



Oregon Association of  
Conservation Districts

An Affirmative Action, Equal Opportunity Employer

# APPLICATION FOR EMPLOYMENT

This application is active for 90 days.

The Oregon Association of Conservation Districts (OACD) will make every effort to meet a request for disability accommodation. If you require accommodation to participate in our application process, please contact our office.

## INSTRUCTIONS

Answer each question fully and accurately. No action can be taken on this application until all questions have been answered.

Job Applied For

Today's Date

Employment status sought: Full-time  Part-time  Temporary  Seasonal

When are you available for employment?

## PERSONAL DATA

Last Name

First Name

Middle Initial

Street Address

City

State

Zip Code

Telephone Number

Email

Are you at least 18 years of age? ..... Yes  No

Have you ever applied here before? ..... Yes  No  When?

Were you ever employed here? ..... Yes  No  When?

Are you eligible to work in the United States? ..... Yes  No

Name and Location of School	Highest Grade Completed	Did You Graduate?
High School:		
College or University: College Major: Degree:		
College or University: College Major: Degree:		
<b>Additional Educational and/or Vocational or Technical Training Information:</b> School:	<b>Courses Taken</b>	<b>Courses Completed</b>
School:		
School:		

### QUALIFICATIONS & SPECIAL SKILLS

**For Driving Jobs Only:** Do you have a valid driver's license? ..... Yes  No

Driver's License Number

State

## WORK HISTORY

List names of employers in consecutive order with present or last employer listed first. If self-employed, give firm name and supply business references. If you worked in any of the positions under another name, please give name(s). **PLEASE GIVE MONTH AND YEAR.**

Employer		Supervisor	
Address			Phone
Dates Employed From:            To:	Position Held	Reason for Leaving	
Duties:			

Employer		Supervisor	
Address			Phone
Dates Employed From:            To:	Position Held	Reason for Leaving	
Duties:			

Employer		Supervisor	
Address			Phone
Dates Employed From:            To:	Position Held	Reason for Leaving	
Duties:			

Employer		Supervisor	
Address			Phone
Dates Employed From:            To:	Position Held	Reason for Leaving	
Duties:			

Do you have any commitments or agreements (non-competition) with another employer which might affect your employment here? Yes  No

Give three references of former employers (no relatives).

<b>Name</b>	<b>Email</b>	<b>Phone</b>
-------------	--------------	--------------

---

## **AFFIDAVIT**

I certify that, to the best of my knowledge, the information contained in this application is true and complete. I understand that my employment may be denied or terminated if I provide false, misleading, or incomplete information during the hiring process or my employment.

I understand that, if I am hired, I must produce applicable documents confirming my identity and showing that I am lawfully authorized to work in the United States, in accordance with the Immigration Reform and Control Act of 1986, as amended.

I understand and agree that my prior employers, educational institutions, and other references, listed or not listed on this application, may be contacted by the OACD. These references are authorized to give the OACD any and all pertinent information they may have. I release all persons or entities involved, including the OACD, from all liability arising from this contact and provision of information.

I authorize the OACD to conduct a criminal history check after an initial interview or conditional offer of employment and understand that unexpunged criminal convictions may be considered by the OACD in making hiring decisions.

I agree to conform to all the OACD's policies, rules, and procedures.

Furthermore, I understand and agree that nothing contained in this employment application, the granting of an interview, or in the offer of employment creates a contract for employment between the OACD and myself. If an employment relationship is established, I understand that, unless specifically limited in an express, formally executed contract, I have the right to terminate my employment at any time and for any reason and the OACD has the same right.

Signature

Date