

P.O. Box 593 · Heppner, Oregon 97836 · (541) 676-5620 · Igrogan@co.morrow.or.us

APPLICATION FOR EMPLOYMENT

Morrow County provides equal employment opportunity to all qualified employees and applicants, without regard to race, color, religion, gender, sexual orientation, national origin, age, disability, genetic information, veteran's status, or any other status protected by applicable federal, Oregon, or local law.

Our Equal Employment Opportunity policy applies to all aspects of the employment relationship, including, but not limited to, recruitment, hiring, compensation, promotion, demotion, transfer, disciplinary action, layoff, recall, and termination of employment.

To claim veterans' preference in hiring, complete the Veterans' Preference Form, and submit it with the required documentation at the time you submit this application.

This application will be considered for this specific job. It will not be retained for future positions. If you desire to be considered for a position at a future time, you must file a new application.

If hired, this application will become part of your permanent personnel file. Please print or type.

Your application may not be considered if incomplete or submitted past an established deadline.

Position				
Position Applying For		Available Start Date		
Personal Information				
Name				

Address		City	State	Zip
Mailing Address (if different)		City	State	Zip
Mobile Number	Phone Number	Email Address		

Are you able to submit verification of your legal right to working in the United States at the time of employment?

Yes No

(Proof of identity will be required upon employment)

Education List any colleges, military, trade, business, or other schools attended.				
Do you have a high school diploma or GED Certificate?	Yes 🛛 No			
School Name	Diploma/Degree	Major/Minor	Did you Graduate?	
Location				
School Name	Diploma/Degree	Major/Minor	Did you Graduate?	
Location				
School Name	Diploma/Degree	Major/Minor	Did you Graduate?	
Location				

Employment History

We will use this section to determine if you meet the minimum qualifications as outlined in the job announcement. If you need additional space, attach a separate sheet.

Employer (1)	Job Title	Dates Emp	oloyed
Address	City	State	Zip
Supervisor Name	Phone Number	May we contact	this employer?
		⊡Ye	es 🔲No

Reason for leaving

Duties

Employment History Continued

Employer (2)	Job Title	Dates Em	ployed
Address	City	State	Zip
Supervisor Name	Phone Number	May we contac	t this employer?
		ΠYe	es 🛛 No

Reason for leaving

Duties			
Employer (3)	Job Title	Dates Em	oloyed
Address	City	State	Zip
Supervisor Name	Phone Number	May we contac	t this employer?
		.,	
		۵Ye	es 🛛 No

Reason for leaving

Duties		

Employment History Continued

Employer (4)	Job Title		Dates Emp	loyed
Address	City	Stat	e	Zip
Supervisor Name	Phone Number	May	we contact	this employer?
			_	_
			□Ye	s 🛛 No

Reason for leaving

Duties

List any pro	Certificat fessional license, registration, or	es & Licenses	preferred for the	e position.
Туре	Issuing Agency		Date Issued	Date Expires
Туре	Issuing Agency		Date Issued	Date Expires
Туре	Issuing Agency		Date Issued	Date Expires
Туре	Issuing Agency		Date Issued	Date Expires
		erences professional references		
Name	Title	Company		Phone
Name	Title	Company		Phone
Name	Title	Company		Phone

Driver's License Information

Do you have a valid Oregon Driver's License?

□Yes □No

ID No:_____ Exp. Date:_____

If you are selected for position that requires driving, you will be required to provide a copy of your driver's license.

Certification & Signature

I hereby certify that all statements made in this application are true. I agree and understand that any statement that is false, fraudulent, or misleading in this application or attached material, during the interview or screening process, or discovered in the course of any employment-related process (post-hire) may result in the revoking of a job offer or termination of employment.

I would be ineligible for consideration not only for this position but future positions as well. I authorize Morrow County to contact all former and current employer references listed and all educational institutions. All references are authorized to release to Morrow County all information requested which they might have about me. I hereby release all references and Morrow 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 my employment is at the will of Morrow County and can be terminated at any time, with or without notice, and for any reason sufficient in the judgment of the County to justify termination.

I understand Morrow County is committed to promoting safety and high standards of employee performance, productivity, and reliability. In order to achieve this, finalists for certain positions may be subjected to a drug test prior to being hired to assure that the applicant does not currently have narcotics, sedatives, stimulants, or other controlled substances and/or mood-altering substances in his/her body. I understand 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 as a term and condition of employment with Morrow County, my supervisor, or any other manager, may require 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 agree to undergo a physical examination, at the County's expense, at any time the County makes such a request

I further understand that if I am selected as a finalist for any position with Morrow County, the County may do an investigation of criminal convictions. (NOTE: You will not be automatically excluded from consideration if you have been convicted of a crime. Your suitability for the position sought will be evaluated based upon the totality of circumstances, such as the nature of the crime, the date of the conviction, the type of work involved, etc.)

I understand the County reserves the right to add, change and/or delete policies, procedures, work rules, and/or 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 Board of Commissioners.

Signature: _____

Date: _____

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 and would like to be granted preference in the selection and hiring process for a specific posted job, please fill out this Veterans' Preference Form and provide proof of eligibility by submitting a copy of form DD-214 or 215 (copy 4). This completed form and required supporting documentation must be submitted with your application in order for consideration for Veterans' Preference.

Qualified Veteran Questions: Veterans' preference may be claimed if you check at least one of the boxes 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 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 Questions: Additional preference may be claimed if you check at least one box below and provide proof of eligibility via a copy of DD214 or 15, 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.

I hereby claim Veterans' Preference, have attached proof of eligibility as directed 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.

Signature: ____

Date:____

Position Applied For: _____

This form and supporting documentation must be received by the Morrow County Human Resources Department no later than the closing time and date of the job posting. If you have any specific questions please contact Human Resources.