

**OREGON LEGISLATIVE BRANCH**

**EMPLOYMENT**

**APPLICATION**

**Legislative Administration**

**Employee Services**  
**900 Court St NE Room 140-B**  
**Salem, Oregon 97301**  
**(503) 986-1373**  
**[www.leg.state.or.us](http://www.leg.state.or.us)**



## 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.

Select One.

- 10 Points     5 Points

Date of Entry (M-D-Y)	Date of Discharge (M-D-Y)	Branch of Service
Receiving Retirement Pay?    Yes <input type="checkbox"/> No <input type="checkbox"/>		Theater of Operations

## PERSONAL REFERENCES

Name/Title

Address/Telephone Number

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## LEGISLATIVE EMPLOYMENT HISTORY

	Year	Position	Supervisor
Oregon	_____	_____	_____
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

## 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: \_\_\_\_\_ 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): \_\_\_\_\_

## WORK EXPERIENCE

Describe enough work experience to meet the minimum qualifications for the position for which you are applying. Include unpaid and volunteer work. **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): \_\_\_\_\_

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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): \_\_\_\_\_

## GENERAL INFORMATION

- **Your application must be signed or it will not be considered. If you submit your application via 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, only.
- 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.**

## PERSONS WITH DISABILITIES

*If you are an applicant with disabilities and need assistance in the application or interview process, please contact Employee Services at 986-1373/TTY986-1374.*

You do not have to take the test described in a job announcement if you are severely disabled and you take the following steps:

- A) Contact the Oregon Vocational Rehabilitation Division or the Commission for the Blind to find out if you meet the eligibility requirements listed in ORS 240.379-394 to qualify for a "Person with Severe Disability Eligibility Notice."
- B) Review the job announcement to see if you meet the minimum qualifications for the job as described in the announcement.
- C) If you believe you meet the minimum qualifications, follow the instructions in the job announcement. You must attach a copy of the "Person with Severe Disability Eligibility Notice - Part II" (Form R-96-S2) to your application.

## AFFIRMATIVE ACTION

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.

### AFFIRMATIVE ACTION (VOLUNTARY--Please click on, or place an "x" in, the appropriate boxes.)

Gender:  Male  Female

Ethnicity (read definitions and click on one)

(A)  (B)  (H)  (I)  (W)

## ETHNIC DEFINITIONS:

- A) Asian or Pacific Islander: Persons having origins in any of the peoples of the far East, Southeast Asia, the India subcontinent or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.
- B) African American (not of Hispanic origin): Persons having origins in any of the black ethnic groups.
- H) Hispanic: Persons having origins in any of the Mexican, Puerto Rican, Cuban, Central or South American or other Spanish cultures, regardless of ethnicity.
- D) Native American or Alaskan Native: Persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.
- W) Caucasian (not of Hispanic origin): Persons having origin in any of the original peoples of Europe, North Africa or the Middle East.

*Federal Regulation: 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.*