



## Employment Application

### **Important: PLEASE READ ENTIRELY BEFORE APPLYING**

Applications are accepted for open positions only. A separate application is required for each posting.

Please complete the application in its entirety. "See resume" is not acceptable on your application. The application and attached Notice of Disclosure Authorization to Release Information must be signed in order to process your application for employment.

You may attach copies of your resumé, letters of reference, certificates or transcripts if you so choose, please ensure these are not originals as they will not be returned.

**\*\*If you are an eligible Veteran, the Veterans Preference Form and required documentation must be submitted with your application in order to receive Veterans preference during the hiring process.**

Completed applications must be received in the Human Resources office by 5:00 pm on the closing date indicated on the Job Posting. Postmarks will not be accepted. You may deliver the application to the Human Resource office in room 162 of the Josephine County courthouse, or mail completed application to:

Josephine County Human Resources  
500 NW 6<sup>th</sup> St Dept 11  
Grants Pass OR 97526

Original signatures are required; therefore, emailed and faxed applications will not be accepted. Do not complete your application in pencil.

Due to the large volume of applications the County receives, you will not be notified of the results of the recruitment unless you are selected for an interview. Postings which list "open until filled" will be discontinued without further notice as soon as a satisfactory candidate has been selected.

The County's job hotline at 541-474-5220 and our website [www.co.josephine.or.us](http://www.co.josephine.or.us) will have the status of all recently closed positions and listing of additional positions available.

For additional assistance, or to request a reasonable accommodation in the application or selection process, please speak with a Human Resource representative. Josephine County is an equal opportunity employer.



## Employment Experience:

- Describe your current or most recent job and work backward, describing each job you held during the past 10 years.
- You may sum up in one block, work you did more than 10 years ago. If you need more blocks, make copies of this page.
- If you need more space to describe a job -- Use paper the same size as this page. Show your name and job title on each page.
- Include Military Service -- Describe each major change of duties or responsibilities in a separate experience block.
- Include volunteer work (non-paid work) -- If the work is like the job you are applying for, complete all the parts of the experience block just as you would for a paying job.

### THIS SECTION MUST BE FULLY COMPLETED ----- DO NOT INDICATE 'SEE RESUME'

<b>A. PRESENT OR LAST EMPLOYER:</b> Name and Address	<b>DATES EMPLOYED</b> (Give Month & Year)  From _____	<b>Exact Job Title</b>
Telephone Number(s)	To _____	Description of Work:
Supervisor	# hour/week _____  <b>HOURLY RATE/SALARY</b>	
Reason for Leaving	Starting _____	
# of Employees You Supervised, if Applicable	Final _____	

<b>B. EMPLOYER:</b> Name and Address	<b>DATES EMPLOYED</b> (Give Month & Year)  From _____	<b>Exact Job Title</b>
Telephone Number(s)	To _____	Description of Work:
Supervisor	# hour/week _____  <b>HOURLY RATE/SALARY</b>	
Reason for Leaving	Starting _____	
# of Employees You Supervised, if Applicable	Final _____	

<b>C. EMPLOYER:</b> Name and Address	<b>DATES EMPLOYED</b> (Give Month & Year)  From _____	<b>Exact Job Title</b>
Telephone Number(s)	To _____	Description of Work:
Supervisor	# hour/week _____  <b>HOURLY RATE/SALARY</b>	
Reason for Leaving	Starting _____	
# of Employees You Supervised, if Applicable	Final _____	

D. EMPLOYER: Name and Address	DATES EMPLOYED (Give Month & Year)  From _____  To _____  # hour/week _____	<b>Exact Job Title</b>
Telephone Number(s)		Description of Work:
Supervisor	HOURLY RATE/SALARY	
Reason for Leaving	Starting _____	
# of Employees You Supervised, if Applicable	Final _____	

### Special Skills, Accomplishments and Awards:

List any skills and training you have which qualify you for this position: \_\_\_\_\_

\_\_\_\_\_

List any professional memberships and affiliations: \_\_\_\_\_

\_\_\_\_\_

List any job-related professional and trade licenses or certificates, include last date of license and licensing agency: \_\_\_\_\_

\_\_\_\_\_

How many words per minute can you type? \_\_\_\_\_

Do you speak or read a language other than English (include sign language)?  Yes  No

If yes, answer questions below with "fluently," "passable," or "with difficulty"

What language(s)

Can prepare and give lectures

Can speak and understand

Can translate articles

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

### REFERENCES:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

**YOU MUST INITIAL AND SIGN THIS APPLICATION WHERE APPLICABLE.**

**Read each section carefully before you sign and initial.**

Josephine County is an equal opportunity employer and does not discriminate on the basis of gender, age, race or color, religion, marital status, national origin, disability, veteran status or other protected class. (\_\_\_\_\_ initial here)

Interviews are given on a competitive basis, using job-related factors, after this written application has been received and reviewed. Applications are accepted for specific positions only during the published posting period. Because of the large number of applications received, not everyone who applies for a vacant position will be interviewed. (\_\_\_\_\_ initial here)

I certify all information given on this application and any supporting information is true and complete and I authorize a complete investigation. I agree that, if hired, I may be discharged if Josephine County, at any time learns of any falsification or material omission in the information I have provided. I understand that identification of false or omitted information prior to hire would make me ineligible for consideration for not only this position but future positions as well. (\_\_\_\_\_ initial here)

I understand that my application must be fully completed and bear an original signature in order to get full consideration. I understand that Josephine County will not accept faxed or e-mailed applications. This application must be returned to the Josephine County Human Resource Office before the time and date posted in the job announcement to be considered for employment. (\_\_\_\_\_ initial here)

I understand and agree that for safety-sensitive positions with the County, I may be required to take a drug and/or alcohol test as a condition of hire or continued employment. I agree to consent to take such test at such time as designated by the County, and I agree to release the County, its commissioners, officers, agents or employees from any claim arising in connection with the tests and the use of such tests. I also understand that for some positions hiring may be dependent upon successfully completing a physical or psychological examination. (\_\_\_\_\_ initial here)

I understand and acknowledge that if offered employment, hiring is contingent upon the successful completion of any necessary criminal history/background check and driver's license check. (Additional NOTICE – the position I am applying for may be subject to fingerprinting and a statewide/nationwide criminal background investigation relating to me pursuant to Oregon law.) (\_\_\_\_\_ initial here)

I understand the County reserves the right to add to, change, and/or delete its policies, procedures, work rules, and benefits at any time. In consideration of my employment, I agree to comply with the policies, rules, regulations and procedures of the County. (\_\_\_\_\_ initial here)

I understand that if I am hired as a temporary employee, I cannot expect continued employment in a temporary position or to automatically become a regular employee. As a temporary employee my employment can be terminated with or without notice. (\_\_\_\_\_ initial here)

SIGNATURE (**Must be an original signature in blue or black ink**)

DATE SIGNED (Month, day, year)

PRINT NAME (First Name, Middle Initial, Last Name)

Please review your application and make sure you have done the following:

1. Indicate the title of the position for which you are applying (on the first page). Use the title listed on the job advertisement/posting.
2. Initial and date the application where required. Each application and Authorization to Release Information **must** bear an original signature. Faxed and e-mailed applications are not accepted.
3. **Fully complete the application in ink or type. Signature must be in ink.**

Reminder: The Josephine County Job Hotline number is 541-474-5220. Please write down the job hotline number and the title of the position you are applying for. If you wish to find out the status of the position you applied for, call the Job Hotline (you must know the position title) or go to our website [www.co.josephine.or.us](http://www.co.josephine.or.us).

**Josephine County  
Veteran's Preference Form**

For Office Use Only
Date Received:
Received By:

Under Oregon law, veterans who meet minimum qualifications for a position may be eligible for employment preference. If you think you may qualify, please read the following checklist carefully. Check the box for each item that is appropriate. If you need further explanation or have special circumstances, please call Human Resources at 541-474-5217

This completed form and the required documentation must be submitted to the Josephine County Human Resources Department.

**A. QUALIFIED VETERAN QUESTIONS:** You may claim veteran's preference if you check at least one box in the four sections below and provide proof of eligibility by submitting a copy of your (long form) **DD-214 or 215 and Certificate of Honorable Discharge.**

ORS 408.225 (1)(e)

- I served on active duty with the Armed Forces of the United States for period of more than 178 consecutive days and was discharged or released under honorable conditions; or
- I served on active duty with the Armed Forces of the United States for 178 days or less and was discharged or released from active duty under honorable conditions because of a service-connected disability, or
- I served on active duty with the Armed Forces of the United States for at least one day in a combat zone and was discharged or released from active duty under honorable conditions; or
- I received a combat or campaign ribbon for service in the Armed Forces of the United States.

"Active duty" 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.

**B. QUALIFIED DISABLED VETERAN QUESTIONS:** You may claim additional employment preference if you can check at least one box in three sections below and provide proof of eligibility by submitting all three documents listed below:

1. A copy of your (long form) DD-214 or 215 and
2. Certificate of Honorable Discharge and
3. A public employment preference letter from the United States Department of Veterans Affairs.

ORS 408.225 (1)(c)

- I am entitled to disability compensation under laws administered by the United States Department of Veterans Affairs; or
- I was discharged or released from active duty for a disability incurred or aggravated in the line of duty; or
- I was awarded the Purple Heart for wounds received in combat.

I hereby claim veteran's preference points and certify that the above information is true and correct. I understand that any false statements may be cause for my disqualification or dismissal, regardless of when discovered.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Position Applied For: \_\_\_\_\_

**Preference will not be awarded without the appropriate documentation. You must submit your (long form) DD-214 or 215 and Certificate of Honorable Discharge in all cases. If you are claiming disabled veteran points, you must also submit the public employment preference letter from the Department of Veterans Affairs. You will not receive preference without these accompanying documents.**



## Notice of Disclosure / Authorization to Release Information

### Please read carefully before signing.

As an applicant for a position with Josephine County, I am required to furnish information for use in determining my qualifications and suitability to fill the position. I understand that any or all information contained in my application for employment may be subject to verification or investigation by any duly authorized agent of Josephine County. I also understand that criminal history, credit report and driving records will be checked if in the judgment of Josephine County such records are relevant to the position for which my application of employment is made.

I understand that in the event information from credit or criminal history report is utilized in part or in whole in making an adverse decision with regard to my potential employment that I will be provided a copy of the report and a description in writing of my rights under the law before any the adverse action is taken. I have the right to request in writing, within a reasonable time that a disclosure of the nature and scope of the information requested. *(such disclosure will be made to you within 5 days of the date on which we receive the request from you or within 5 days of the time the report was first requested whichever is later.)* According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a Consumer Reporting Agency. If so, I will be notified and given the name and address of the agency or the source that provided the information.

I voluntarily and knowingly give my consent for full and complete release of any and all information or opinions you may have concerning, but not necessarily limited to my: qualifications, suitability, moral character, credit credentials, references, performance, education, job description, disciplinary actions, complaints or grievances against me, personnel investigative files and records of arrest, trial and/or conviction.

I understand that Josephine County may use this release to request information and records about my qualifications and suitability for employment from any educational institution, credit reporting agency, employer, person, firm, corporation, law enforcement agency, private individual, government agency and their officers, employees, successors and agents.

In consideration of your cooperation, I agree to hold harmless, release and discharge the person or entity to whom this release form is presented and his/her/its officers, employees, successors and agents from and against any and all claims, damages, losses and expenses, including reasonable attorney's fees, present or future, whether known or unknown, arising out of, incidental to or by reason of complying with this release and disclosure of information. This release and discharge includes, but is not limited to claims of defamation, libel, slander, negligence of interference with contract or profession.

I agree to hold Josephine County harmless from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of the use or disclosure of any information obtained as a result of this release.

I consent to allow a photocopy of this release form, when presented by a duly authorized agent of Josephine County to serve as a valid release even though the photocopy does not contain an original writing of my signature.

This release expires one year after the date it is signed.

Applicant's Printed Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Last First Middle

Previous names: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Male  Female

Current Address: \_\_\_\_\_

Previous Address if less than 5 years: \_\_\_\_\_

Drivers License #: \_\_\_\_\_ State Issued: \_\_\_\_\_

I CERTIFY THAT THE INFORMATION THAT I PROVIDED IS TRUE AND CORRECT. I UNDERSTAND THAT FALSE INFORMATION, MISREPRESENTATIONS AND OMISSIONS MAY DISQUALIFY ME FROM CONSIDERATION FOR EMPLOYMENT, OR IF I AM HIRED OR ALREADY WORK FOR THE COUNTY, THAT I MAY BE DISCIPLINED UP TO AND INCLUDING TERMINATION.

Applicant's Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

**RECRUITMENT TRACKING INFORMATION**  
PLEASE COMPLETE THE FOLLOWING INFORMATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Position Applied For: \_\_\_\_\_ Posting #: \_\_\_\_\_

**Recruitment Tracking:** How did you learn about this position? (Please mark one.)

Newspaper/Publication:

Courier

Oregonian

Medford Tribune

\_\_\_\_\_ (Specify Other Newspaper)

County Job Hotline

County Employee Referral

Josephine County Website

Job Announcement Bulletin Board

Employment Service

Community Organization \_\_\_\_\_

Other \_\_\_\_\_

**VOLUNTARY INFORMATION**

**The information you provide below is voluntary**

Josephine County is an equal opportunity employer. To help us comply with government recordkeeping, reporting, and other legal requirements, please complete the survey section below. Providing this information is voluntary and it will be kept in a confidential file separate from the application form.

**SEX:**  Female  Male

**RACE/Ethnicity:**

**Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

**White (Not Hispanic or Latino)** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**Black or African American (Not Hispanic or Latino)** – A person having origins in any of the black racial groups of Africa.

**Native Hawaiian or Other Pacific Islander** – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**Asian** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**American Indian or Alaska Native (Not Hispanic or Latino)** – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

**Two or More Races (Not Hispanic or Latino)** – All persons who identify with more than one of the above five races.

**Veteran**

**Non-Veteran**

**DISABILITY:** Any physical and/or mental condition which might cause you difficulty in securing, retaining or advancing in employment. If you are handicapped please check the "yes" box.  Yes  No

**Application Attachments:** All attachments to your application will be destroyed once the position has been filled. This includes resumes, reference letters and/or certificates.