

# LINN COUNTY DISTRICT ATTORNEY EMPLOYMENT APPLICATION

P. O. Box 100, Albany, OR 97321  
(541) 967-3836; FAX (541) 928-3501

PLEASE PRINT OR TYPE (Complete both sides. If additional space is needed, attach a separate page.)

POSITION APPLYING FOR:		Date		<b>DA OFFICE USE ONLY</b>	
		WHEN CAN YOU START?			
NAME - LAST	FIRST	INITIAL			
HOME ADDRESS (Street, City, State, Zip Code)		E-MAIL ADDRESS:		OR BAR NO. (if applicable)	
<b>Mailing Address if different:</b>					
HOME TELEPHONE NUMBER (     )	BUSINESS/MESSAGE PHONE (     )	HAVE YOU EVER BEEN EMPLOYED BY LINN COUNTY? <input type="checkbox"/> NO <input type="checkbox"/> YES WHEN?			
ARE YOU OVER 18 YEARS OF AGE? <input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU EVER BEEN CONVICTED OF A CRIME? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN. A CRIMINAL HISTORY CHECK WILL BE PERFORMED.				
ARE YOU ABLE TO PERFORM THE JOB FUNCTIONS LISTED ON THE JOB CLASSIFICATION AND JOB ANNOUNCEMENT FOR THE POSITION BEING APPLIED FOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S. WITHOUT RESTRICTIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU HAVE A VALID DRIVER'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO STATE:                      NUMBER:			

CIRCLE THE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18  
(NOTE: HIGH SCHOOL GRADUATION OR G.E.D. = GRADE 12)

UNIVERSITY, BUSINESS OR TRADE SCHOOLS ATTENDED	LOCATION OF SCHOOL	MAJOR/MINOR	LENGTH OF STUDY IN YEARS AND/OR MONTHS	CREDITS REC'D		DEGREE OR CERTIFICATE EARNED
				SEM HRS	QTR HRS	

LIST ANY ADDITIONAL EXPLANATION AND INFORMATION SUCH AS, SPECIAL TRAINING, LICENSES, CERTIFICATES, WORK AND/OR EQUIPMENT SKILLS, LANGUAGES, OR OTHER SPECIAL SKILLS YOU MAY HAVE THAT ARE PERTINENT TO THE POSITION TO WHICH YOU ARE APPLYING.

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LIST THE NAMES OF <b>THREE</b> PERSONS, <b>OTHER THAN RELATIVES OR FORMER EMPLOYERS</b> , WHO HAVE KNOWLEDGE OF YOUR CHARACTER, EXPERIENCE, OR ABILITY.			
NAME	ADDRESS	BUSINESS	TELEPHONE

**SOME POSITIONS (see job classification and job announcement) MAY REQUIRE or GIVE PREFERENCE FOR COMPUTER, TYPING or DICTATION SKILLS AND MAY REQUIRE A PRE-EMPLOYMENT TEST**

Do you type?  YES  NO Speed \_\_\_\_\_ wpm | Do you take shorthand/transcription?  YES  NO Speed \_\_ wpm  
 Do you operate computers?  YES  NO What software are you familiar with? What other office machines can you operate?

**EMPLOYMENT RECORD**

BEGINNING WITH THE MOST RECENT, list jobs held in the **last ten years**. Include any other experience related to the position for which you are applying and any volunteer work. If additional space is needed, attach a page with information in the same format. You may also attach a resumé.

NAME, ADDRESS, PHONE of EMPLOYER	DATES EMPLOYED (MO/YR)		NAME AND TITLE OF SUPERVISOR
	FROM	TO	PHONE: (      )
	<input type="checkbox"/> PART-TIME	<input type="checkbox"/> FULL-TIME	May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO
			REASON FOR LEAVING:

POSITION YOU HELD: \_\_\_\_\_  
 (DESCRIBE IN DETAIL BELOW THE WORK YOU PERFORMED, EQUIPMENT YOU OPERATED, AND SKILLS YOU USED.)

NAME, ADDRESS, PHONE of EMPLOYER	DATES EMPLOYED (MO/YR)		NAME AND TITLE OF SUPERVISOR
	FROM	TO	PHONE: (      )
	<input type="checkbox"/> PART-TIME	<input type="checkbox"/> FULL-TIME	May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO
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The Linn County District Attorney is an Equal Opportunity - Affirmative Action Employer, dedicated to a policy of non-discrimination in employment on the basis of race, color, religion, sex, national origin, age, marital, disability, veteran, or status within any other legal protected group. I understand that my use of this application does not indicate that there are any positions open and does not in any way obligate the District Attorney to offer me employment. I understand that an offer of employment is subject to (1) my providing proof of work eligibility, as required by United States law; and (2) my completion, satisfactory to the District Attorney, of any and all pre-employment tests, physical examinations and procedures the County decides to use. I understand that misrepresentation or omission of facts called for in this application is cause for rejection of the application and/or dismissal from employment. I understand that if employed, my employment will be "at will" and may be terminated at any time, with or without cause or notice. By my signature, (1) I understand the information contained in this paragraph; and (2) I authorize the Linn County District Attorney to make investigations to verify the information contained in this application and my resumé. I hereby certify that this application contains no misrepresentations or falsifications and that the information given is true and complete to the best of my knowledge and belief.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

NOTE: Keep a personal copy of your completed application form. Unsigned applications will not be considered.