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**South Gilliam County Health District**

South Gilliam County Health District 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. No application will be rejected because of a disability that, with reasonable accommodation, does not prevent performance of the essential job duties.

**Employment**

**Application**

**To claim veterans’ preference in hiring, complete the Veteran’s Preference Form and submit it with the required documentation at the time you submit this application.**

**if hireD, this application will become part of your permanent personnel file. please COMPLETE LEGIBLY.**

**your application may NOT BE CONSIDERED IF INcomplete or submitted past an established deadline.**

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| **Position** | | | | | | | | | | | | | | | | |
| Condon Summer Program Coordinator | | | | | | | | Available Start Date | | | | | Today’s date | | | |
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| **Personal Information** | | | | | | | | | | | | | | | | |
| Name | | | | | | | | | | | | | | | | |
| Other Names Used? (Maiden, etc.) | | | | | | | | | | | | | | | | |
| Address | | | | | | City | | | | | | State | | | Zip | |
| Phone Number  (\_\_\_)-\_\_\_ - \_\_\_\_ | Mobile Number (\_\_\_)-\_\_\_ - \_\_\_\_ | | | | | | Email Address | | | | | | | | | |
| Are you able, at the time of employment, to submit verification of your legal right to work in the United States?  (Proof of identity will be required upon employment)  YES  NO | | | | | | | | | | | | | | | | |
| Have you ever been terminated from a position or subjected to disciplinary action as the result of a HIPAA violation?  YES  NO | | | | | | | | | | | | | | | | |
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| **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 | | | | Location | | | | | | Diploma/Degree | Major/Minor | | | | | Did you Graduate? |
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| **Certificates & Licenses** | | | | | **List professional license, registration, or certificate required or preferred for position.** | | | | | | | | | | | |
| Type | | Issuing Agency | | | | | | | | | Date Issued | | | | | Date Expires |
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| **Employment History** | | | | | | | | | | | | | | | | |
| **This information in this section will be used to determine if you meet the minimum qualifications as outlined in the job announcement. Clearly describe all your duties, starting with your most recent job. Resumes will be accepted only if required on the job announcement and will not be accepted in place of a completed application. If you need additional space, attach a separate sheet.** | | | | | | | | | | | | | | | | |
| **Employer (1)** | | | | | | | | | Job Title | | | | | Dates Employed (from-to) | | |
| Address | | | | | | | | | City | | State | | | | | Zip |
| Supervisor Name | | | | | | | | | Phone Number  (\_\_\_)-\_\_\_-\_\_\_\_ | | May we contact?  YES  NO | | | | | |
| Reason for leaving | | | | | | | | | | | | | | | | |
| Duties: | | | | | | | | | | | | | | | | |
| **Employer (2)** | | | | | | | | | Job Title | | | | | Dates Employed (from-to) | | |
| Address | | | | | | | | | City | | State | | | | | Zip |
| Supervisor Name | | | | | | | | | Phone Number  (\_\_\_)-\_\_\_-\_\_\_\_ | | May we contact?  YES  NO | | | | | |
| Reason for leaving | | | | | | | | | | | | | | | | |
| Duties: | | | | | | | | | | | | | | | | |
| **Employer (3)** | | | | | | | | | Job Title | | | | | Dates Employed (from-to) | | |
| Address | | | | | | | | | City | | State | | | | | Zip |
| Supervisor Name | | | | | | | | | Phone Number  (\_\_\_)-\_\_\_-\_\_\_\_ | | May we contact?  YES  NO | | | | | |
| Reason for leaving | | | | | | | | | | | | | | | | |
| Duties: | | | | | | | | | | | | | | | | |
| **Employer (4)** | | | | | | | | | Job Title | | | | | Dates Employed (from-to) | | |
| Address | | | | | | | | | City | | State | | | | | Zip |
| Supervisor Name | | | | | | | | | Phone Number  (\_\_\_)-\_\_\_-\_\_\_\_ | | May we contact?  YES  NO | | | | | |
| Reason for leaving | | | | | | | | | | | | | | | | |
| Duties: | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **References** | | | | | | | | | | | | | | | | |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | |
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| **Driving History** | | | | | | | | | | | | | | | | |
| Because this position requires driving to various locations, please fill out this section.  Do you have a valid Oregon Drivers License?  YES  NO If yes, please provide license #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   * If you do not have a valid Oregon driver’s license and you are in a position that requires driving, you will be required to provide a valid OR license within 30 days of employment.   How many reportable accidents have you had in the past 5 years? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  How many moving violations have you had in the past 5 years? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  NOTE: If you are selected for an interview, you may be asked to bring a copy of your driving record. | | | | | | | | | | | | | | | | |
| **Additional Information** | | | | | | | | | | | | | | | | |
| Please list any additional information about yourself that is applicable to this position. | | | | | | | | | | | | | | | | |

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| **Certification & Signature** |
| I hereby certify that all statements made in this application are true, and 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 during any employment-related process (post hire) may result in the revoking of a job offer or termination of employment.   * I certify that all statements contained herein are true and complete. * I understand that I must provide proof I am authorized to work in the United States, in accordance with federal law, if I am hired. * I authorize the employing agency to verify the employment and education information provided in this employment application. * I authorize my driving record to be checked if the position for which I am applying requires driving. * I understand and agree to be subjected to a pre-employment criminal history background check and drug test, if applicable. * I am able to perform the essential duties of this position as advertised, with or without reasonable accommodation   YES  NO  If no, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |