specified period of time, or to assure me of any future position, benefits, or terms and conditions of employment, except as specifically stated in a written agreement signed and dated by the District Manager.  Please initial:
I hav	e read, understand and agree with all of the above statements.
Ву: _	gnature of Applicant Date
S	gnature of Applicant Date

<u>NOTE</u>: This application is only valid for the job position and job opening applied for. To be considered for other job positions or job openings, you must submit a new application. Completed applications must be received by the personnel office no later than 5:00pm on the closing date.

#### **Veteran's Preference Form**

Under Oregon law, veterans who meet minimum qualifications for a position may be eligible for employment preference. Please read the following checklist carefully, and check the box for each item that applies to you. If you need further explanation or have special circumstances, please call the District Manager at (503) 655-8394.

IN ORDER TO BE ELIGIBLE TO RECEIVE VETERAN'S PREFERENCE, THIS COMPLETED FORM AND THE REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED TO THE HUMAN RESOURCES DEPARTMENT. PREFERENCE WILL NOT BE AWARDED WITHOUT THE APPROPRIATE DOCUMENTATION.

**A. QUALIFIED VETERAN QUESTIONS:** You may claim veteran's preference if you check at least one box below and provide proof of eligibility by submitting a copy of your form DD-214 or DD-215 that includes your discharge status.

I served (	from active duty under honorable conditions, or For 178 days or less and was discharged or released fro service-connected disability, or For 178 days or less and was discharged or released fro rating from the United States Department of Veterans Af For at least one day in a combat zone and was discharg	g on or before January 31, 1955 and was discharged or release on after January 31, 1955 and was discharged or release om active duty under honorable conditions because of a som active duty under honorable conditions and have a disfairs, or ed or released from active duty under honorable conditionary medal for service in the Armed Forces of the United to honorable conditions; or ed United States Department of Veterans Affairs.	ability ns, <u>or</u>
one box I  1.A copy  2.A publi information preference I	LIFIED DISABLED VETERAN QUESTIONS: You may classed below and provide proof of eligibility by submitting both of of your DD-214 or DD-215, Certificate of Release or Discontinuous comployment veteran's disability preference letter from the proof is included in the DD Form 214/215). To order the letter ce letter.  I have a disability rating through the United States Depall was discharged or released from active duty for a disability was awarded the Purple Heart for wounds received in column veteran's preference points and certify that the about the may be cause for my disqualification or dismissal, regarders.	the documents listed below: charge, Copy 4, and ne United States Department of Veterans' Affairs (unless or, call 1-800-827-1000 and request a public employment rtment of Veterans Affairs; or coility incurred or aggravated in the line of duty; or combat.  The information is true and correct. I understand that any factors.	the
Print Nar	me	Service Number	
Signature	e of Applicant	Date	
Position A	Applied For		

#### **DEFINITIONS**

<u>Armed Forces</u> means the United States Army, Navy, Marine Corps, Air Force, and Coast Guard, including the reserve components thereof. (Title 38 USC Part I Chapter 1 Section 101). Reserve components mean:

- (a) The Army Reserve;
- (b) The Navy Reserve;
- (c) The Marine Corps Reserve;
- (d) The Air force Reserve;
- (e) The Coast Guard Reserve;
- (f) The Army National Guard of the United States; and
- (g) The Air National Guard of the United States.

<u>Active duty</u> 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 a National Guard unit.

<u>Combat zone</u> means an area designated by the President of the United States by executive order in which, on the dates designated by executive order, the Armed Forces of the United States are or have engaged in combat.

### **Veteran** means a person who:

- (a) Served on active duty with the Armed Forces of the United States:
  - (B) For a period of more than 90 consecutive days beginning on or before January 31, 1955, and was discharged or released under honorable conditions;
  - (C) 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;
  - (D) For 178 days or less and was discharged or released from active duty under honorable conditions because of a service-connected disability;
  - (E) For 178 days or less and was discharged or released from active duty under honorable conditions and has a disability rating from the United States Department of Veterans Affairs; or
  - (F) For at least one day in a combat zone and was discharged or released from active duty under honorable conditions;
- (b) 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; or
- (c) Is receiving a non service-connected pension from the United States Department of Veterans Affairs.

<u>Disabled veteran</u> means a person who has a disability rating from the United States Department of Veterans Affairs, a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty or a person who was awarded the Purple Heart for wounds received in combat.