



APPLICATION FOR EMPLOYMENT

Lincoln County Human Resources

Public Service Building
210 SW 2nd Street
Newport, Oregon 97365
PHONE (541) 265-4157
TTY (541) 265-4193
FAX (541) 265-4906
www.co.lincoln.or.us

Lincoln County is an Equal Opportunity employer and considers applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, mental or physical disability, or any other legally protected status.
This application **MUST** be completed for employment consideration. Resumes may be attached, but are **NOT** acceptable as a substitute for completing this application.
File a separate application for each position desired.

Position Applied For:			Date of Application:		
Last Name		First Name:		Middle Name:	
Mailing Address:	Number	Street	City	State	Zip code
Telephone Number(s):			Email Address:		
DL#	State	Exp. Date:	Class:		
How Did You Learn About Us? <input type="checkbox"/> Newspaper <input type="checkbox"/> Employment Agency <input type="checkbox"/> Walk - In <input type="checkbox"/> Website					
<input type="checkbox"/> Other (please identify): _____					

Are you 18 years of age or older? Yes _____ No _____

Have you ever filed an application with us before ? Yes _____ No _____
If yes, give date _____

Are you currently employed? Yes _____ No _____

May we contact your present employer? Yes _____ No _____

Have you ever been employed under another name? Yes _____ No _____

If yes, please explain: _____

Do you have the legal right to work in the U.S.? (Proof of identity and eligibility will be required upon employment) Yes _____ No _____

On what date would you be available for work? _____

Are you available to work: Full time _____ Part Time _____ Temporary _____

Are you currently on "lay-off" and subject to recall? Yes _____ No _____

Have you ever been convicted, plead guilty or no contest, or forfeited bond or bail for any traffic violations in the past three (3) years? Yes _____ No _____

If yes, please explain: _____

Have you ever been convicted, plead guilty or no contest, or forfeited bond or bail for any crime other than traffic violations? Yes _____ No _____

If yes, please explain: _____

(conviction will not necessarily disqualify an applicant from employment)

CHECK SKILLS

- WORD PROCESSING PROGRAMS
- LEGAL TRANSCRIPTION
- TYPING _____ WPM
- SHORTHAND _____ WPM

Please list software and hardware with which you are familiar:

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Educational Background

A. List last three (3) schools attended, starting with last one; B. List number of years completed; C. Indicate degree or diploma earned, if any; D. Grade Point Average or Class Rank; E. Major and minor field of study (if applicable).

A. SCHOOL	B. NO. YEARS COMPLETED	C. DEGREE Diploma	D. GPA Class Rank	E. MAJOR	E. MINOR

Do you have a GED certificate? _____ Date _____

List any Foreign Language(s) and check the box that best describes your skill level.

LANGUAGE	READ AND WRITE	READ AND SPEAK	READ ONLY	SPEAK ONLY

References

List name and telephone number of three business/work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you.

NAME	TELEPHONE	YEARS KNOWN
	()	
	()	
	()	

List professional, trade, business or civic association and any offices held. (Exclude memberships which would reveal sex, race, religion, national origin, age, ancestry or other protected status.)

ORGANIZATION	OFFICES HELD

List special accomplishments, publications, awards. (Exclude memberships which would reveal sex, race, religion, age, ancestry or other protected status.)

SKILLS AND QUALIFICATIONS Summarize special skills and qualifications acquired from employment or other experiences that may qualify you for work with our Company.

Employment History

List your last four (4) employers, assignments, or volunteer activities, starting with the most recent, including military experience. Explain any gap in employment.

Employer	DATES EMPLOYED		Summarize the nature of the work performed and job responsibilities
	From	To	
Address			
City	State	Zip	Phone ()
Job Title	HOURLY RATE/SALARY		
	STARTING		
Immediate Supervisor and Title	\$	Per	
Reason for Leaving	HOURLY RATE/SALARY		
	FINAL		
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	\$	Per	

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City	State	Zip	Phone ()
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Immediate Supervisor and Title	\$	Per	
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	FINAL		
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	\$	Per	

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Reason for Leaving	HOURLY RATE/SALARY		
	FINAL		
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	\$	Per	

APPLICANT'S STATEMENT

I certify that all the information provided in this application is true and correct and that I have not withheld any information relative to my application. I understand that any misrepresentation, or omission, as well as any misleading statements or omissions of the application information, attachments, and supporting documents may result in denial of employment or immediate termination.

I authorize my current and previous employers to provide any and all information regarding my employment, and I release Lincoln County officers, agents and employees from any and all liability and from any damage that may result from the release of such information. I agree to execute any additional release forms requested by the County or my former employers.

If hired, I agree to conform to all the rules and policies of Lincoln County. I understand and acknowledge that employment relationships with Lincoln County are of an 'at-will' nature, except for positions within any executed collective bargaining agreement or unless otherwise designated by applicable law. This means that any employee may resign at any time and the County may discharge the employee at any time with or without cause. It is further understood that this 'at-will' employment relationship may not be changed by any written document or by conduct of any officer, employee, agent, or office of Lincoln County unless such change is specifically authorized by the Lincoln County Board of Commissioners.

I understand and acknowledge that if offered employment, hiring will be contingent upon a criminal background check, successful passing of a drug test, and I may be required to pass a physical exam. Additionally, I hereby authorize the release of the results of such an background check and/or drug test to Lincoln county for its use in evaluating my suitability for employment. Further, I release the examining facilities and Lincoln County and their respective officers, agents and employees from any and all liability and claims for damages from the release of such information.

NOTICE: THE EMPLOYMENT FOR WHICH YOU ARE APPLYING MAY BE SUBJECT TO FINGERPRINTING AND CRIMINAL RECORDS CHECK (as required by Oregon law, permitted by county policy, or both.) You must also consent to the following: I hereby give consent to the County to arrange for, and obtain the results of, a statewide criminal background check relating to me, a nationwide criminal background check relating to me pursuant to 1997 Oregon Laws, chapter 753 (Enrolled B-Engrossed Senate Bill 443.) or both.

I authorize Lincoln County to arrange for, and obtain the results of, a statewide and nationwide criminal background check relating to me.

List any additional information you wish us to consider in this space.

Signed

Date

Print Full Legal Name