

MID-COLUMBIA COUNCIL OF GOVERNMENTS

Application for Employment

1113 Kelly Avenue
The Dalles, OR 97058
(541) 298-4101
(541) 298-2084 Fax

Conditions of employment are stated at the end of this form. Please read carefully before you sign this application.
(APPLICATION MUST BE COMPLETED IN FULL EVEN IF ATTACHING A RESUME.)

Position Applied For _____ Date of Application _____

PLEASE PRINT USING BALLPOINT PEN

| | | | |
|------------------|-----------------|------------|------------------------------|
| FULL NAME | FIRST | MIDDLE | LAST |
| MAILING ADDRESS | STREET/P.O. BOX | CITY | STATE ZIP |
| PRESENT ADDRESS | STREET | CITY | STATE ZIP HOW LONG |
| PHONE & E-MAIL | HOME PHONE | WORK PHONE | MESSAGE PHONE E-MAIL ADDRESS |
| PREVIOUS ADDRESS | STREET | CITY | STATE ZIP HOW LONG |

PERSONAL

Are you over the age of 18? YES NO

Are you legally authorized to work in the United States? YES NO

Have you ever worked for Mid-Columbia Council of Governments before? YES NO

If yes, what department? _____ Approximate date: MO/YR _____

Date available to start work _____

Have you ever tested positive, or refused a test within the past 2 years on any DOT pre-employment drug or alcohol test administered by a DOT-covered employer? YES NO

If the position involves driving, do you have a valid license? YES NO

EDUCATION / QUALIFICATIONS

| | | | | | | |
|--|---|------------------------|---|---------------------------|---|---|
| DRIVER'S LICENSE NO. | STATE | TYPE/CLASS | EXPIRATION DATE | | | |
| | | | | | | |
| TYPE | NAME OF SCHOOL | LOCATION (CITY, STATE) | AREA OF CONCENTRATION (MAJOR) | CHECK LAST YEAR COMPLETED | DID YOU GRADUATE? | DIPLOMA, DEGREE OF CERTIFICATE RECEIVED |
| HIGH SCHOOL | | | | 1 2 3 4 | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| COLLEGE | | | | 1 2 3 4 | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| OTHER EDUCATION | | | | 1 2 3 4 | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| OTHER EDUCATION | | | | 1 2 3 4 | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| SPECIAL SCHOOLING OR TRAINING/APPRENTICESHIP | | | | | | TYPING: WPM |
| DID YOU SERVE IN THE U.S. ARMED SERVICES? <input type="checkbox"/> YES <input type="checkbox"/> NO BRANCH OF SERVICE: | | | | | | |
| IF YES, BRIEFLY DESCRIBE DUTIES AND SKILLS ACQUIRED IN THE SERVICE: (INCLUDE DATES) | | | | | | |
| COMPUTER PROGRAMS USED: | | FOREIGN LANGUAGE | HOW USED <input type="checkbox"/> SPEAK <input type="checkbox"/> READ <input type="checkbox"/> WRITE | | | |
| COMPUTER PROFICIENCY: <input type="checkbox"/> LOW <input type="checkbox"/> MEDIUM <input type="checkbox"/> HIGH | | FOREIGN LANGUAGE | HOW USED <input type="checkbox"/> SPEAK <input type="checkbox"/> READ <input type="checkbox"/> WRITE | | | |
| Certificates & Licenses: | Type: _____ License Number: _____ | | Type: _____ License Number: _____ | | | |
| | Date Issued: (mo/yr) _____ Expiration date: (mo/yr) _____ | | Date Issued: (mo/yr) _____ Expiration date: (mo/yr) _____ | | | |
| | Issuing Agency: _____ | | Issuing Agency: _____ | | | |

PLEASE CHECK SCHEDULE AVAILABILITY:

I am available to work Full-Time (37.5 Hours). I am available to work Part-Time (30 Hours or Less).

AVAILABILITY

| HOURS AVAILABLE | Monday : - : | Tuesday : - : | Wednesday : - : | Thursday : - : | Friday : - : | Saturday : - : | Sunday : - : |
|-----------------|-----------------|------------------|--------------------|-------------------|-----------------|-------------------|-----------------|
|-----------------|-----------------|------------------|--------------------|-------------------|-----------------|-------------------|-----------------|

EMPLOYMENT EXPERIENCE

| LIST ALL EMPLOYERS FOR THE PAST 10 YRS. (Attach separate sheet if necessary) | | | DATES EMPLOYED | SALARY RANGE | POSITION AND DUTIES |
|--|-------|----------|----------------|--------------|---------------------|
| NAME | FROM | STARTING | | | |
| ADDRESS | | | | | |
| CITY STATE ZIP | TO | ENDING | | | |
| SUPERVISOR'S NAME | PHONE | | | | |
| MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO REASON FOR LEAVING: | | | | | |
| NAME | FROM | STARTING | | | |
| ADDRESS | | | | | |
| CITY STATE ZIP | TO | ENDING | | | |
| SUPERVISOR'S NAME | PHONE | | | | |
| MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO REASON FOR LEAVING: | | | | | |
| NAME | FROM | STARTING | | | |
| ADDRESS | | | | | |
| CITY STATE ZIP | TO | ENDING | | | |
| SUPERVISOR'S NAME | PHONE | | | | |
| MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO REASON FOR LEAVING: | | | | | |
| NAME | FROM | STARTING | | | |
| ADDRESS | | | | | |
| CITY STATE ZIP | TO | ENDING | | | |
| SUPERVISOR'S NAME | PHONE | | | | |
| MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO REASON FOR LEAVING: | | | | | |
| LIST PERIODS OF UNEMPLOYMENT OF MORE THAN 30 DAYS AND EXPLAIN. | | | | | |

I hereby certify that I understand that I will have to produce documentation verifying identity and employment eligibility in the U.S. I understand that I may be required to verify any and all information given on this application.

I certify that all the information provided in this application is true and accurate and I have not withheld any information relative to my application. I understand that any misrepresentation or omission, as well as any misleading statements or omissions of application information, attachments or supporting documents may result in denial of employment or immediate termination.

I understand that an in-depth background check may be conducted prior to employment with Mid-Columbia Council of Governments (MCCOG). This may include, but is not limited to, a Criminal History check, a DMV check, education and certification verification, and contact with previous employers and references in order to determine suitability for employment and ability to qualify for employment with MCCOG.

I authorize representatives of MCCOG to contact the employers and references listed in this application (or otherwise provided by me), except as otherwise indicated, and any other person as developed through these contacts in order to determine my suitability for employment. I understand that as the process progresses I may be required to provide additional information in order that a thorough background check can be completed. I understand and agree that, if hired, my employment relationship with MCCOG will be "at-will," meaning for no definite period and the relationship may be terminated at any time and without prior notice by either party. I understand that this completed application is the property of MCCOG and will not be returned. I understand that I must notify the Executive Assistant of MCCOG of any changes in my name, address, or phone number.

APPLICANT STATEMENT

I have read and understand the above information. Signature _____ Date _____

(NOTE: Applications and/or resumes cannot be returned. MCCOG cannot make copies. Please make necessary copies before submitting. An application is required for each position for which you wish to be considered).