



OREGON LEGISLATIVE BRANCH

**EMPLOYMENT
APPLICATION**

Legislative Administration

Employee Services
900 Court St. NE, Room 140-B
Salem, Oregon 97301
Phone: 503-986-1373
Fax: 503-986-1684
Job Line: 503-986-1375
<https://www.oregonlegislature.gov>

GENERAL INFORMATION

- **Your application must be signed or it will not be considered. If you submit your application by email, you may sign your application at the time of your interview.**
- You must apply for a specific position.
- Your application will be considered active for this position, and may be considered for other positions.
- Read the job announcement carefully before you apply. Announcements contain specific instructions and requirements. It is your responsibility to submit all the required application materials.
- Type or print clearly in dark ink. Applications in pencil will not be accepted. Legible photocopies are acceptable, with original signatures.
- Resumes will not be accepted in lieu of the employment application form unless stated in specific recruitment.
- The Legislature cannot be responsible for material that is illegible or missing as a result of transmitting by fax or which may be lost through the mail.
- **You may be required to verify education and/or self employment information.**

Call our JOBLINE for current job openings, 24 hours a day, 7 days a week. Salem - (503) 986-1375.

PERSONS WITH DISABILITIES

If you are an applicant with disabilities and need assistance in the application or interview process, please contact Employee Services at 503-986-1373, TTY: 503-986-1374.

Proof of Authorization to work in the United States: The Federal Immigration Reform and Control Act requires individuals to provide to an employer documented proof that they are authorized to work in the United States. This proof must be provided to, and verified by, state agencies at the time of hire or no later than three business days after date of hire.

EQUAL EMPLOYMENT OPPORTUNITY

This information is voluntary. If you choose to provide this information, it will help us evaluate the effectiveness of our affirmative action programs.

The State of Oregon is an equal opportunities and affirmative action employer.

EQUAL EMPLOYMENT OPPORTUNITY (VOLUNTARY PLEASE CIRCLE)

Gender: Male Female

Ethnicity (read definitions and circle one)

(A) (B) (H) (I) (P) (W) (O)

ETHNIC DEFINITIONS:

- A) Asian: Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, Other Asian
- B) Black: African American, Negro
- H) Hispanic: Spanish, Latino, Mexican, Mexican American, Chicano, Porturican, Cuban
- I) Indian: American Indian, Alaska Native
- P) Pacific Islander: Native Hawaiian, Guamanian, Chamorro, Samoan, Other Pacific Islander
- W) White
- O) Other

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EMPLOYMENT APPLICATION

	Yes	No
Meets MQs		

THIS ENTIRE FORM MUST BE PRINTED IN INK OR TYPED-(APPLICATION INFORMATION INSIDE PAGE 1)

Print Name:	First	M.I.	Last	Other Last Names Used
Mailing Address:				Position Applied for:
City, State, Zip Code:				
Residence Phone:	Business Phone:		Cell Phone:	Fax Number:
Email Address:			Date you could report to work:	
Please circle type (s) of employment that interest(s) you.			Type: Fulltime Any Part Time Job Share	
Duration:	Session	Continuing		
Any	Limited Duration	Temporary		

EDUCATION AND FORMAL TRAINING

Please list enough education to meet the minimum requirements specified in the recruiting announcement.

Colleges, Military, Trades, Business or Other Schools Attended After High School

Name, Location, Phone Number	Major Course of Study	Total # Credits	Type of Degree or Certificate Earned

Are you a member of the Oregon State Bar? Yes No Bar No. _____

Do you possess a high school diploma or GED certificate? Yes No

How did you hear about this employment opportunity?

- | | | |
|--|-----------------------------------|---|
| <input type="checkbox"/> Employment Department | <input type="checkbox"/> Jobline | <input type="checkbox"/> Mailing List |
| <input type="checkbox"/> State Agency | <input type="checkbox"/> Friend | <input type="checkbox"/> Newspaper _____
(Name of Publication) |
| <input type="checkbox"/> Job Fair | <input type="checkbox"/> Internet | <input type="checkbox"/> Other _____ |

WORK EXPERIENCE

Describe your last **4** years of work experience and any other experience required to meet the minimum qualifications for the position for which you are applying. Include unpaid and volunteer work. **Make and attach additional copies of this sheet if necessary.**

Employer: _____ May we contact this employer? Yes ___ No ___

Address: _____

Supervisor's Name
and Telephone: _____

Your Title: _____

Employed from (month/year) to (month/year): _____

If a supervisor, indicate number of employees and job types supervised: _____ How long? _____

Average hours worked per week? _____ Reason for leaving: _____

Duties (be specific): _____

Employer: _____

Address: _____

Supervisor's Name
and Telephone: _____

Your Title: _____

Employed from (month/year) to (month/year): _____

If a supervisor, indicate number of employees and job types supervised: _____ How long? _____

Average hours worked per week? _____ Reason for leaving: _____

Duties (be specific): _____

VETERANS' PREFERENCE

PER ORS 408.210-408.235

◆ Veterans may be eligible for veterans' preference points on scored tests. If you believe you may qualify, you can get eligibility information from:

- a) The Oregon Department of Veterans' Affairs 1-800-692-9666; or
- b) Any Oregon county Veterans' Services office.

Generally, preference points can be used only once unless you are a disabled veteran. If you were appointed to a permanent position and went on military leave, you may qualify again for promotional tests only.

Circle One.

10 Points 5 Points

Date of Entry (M-D-Y)	Date of Discharge (M-D-Y)	Branch of Service
Receiving Retirement Pay?	Yes No	Theater of Operations

PERSONAL REFERENCES

Name/Title

Address/Telephone Number

LEGISLATIVE EMPLOYMENT HISTORY

Oregon **Year** **Position** **Supervisor**

Other

This information is not confidential, except as otherwise provided by law.

I understand that employment with the Legislative Branch is employment "At-Will".

I understand that consideration for employment is contingent on the results of a reference and background check. I authorize Oregon State Legislature to investigate the truthfulness of all statements made on this application and to contact my former employers, other listed references, or any other persons who can verify information.

I further authorize Oregon State Legislature to discuss the results of any investigation with all of their employees who are involved in the hiring process.

I further authorize all contacted persons and former employers to provide information concerning this application, my background and suitability for employment and I release each person and former employer from liability for providing such information.

I certify that the information contained in this application is correct to the best of my knowledge, and understand that falsifications and/or omissions in any detail is grounds for disqualification from consideration for employment or if hired, for dismissal from employment. **Unsigned applications will not be considered.**

Signature of Applicant

Date