



HUMAN RESOURCES

Mailing Address: 101 S. River St, Room 202

Enterprise, OR 97828

p. 541-426-7734 f. 541-426-5302 www.co.wallowa.or.us

LAW ENFORCEMENT EMPLOYMENT APPLICATION

Thank you for taking the time to complete this application. Wallowa County attempts to select candidates who most closely match the needs of the specific position being advertised. Applicants selected for interview will generally be contacted within 10 working days of the closing date of the recruitment. Due to the large number of applications the County receives, it is not practical for department managers to contact applicants unless they are selected for an interview. Recruitments which list "closed when filled" will be discontinued without further notice as soon as a satisfactory candidate match is found. You may check the County's website at www.co.wallowa.or.us for a list of current vacancies.

About the application itself: Please complete the application in its entirety. You may deliver it to the Administrative Office, mail it to the address above, or fax it to (541)426-5302. If you fax, please also send the original by mail because the fax copy is sometimes very faint and illegible. You are welcome to attach a resume, copies of letters of reference, copies of transcripts, certificates or samples of work. Please use photocopies; do not attach originals; they will not be returned. Documents you attach will not be considered as a substitute for the information requested on the application - please do not respond to a question with the statement "see resumé". If a question does not apply, write "n/a" for "not applicable".

Under the provisions of the Immigration Reform and Control Act of 1986, any person hired or rehired is required to provide evidence of identity and eligibility for employment. The County verifies the valid work authorization of each employee using Form I-9 and the E-Verify Program.

Wallowa County is an equal opportunity employer and does not discriminate on the basis of race, color, religion, sex, national origin, age, marital status, disability, or any other category /status protected by law. Please do not include information or photos that would identify those personal traits.

In compliance with the Americans with Disabilities Act, the County will provide reasonable accommodation for assistance in the application process upon request made to the personnel office.

Under Oregon law ORS 408.225-408.238, veterans who meet the minimum qualifications for a position may be eligible for hiring preference. If you think you may qualify, there is Veteran's Hiring Preference Form that must be completed and submitted with application. The form and instructions for the additional documentation that must be submitted can be found on the Wallowa County Jobs page (www.co.wallowa.or.us) or by calling 541-426-7734.

Some positions require a criminal history check and a review of driving record. All County positions require regular, prompt, and consistent attendance.

Health & Human Services applicants please read the following: ORS 443.004 is now in effect for individuals hired or subject to a background check after July 28, 2009. This law directly impacts the background check process and prohibits the use of public funds to support employment of individuals convicted of specific crimes. A list of covered crimes is posted on the County website or available upon request by calling the job line phone number listed at the top of this page.

EMPLOYMENT APPLICATION

QUESTIONS WITH AN * REQUIRE A RESPONSE. YOUR APPLICATION MAY NOT BE CONSIDERED IF INCOMPLETE.

JOB INFORMATION		
* Job Number:		* POSITION TITLE:
* FIRST NAME	MI	* LAST NAME
* ADDRESS		
* CITY	* STATE	* ZIP
* HOME PHONE	ALTERNATE PHONE	
* EMAIL ADDRESS	* OTHER NAMES USED DURING EMPLOYMENT:	

EDUCATION

WHAT IS YOUR HIGHEST LEVEL OF EDUCATION:

<input type="checkbox"/> Some High School	<input type="checkbox"/> Some College	<input type="checkbox"/> Associate's Degree	<input type="checkbox"/> Master's Degree
<input type="checkbox"/> High School	<input type="checkbox"/> Technical College	<input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> Doctorate

HIGH SCHOOL EDUCATION

DID YOU GRADUATE FROM HIGH SCHOOL OR RECEIVE A G.E.D.? YES NO

IF NO, WHAT WAS THE HIGHEST LEVEL COMPLETED? 7 8 9 10 11 12

SCHOOL NAME	CITY	STATE
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COLLEGE/UNIVERSITY EDUCATION

SCHOOL NAME	DEGREE RECEIVED	
SCHOOL LOCATION (CITY/STATE)	DID YOU GRADUATE? YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> SEMESTER <input type="checkbox"/> QUARTER # OF UNITS COMPLETED:
MAJOR		
SCHOOL NAME	DEGREE RECEIVED	
SCHOOL LOCATION (CITY/STATE)	DID YOU GRADUATE? YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> SEMESTER <input type="checkbox"/> QUARTER # OF UNITS COMPLETED:
MAJOR		
SCHOOL NAME	DEGREE RECEIVED	
SCHOOL LOCATION (CITY/STATE)	DID YOU GRADUATE? YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> SEMESTER <input type="checkbox"/> QUARTER # OF UNITS COMPLETED:
MAJOR		

DRIVER'S LICENSE INFORMATION

* IF THE POSITION INVOLVES DRIVING, DO YOU HAVE A VALID LICENSE? YES <input type="checkbox"/> NO <input type="checkbox"/>	STATE WHERE ISSUED	CLASS
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CERTIFICATES & LICENSES

TYPE:	ISSUED (MONTH/YEAR):	EXPIRATION DATE (MONTH/YEAR):
LICENSE NUMBER:	ISSUING AGENCY:	
TYPE:	ISSUED (MONTH/YEAR):	EXPIRATION DATE (MONTH/YEAR):
LICENSE NUMBER:	ISSUING AGENCY:	
TYPE:	ISSUED (MONTH/YEAR):	EXPIRATION DATE (MONTH/YEAR):
LICENSE NUMBER:	ISSUING AGENCY:	

WORK HISTORY

List your work experience, paid or unpaid, beginning with your present or most recent job. List the past ten years of employment history, if you have worked that long and describe each job separately, emphasizing your specific tasks and any supervisory, technical, or other responsibilities. Give special attention to experience that relates to the job for which you are applying. Be as complete as you can in order to provide the best picture of your skills and experience. If more space is needed for "duties", you may attach additional sheets.

DATES From: To:		EMPLOYER	POSITION TITLE	
ADDRESS		CITY		STATE
PHONE NUMBER		SUPERVISOR (NAME & TITLE)		
HOURS WORKED PER WEEK		MONTHLY SALARY	MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
DUTIES				

REASON FOR LEAVIN G

DATES From: To:		EMPLOYER	POSITION TITLE	
ADDRESS		CITY		STATE
PHONE NUMBER		SUPERVISOR (NAME & TITLE)		
HOURS WORKED PER WEEK		MONTHLY SALARY	MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
DUTIES				

REASON FOR LEAVING

DATES From: To:		EMPLOYER	POSITION TITLE	
ADDRESS		CITY		STATE
PHONE NUMBER		SUPERVISOR (NAME & TITLE)		
HOURS WORKED PER WEEK		MONTHLY SALARY	MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

DUTIES

REASON FOR LEAVING

DATES From: To:		EMPLOYER	POSITION TITLE	
ADDRESS		CITY		STATE
PHONE NUMBER		SUPERVISOR (NAME & TITLE)		
HOURS WORKED PER WEEK		MONTHLY SALARY	MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

DUTIES	
REASON FOR LEAVING	

SKILLS

OFFICE SKILLS	TYPING (NET WORDS PER MINUTE)	DATA ENTRY (NET WORDS PER MINUTE)
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COMPUTER HARDWARE USED:	
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COMPUTER SOFTWARE USED:	
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OTHER SKILLS

SKILL	SKILL LEVEL	EXPERIENCE (YEARS OR MONTHS)
	<input type="checkbox"/> BEGINNER <input type="checkbox"/> SKILLED <input type="checkbox"/> EXPERT	
	<input type="checkbox"/> BEGINNER <input type="checkbox"/> SKILLED <input type="checkbox"/> EXPERT	
	<input type="checkbox"/> BEGINNER <input type="checkbox"/> SKILLED <input type="checkbox"/> EXPERT	

LANGUAGES OTHER THAN ENGLISH THAT YOU ARE PROFICIENT IN

LANGUAGE	<input type="checkbox"/> SPEAK <input type="checkbox"/> READ <input type="checkbox"/> WRITE	LANGUAGE	<input type="checkbox"/> SPEAK <input type="checkbox"/> READ <input type="checkbox"/> WRITE
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ADDITIONAL INFORMATION

Clinical Experience, Honors & Awards, Interests & Activities, Military Service, Personal, Professional Associations, Professional Memberships, Publications, Technical, Volunteer Experience, Training, Other/Miscellaneous

ATTACHMENTS

Please list any attachments you are including with your application.

SUPPLEMENTAL QUESTIONS

The purpose of the following questions is to provide us with statistics needed to evaluate our recruitment program as well as to prepare statistical reports required by Federal, State and local agencies. The information obtained also includes additional job related information, such as your preference of work hours and locations, to better evaluate you for the position for which you are applying.

QUESTIONS WITH AN * REQUIRE A RESPONSE. YOUR APPLICATION MAY NOT BE CONSIDERED IF INCOMPLETE.

*1. DATE YOU ARE AVAILABLE TO START: _____

*2. DESIRED WAGE: _____

*3. PLEASE INDICATE WHICH HOURS YOU ARE WILLING TO WORK: (CHECK ALL THAT APPLY)

EMPLOYMENT: FULL TIME PART TIME TEMPORARY FULL TIME TEMPORARY PART
 TIME ON CALL VOLUNTEER

SHIFTS: DAYS SWING GRAVEYARD
 WEEKENDS ON CALL

IF YOU MARKED THAT YOU ARE NOT AVAILABLE FOR ALL HOURS OR DAYS, YOU ARE WELCOME TO PROVIDE AN EXPLANATION.

*4. HOW DID YOU LEARN ABOUT OUR JOB OPENING? (PLEASE CHECK ALL THAT APPLY, IF RESOURCE NOT LISTED, PLEASE MARK 'OTHER' AND PROVIDE THE SPECIFIC NAME OF THE PUBLICATION, WEBSITE, OR RESOURCE)

- W.C. CHIEFTAIN
- CRAIGSLIST.COM
- WALLOWA COUNTY WEBSITE
- OREGON EMPLOYMENT DEPARTMENT
- OBSERVER NEWSPAPER
- "IN-HOUSE" ANNOUNCEMENT
- OTHER _____

*5. HAVE YOU PREVIOUSLY WORKED FOR WALLOWA COUNTY?

YES
NO

IF 'YES', PLEASE PROVIDE LAST POSITION HELD AND DATES OF EMPLOYMENT:

POSITION: _____ DATES: _____

*6. REFERENCES: LIST THREE WORK REFERENCES (FROM PERSONS NOT RELATED TO YOU)

<u>Name / Relationship</u> (friend, supervisor, co-worker, etc.)	<u>Phone</u>
1) _____	_____
2) _____	_____
3) _____	_____

7. VETERAN'S PREFERENCE: THIS RESPONSE IS VOLUNTARY.

ARE YOU A QUALIFIED VETERAN REQUESTING VETERAN'S PREFERENCE? YES NO

IF 'YES', DID YOU ATTACH THE REQUIRED DOCUMENTATION FOR REQUESTING VETERAN'S PREFERENCE? YES NO

CERTIFICATION AND SIGNATURE

I certify that 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 the County at any time learns of any falsification or material omission in the information I have provided and if discovered prior to hire, I would be ineligible for consideration for not only this position but future positions as well. I authorize the County to contact all former and current employer references listed and all educational institutions.

I understand that a consumer report regarding my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living, whichever are applicable, may be obtained for employment purposes from a consumer reporting agency.

I authorize all references to release to Wallowa County all information requested which they might have about me. I hereby release all references and Wallowa County from any liability which might be claimed because of information provided by such references.

I agree that, if hired, I will follow all County policies, rules, procedures and all other directions. I understand I may terminate my employment at any time and for any reason without prior notice. I agree that if I am hired, I will be employed at the will of Wallowa County, and my employment can be terminated at any time, with or without notice, subject to applicable Collective Bargaining Agreement or other processes as defined in county policy.

I understand Wallowa County is committed to promoting safety and high standards of employee performance, productivity and reliability and that in order to achieve this, all finalists may be subjected to a drug test prior to being hired to assure the County the applicants do not currently have narcotics, sedatives, stimulants, and other controlled substances and/or hallucinogenic in their bodies. I understand that if I have any such substance in my body at the time of the drug test, the County will not hire me. I further understand that at any time during my employment with Wallowa County, my supervisor or any other manager may require, as a term and condition of continued employment, a substance test if they have a reasonable suspicion that I am under the influence of any substance that might result in harm to myself or to others.

I further understand that if I am selected as a finalist for any position with Wallowa County, the County may do an investigation of criminal convictions. Note for Health and Human Service Applicants: ORS 443.004 is now in effect for individuals hired on or after July 28, 2009 or who were subject to a background check on or after July 28, 2009. It directly impacts the background check process. In this legislation, public funds may not be used to support, in whole or in part, the employment in any capacity of individuals in certain positions if the individual has specific convictions.

I understand the County reserves the right to add to, change, and/or delete its policies, procedures, work rules and benefits at any time and that no one in the County has the authority to enter into any agreement for any particular period of time or contrary to the above terms, unless that agreement is set forth in writing and signed by the Wallowa County Board of Commissioners.

I have read and understand the above information.

X

SIGNATURE OF APPLICANT

DATE

NOTE: An applicant's signature on this statement is a requirement of the application process. No further consideration will be given to any application submitted without signature.

Return application to:
Wallowa County Employment
Office Location: 101 S. River St., Room 202
Enterprise, OR 97828

**APPLICANT
DATA RECORD**

This information is requested solely for the purpose of determining compliance with government regulations and affirmative action responsibilities. Your response will not affect consideration of your application. This data is for periodic government reporting and will be kept in a confidential file separate from the application for employment.

NAME _____ Date _____

POSITION APPLIED FOR _____

GENDER: Male ___ Female ___

RACE / ETHNIC ORIGIN (see definition below)

- ___ Hispanic or Latino
- ___ White (Non-Hispanic or Latino)
- ___ Black or African American (Non-Hispanic or Latino)
- ___ Asian (Non-Hispanic or Latino)
- ___ Native Hawaiian or Other Pacific Islander (Non-Hispanic or Latino)
- ___ American Indian or Alaskan Native (Non-Hispanic or Latino)
- ___ Two or More Races (Non-Hispanic or Latino)

DEFINITIONS

The racial and ethnic categories for Federal statistics and administrative reporting are defined as follows:

ETHNICITY:

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

RACE:

White (Non Hispanic or Latino) – All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

Black or African American (Non Hispanic or Latino) - A person having origins in any of the black racial groups of Africa.

Asian (Non Hispanic or Latino) - 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.

Native Hawaiian or Other Pacific Islander (Non Hispanic or Latino) - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

American Indian or Alaska Native (Non 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 (Non Hispanic or Latino) - Persons who identify with two or more racial categories named above.

Signature

Date

**CONSENT TO PERFORM CRIMINAL HISTORY BACKGROUND CHECK
IN COMPLIANCE WITH THE FCRA and the DPPA
(Fair Credit Reporting Act and the Federal Driver's Privacy Protection Act)**

Date: _____ Driver's Lic # _____ State Issued _____

Last Name First Name Middle Initial

Maiden and/or Other Last Names Used

Current Address City and County State and Zip Code

Date of Birth Social Security Number Circle One:
Male / Female

This authorization and consent for release of personal information acknowledges that

Wallowa County Sheriff's Office (Hereafter referred to as "Wallowa County") and/or its agent, may now, or at any time I am assigned to, volunteer with or am employed by Wallowa County, conduct investigations whether the records are of a public, private or confidential nature. These investigations might include, but are not limited to, searches of educational institutions attended; financial or credit institutions, including records of loans; records of commercial or retail credit agencies; other financial statements; records of previous employment, including work history, efficiency ratings, complaints and grievances filed by or against me; records and recollections of attorney-at-law or of other counsel, whether representing me or any other person (in either a civil or criminal case in which I have been involved); records from the U.S. Veterans' Administration; criminal history information of file in local, state or federal agencies; and motor vehicle records, and following an employment offer, workers' compensation reports from either the Department of Labor, National Personnel Records or the Industrial Commission or similar agencies under the provisions of the Fair Credit Reporting Act 15, USC section 1681 et seq. I also authorize the National Personnel Records Center, or other custodian of my military service record, to release to Wallowa County, the following information and/or copies of documents from my military service record: DD214, service record, and any disciplinary records.

I understand that these searches will be used to determine work assignment or employment eligibility under Wallowa County's employment or volunteer policies. Therefore, I authorize and consent for full release of records (either orally or in writing) to the authorized representatives of Wallowa County. In addition, I release and discharge Wallowa County and its agent and associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs expenses or any other charge or complaint filed with any agency arising from retrieving and reporting this information. After reading this document, I fully understand its contents and authorize the background verification.

The following are my responses to questions about my criminal record history (if any) with descriptions to any question with a YES answer:

1. Have you ever been convicted or plead guilty before a court of any federal, state, or municipal criminal offense? (Excluding minor traffic violations)

YES NO

If YES, please provide an explanation below:

2. Have you ever received deferred adjudication or similar disposition for any federal, state or municipal criminal offense? YES NO

If YES, Please provide an explanation below:

3. Have you ever received probation or community supervision for any federal, state or municipal criminal offense? YES NO

If YES, Please provide an explanation below:

4. Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States? YES NO
If YES, Please provide an explanation below:

5. As of the date of this authorization, do you have any pending criminal charges against you? YES NO
If YES, Please provide an explanation below:

6. Have you ever been committed to a Mental Health Facility? YES NO
If YES, Please provide an explanation below:

**THIS SECTION IS TO BE USED TO LIST ALL COUNTIES AND STATES OF RESIDENCE SINCE AGE 18 OR HIGH SCHOOL GRADUATION.
YOU MUST BE SPECIFIC ABOUT DATES OF RESIDENCE.**

CITY/TOWN	COUNTY	STATE	DATES FROM	TO

I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS AUTHORIZATION IS TRUE, CORRECT AND COMPLETE. I UNDERSTAND THAT IF ANY INFORMATION PROVES TO BE INCORRECT OR INCOMPLETE THAT GROUNDS FOR THE CANCELING OF ANY AND ALL OFFERS OF EMPLOYMENT OR VOLUNTEER POSITIONS WILL EXIST AND MAY BE USED AT THE DISCRETION OF THE EMPLOYER.

Signed this _____ day of _____, 20____

Applicant (Print Name) _____

Applicant Signature _____