



Baker County

1995 Third Street
Baker City, OR 97814

(541) 523-8200

*An Equal Opportunity Employer
Application for Employment*

(Please Print or Type)

Name: Please PRINT or TYPE Last Name, First Name and Middle Initial					
Address (street, city, state, ZIP code)		Telephone number			
Permanent Forwarding Address (if different from above)		Message phone number			
Are you lawfully entitled to work in the U.S.?	Yes	No	If not a citizen or permanent resident, VISA type:		
Are you presently 18 years old or over?	Yes	No			
Have you previously worked for the County?	Yes	No	If yes, when (From-To)		
Are you currently a PERS* member? <small>(*Oregon Public Employee Retirement System)</small>	Yes	No			
Do you have a valid Oregon Driver's License?	Yes	No	If yes, provide License #		
Relatives employed at Baker County (if any)					
Position Applied For		Date You Could Report for Work		Expected Salary	
Check appropriate box for type of employment:					
Full Time	Part Time	Temporary	Seasonal		
Check last education level completed					
HIGH SCHOOL	TRADE SCHOOL	COLLEGE	POST GRADUATE		
If you attended school using a different name, list it here:					
High School/Trade School	Location	Major/Focus	Grade Point	Degree/Units	
College/Trade School					
Vocational and/or professional information (i.e. research projects, thesis subject, publications, patents, seminars, job related hobbies, volunteer work, business or civic activities, and offices held). NOTE: Do not list courses taken towards a degree or diploma.					
You may exclude memberships that would reveal sex, race, religion, national origin, age, ancestry, disability or any other protected class.					
Job related tools, machines and equipment you can operate					
Office Skills		Computer Skills			
Typing		Data Processing Input		Word Processor	Database
Shorthand		Strokes per hr		Spreadsheet	Other

List work experience, including military, beginning with present or last position (attach additional sheet if necessary)

Company Name (most recent or present employer)		Telephone	Employment Dates	
			From:	To:
Address (street, city, state ZIP code)			Starting Base Salary	
			\$	Per
Your Job Title	Supervisor: Name		Final Base Salary	
	Title		\$	Per
Reason for leaving			Other Compensation	
			\$	Per
May we contact your present employer? (Only if hired)			Date of Last Pay Increase	
Your responsibilities/accomplishments				

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Company Name		Telephone	Employment Dates	
			From:	To:
Address (street, city, state, ZIP code)			Starting Base Salary	
			\$	Per
Your Job Title	Supervisor: Name		Final Base Salary	
	Title		\$	Per
Reason for Leaving			Other Compensation	
			\$	Per

Your responsibilities/accomplishments				

Company Name		Telephone	Employment Dates	
			From:	To:
Address (street, city, state, ZIP code)			Starting Base Salary	
			\$	Per
Your Job Title	Supervisor: Name		Final Base Salary	
	Title		\$	Per
Reason for Leaving			Other Compensation	
			\$	Per

Your responsibilities/accomplishments				

Company Name		Telephone	Employment Dates	
			From:	To:
Address (street, city, state, ZIP code)			Starting Base Salary	
			\$	Per
Your Job Title	Supervisor: Name		Final Base Salary	
	Title		\$	Per
Reason for Leaving			Other Compensation	
			\$	Per
Your responsibilities/accomplishments				
Please list 3 persons (not including relatives or supervisors already listed) best able to comment on your work experience.				
Name	Title	Company	Telephone	
<p>I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.</p> <p>NOTICE: Any oral or written statement that is false, fraudulent or misleading contained in this application or attached materials or made in the course of any related employment process, whether made by me or others at my request, will result in rejection of my application, denial of employment, dismissal from Baker County if discovered after employment, and could result in prosecution.</p>				
Signature			Date	

VOLUNTARY SURVEY					
AFFIRMATIVE ACTION – NON DISCRIMINATION					
Periodically we may be required to file reports on the sex, ethnicity, disability, veteran and other protected status of employees.					
This data is collected to enable us to comply with Affirmative Action responsibilities and other legal requirements.					
YOUR PARTICIPATION IN THIS SURVEY IS STRICTLY VOLUNTARY.					
Name				Social Security Number	
Check One		Check one			
Male	Female	White	Black	Hispanic	American Indian/Alaskan Native
		Asian/Pacific Islander	Other		