



Washington County Consolidated Communications Agency
Application for Employment
An Equal Opportunity Employer

Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Application must be signed and dated, or it will be considered incomplete. Use blank paper if you do not have enough room on this application. **PLEASE PRINT**, except for signature on back of application. All information given will be available only to persons who have a "need to know" or as required by law. This company will make reasonable accommodation in the application process, if needed.

Today's Date: _____ Position for which you are applying: _____

Name _____ Email _____
Last First

Mailing Address _____
Street City State Zip

Primary Phone _____ Alternate _____ How did you hear about us? _____

YES NO

Are you a citizen of the United States or, if not, are you legally authorized to work in the United States?
If offered employment, you will be required to submit identification in accordance with USCIS rules and regulations.

YES NO

As an adult have you ever been convicted of an offense other than a minor traffic violation? If "yes" please state below the nature, date, and jurisdiction of each conviction.
Due to the nature of law enforcement work conducted at WCCCA, state and federal law requires WCCCA to consider an applicant's criminal history. Convictions are evaluated for each position, and are not necessarily disqualifying.

EDUCATION AND TRAINING: Do you have a high school diploma, GED, or equivalent? YES NO

NAME AND LOCATION OF SCHOOL	Field of Study or Title of Special Course	SEM. CREDIT HOURS	QTR. CREDIT HOURS	DEGREE OR CERTIFICATE OBTAINED

Please list any colleges, universities, military, or other schools attended relevant to the position or your experience.

TITLE	NUMBER	ISSUING AGENCY	DATE ISSUED/DATE OF EXPIRATION

LICENSES/CERTIFICATES: List driver's license or other certificates you possess as required by the position applied for.

SKILLS/ABILITIES: List any skills/abilities you have which are pertinent to the position applied for.

EMPLOYMENT HISTORY:

Beginning with your present or most recent job, list, in chronological order, your complete work experience for the last **10 years**, including paid and volunteer positions, military and intern experience. Please attach a separate sheet or sheets if necessary. The information provided must be complete and accurate. **A resume may be submitted, but will not be accepted as a substitute for completing this section.**

Name and Address of Employer:		Supervisor's Name, Title, Phone Number:
YOUR TITLE:		YOUR DUTIES AND RESPONSIBILITIES:
FROM: (MO./YR.)	TO: (MO./YR.)	
REASON FOR LEAVING:		
May we contact your current employer: YES ___ NO ___		

Name and Address of Employer:		Supervisor's Name, Title, Phone Number:
YOUR TITLE:		YOUR DUTIES AND RESPONSIBILITIES:
FROM: (MO./YR.)	TO: (MO./YR.)	
REASON FOR LEAVING:		

Name and Address of Employer:		Supervisor's Name, Title, Phone Number:
YOUR TITLE:		YOUR DUTIES AND RESPONSIBILITIES:
FROM: (MO./YR.)	TO: (MO./YR.)	
REASON FOR LEAVING:		

Name and Address of Employer:		Supervisor's Name, Title, Phone Number:
YOUR TITLE:		YOUR DUTIES AND RESPONSIBILITIES:
FROM: (MO./YR.)	TO: (MO./YR.)	
REASON FOR LEAVING:		

Name and Address of Employer:		Supervisor's Name, Title, Phone Number:
YOUR TITLE:		YOUR DUTIES AND RESPONSIBILITIES:
FROM: (MO./YR.)	TO: (MO./YR.)	
REASON FOR LEAVING:		

EMPLOYMENT HISTORY CONT:

Name and Address of Employer:		Supervisor's Name, Title, Phone Number:
YOUR TITLE:		YOUR DUTIES AND RESPONSIBILITIES:
FROM: (MO./YR.)	TO: (MO./YR.)	
REASON FOR LEAVING:		

Name and Address of Employer:		Supervisor's Name, Title, Phone Number:
YOUR TITLE:		YOUR DUTIES AND RESPONSIBILITIES:
FROM: (MO./YR.)	TO: (MO./YR.)	
REASON FOR LEAVING:		

Name and Address of Employer:		Supervisor's Name, Title, Phone Number:
YOUR TITLE:		YOUR DUTIES AND RESPONSIBILITIES:
FROM: (MO./YR.)	TO: (MO./YR.)	
REASON FOR LEAVING:		

Are you at least 18 years of age? YES <input type="checkbox"/> NO <input type="checkbox"/>

I understand and agree that information may be developed through an Agency review of background history records, personal interviews with third parties such as family members, neighbors, friends, associates, former employers, educational institutions, custodians of official records or other sources. Only job-related information developed from such a report will be considered in evaluating my employment application or continued employment. I hereby authorize such persons, companies, organizations or corporations to answer all questions or release any information regarding me for purposes of my application for employment. I hereby release them and WCCCA from any liability and hold them harmless from any claim for releasing any information within their knowledge and/or records.

I certify that the answers given by me to the foregoing questions and during any interviews are true and correct without consequential omissions, and I understand that my failure to do so will result in the rejection of my application and, if employed, omissions and/or false statements on this application or during any interviews may result in dismissal. **I understand and acknowledge that this employment application does not constitute an employment contract.** I have had an opportunity to have my questions about this statement's content and intent answered and understand its terms.

In consideration of my employment, I agree to conform to the instructions, rules and policies of WCCCA. Further, I hereby affirm that I am able to perform the essential functions of this job, with or without reasonable accommodation, as outlined in the attached job description and/or announcement.

Date

Signature of Applicant

Veterans' Preference Form (ORS 408.230)

Veterans who meet the minimum qualifications for a position open for recruitment may be eligible for preference in employment under Oregon law. If you are a Qualified Veteran or Qualified Disabled Veteran as defined below, and would like to be granted preference in the selection and hiring process for a specific posted job, please provide proof of eligibility by submitting a copy of form DD-214 or 215 (copy 4). The required supporting documentation must be submitted with your application by the application deadline to be considered for Veterans' Preference.

Qualified Veteran: *Veterans' preference may be claimed if you meet at least one of the items below and provide proof via form DD-214 or 215 (Copy 4)*

ORS 408.225(f) – I served on active duty with the Armed Forces of the United States:

- For a period of more than 90 consecutive days beginning on or before January 31, 1955, and was discharged or released under honorable conditions
- 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
- For a period of 178 days or less and was discharged or released from active duty under honorable conditions because of a service due to a service related disability
- For a period of 178 days or less and was discharged or released from active duty under honorable conditions and have a disability rating from the United States Department of Veterans Affairs
- For at least one day in a combat zone and was discharged or released from active duty under honorable conditions
- And 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
- And am receiving a nonservice – connected pension from the United States Department of Veterans Affairs

Qualified Disabled Veteran: *Additional preference may be claimed if you meet at least one of the items below and provide proof of eligibility via a copy of DD-214 or 215 (Copy 4), and a public employment preference letter from the United States Department of Veteran's Affairs (letter may be requested by calling 800-827-1000)*

- 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.

Preference will not be awarded without the appropriate documentation. You must submit your DD-214 or 215 in all cases at the time of your application by the application deadline. If you are claiming disabled veterans preference, you must also submit the public employment preference letter from the Department of Veterans Affairs unless the information is included in the federal DD-215 or 215 form. You will not receive preference without these accompanying documents.