



HUMAN RESOURCES
Mailing Address: 101 S. River St., Room 302
Enterprise, OR 97828
p. 541-426-7734 f. 541-426-5302
www.co.wallowa.or.us

LAW ENFORCEMENT EMPLOYMENT APPLICATION

Thank you for taking the time to complete this application. Wallowa County attempts to select candidates who most closely match the needs of the specific position being advertised.

Applicants selected for interview will generally be contacted within 10 working days of the closing date of the recruitment. Due to the large number of applications the County receives, it is not practical for department managers to contact applicants unless they are selected for an interview. Recruitments which list "closed when filled" will be discontinued without further notice as soon as a satisfactory candidate match is found. You may check the County's website at www.co.wallowa.or.us for a list of current vacancies.

About the application itself: Please complete the application in its entirety. You may deliver it to the Administrative Office, mail it to the address above, or fax it to (541)426-5302. If you fax, please also send the original by mail because the fax copy is sometimes very faint and illegible. You are welcome to attach a resume, copies of letters of reference, copies of transcripts, certificates or samples of work. Please use photocopies; do not attach originals; they will not be returned. Documents you attach will not be considered as a substitute for the information requested on the application - please do not respond to a question with the statement "see resumé". If a question does not apply, write "n/a" for "not applicable".

Under the provisions of the Immigration Reform and Control Act of 1986, any person hired or rehired is required to provide evidence of identity and eligibility for employment. The County verifies the valid work authorization of each employee using Form I-9 and the E-Verify Program.

Wallowa County is an equal opportunity employer and does not discriminate on the basis of race, color, religion, sex, national origin, age, marital status, disability, or any other category /status protected by law. Please do not include information or photos that would identify those personal traits.

In compliance with the Americans with Disabilities Act, the County will provide reasonable accommodation for assistance in the application process upon request made to the personnel office.

Under Oregon law ORS 408.225-408.238, veterans who meet the minimum qualifications for a position may be eligible for hiring preference. If you think you may qualify, there is Veteran's Hiring Preference Form that must be completed and submitted with application. The form and instructions for the additional documentation that must be submitted can be found on the Wallowa County Jobs page (www.co.wallowa.or.us) or by calling 541-426-7734.

Some positions require a criminal history check and a review of driving record. All County positions require regular, prompt, and consistent attendance.

Health & Human Services applicants please read the following: ORS 443.004 is now in effect for individuals hired or subject to a background check after July 28, 2009. This law directly impacts the background check process and prohibits the use of public funds to support employment of individuals convicted of specific crimes. A list of covered crimes is posted on the County website or available upon request by calling the job line phone number listed at the top of this page.

EMPLOYMENT APPLICATION
QUESTIONS WITH



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Wallowa County

Application for Employment

Wallowa County provides equal employment opportunity to all qualified employees and applicants, without regard to race, color, religion, gender, sexual orientation, national origin, age, disability, genetic information, veteran's status, or any other status protected by applicable federal, Oregon, or local law. Our Equal Employment Opportunity policy applies to all aspects of the employment relationship including, but not limited to, recruitment, hiring, compensation, promotion, demotion, transfer, disciplinary action, layoff, recall, and termination of employment. To claim veterans' preference in hiring, complete the Veteran's Preference Form and submit it with the required documentation at the time you submit this application.

THIS APPLICATION WILL BE CONSIDERED FOR THIS SPECIFIC JOB. IT WILL NOT BE RETAINED FOR FUTURE POSITIONS. IF YOU DESIRE TO BE CONSIDERED FOR A POSITION AT A FUTURE TIME, YOU MUST FILE A NEW APPLICATION. IF HIRED, THIS APPLICATION WILL BECOME PART OF YOUR PERMANENT PERSONNEL FILE. PLEASE PRINT OR TYPE. YOUR APPLICATION MAY NOT BE CONSIDERED IF INCOMPLETE OR SUBMITTED PAST AN ESTABLISHED DEADLINE.

Position				
Position Applying For	Available Start Date	Desired Pay		
Personal Information				
Name				
Address	City	State	Zip	
Phone Number	Mobile Number	Email Address		
Are you able, at the time of employment, to submit verification of your legal right to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/> (Proof of identity will be required upon employment)				
Education	List any colleges, military, trade, business or other schools attended.			
Do you have a high school diploma or GED Certificate? Yes <input type="checkbox"/> No <input type="checkbox"/>				
School Name	Location	Diploma/Degree	Major/Minor	Did you Graduate?
Certificates & Licenses		List any professional license, registration, or certificate required or preferred for the position.		
Type	Issuing Agency	Date Issued	Date Expires	



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References

Name	Title	Company	Phone

Employment History

This information in this section will be used to determine if you meet the minimum qualifications as outlined in the job announcement. List **ONLY** the job(s) (paid, military or volunteer) where you obtained the experience that qualifies you for the job. Clearly describe all of your duties, starting with your most recent job. Resumes will be accepted only if required on the job announcement and will not be accepted in place of a completed application. If you need additional space, attach a separate sheet.

Employer (1)	Job Title	Dates Employed	
Address	City	State	Zip
Supervisor Name	Phone Number	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Reason for leaving			
Duties			
Employer (2)	Job Title	Dates Employed	



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Address	City	State	Zip
Supervisor Name	Phone Number	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Reason for leaving			
Duties			
Employer (3)	Job Title	Dates Employed	
Address	City	State	Zip
Supervisor Name	Phone Number	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Reason for leaving			
Duties			
Employer (4)	Job Title	Dates Employed	
Address	City	State	Zip



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Supervisor Name	Phone Number	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>
Reason for leaving		
Duties		
Certification & Signature		
<p>I hereby certify that all statements made in this application are true, and I agree and understand that any statement that is false, fraudulent, or misleading in this application or attached material, during the interview or screening process, or discovered in the course of any employment-related process (post hire) may result in the revoking of a job offer or termination of employment.</p> <ul style="list-style-type: none"> I certify that all statements contained herein are true and complete. I understand that I must provide proof I am authorized to work in the United States, in accordance with federal law, if I am hired. I authorize the employing agency to verify the employment and education information provided in this employment application. I authorize my driving record to be checked if the position for which I am applying requires driving. I understand and agree to be subjected to a pre-employment drug screening and criminal history background check, if applicable. <p>Signature: _____ Date: _____</p>		

Veterans' Preference Form (ORS 408.230)

Veterans who meet the minimum qualifications for a position open for recruitment may be eligible for preference in employment under Oregon law. If you are a Qualified Veteran or Qualified Disabled Veteran and would like to be granted preference in the selection and hiring process for a specific posted job, please fill out this Veterans' Preference Form and provide proof of eligibility by submitting a copy of form DD-214 or 215 (copy 4). This completed form and required supporting documentation must be submitted with your application in order for consideration for Veterans' Preference.

Qualified Veteran Questions: *Veterans' preference may be claimed if you check at least one of the boxes below and provide proof via form DD-214 or 215 (Copy 4)*

ORS 408.225(f) – I served on active duty with the Armed Forces of the United States:



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- For a period of more than 90 consecutive days beginning on or before January 31, 1955, and was discharged or released under honorable conditions
- For a period of more than 178 consecutive days beginning after January 31, 1955, and was discharged or released from active duty under honorable conditions
- For a period of 178 days or less and was discharged or released from active duty under honorable conditions because of a service due to a service related disability
- For a period of 178 days or less and was discharged or released from active duty under honorable conditions and have a disability rating from the United States Department of Veterans Affairs
- For at least one day in a combat zone and was discharged or released from active duty under honorable conditions
- And received a combat or campaign ribbon or an expeditionary medal for service in the Armed Forces of the United States and was discharged or released from active duty under honorable conditions
- And am receiving a nonservice – connected pension from the United States Department of Veterans Affairs

Qualified Disabled Veteran Questions: *Additional preference may be claimed if you check at least one box below and provide proof of eligibility via a copy of DD214 or 15, Copy 4, and a public employment preference letter from the United States Department of Veteran’s Affairs (letter may be requested by calling 800-827-1000)*

- I am entitled to disability compensation under laws administered by the United States Department of Veterans Affairs; or
- I was discharged or released from active duty for a disability incurred or aggravated in the line of duty; or
- I was awarded the Purple Heart for wounds received in combat.

I hereby claim Veterans’ Preference, have attached proof of eligibility as directed and certify that the above information is true and correct. I understand that any false statements may be cause for my disqualification, or dismissal, regardless of when discovered.

Signature: _____ **Date:** _____

Position Applied For: _____

This form and supporting documentation must be received by the Human Resources Department no later than the closing time and date of the job posting. If you have any specific questions please contact Human Resources.

(541) 426-7734 or bmicka@co.wallowa.or.us



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CONSENT TO PERFORM CRIMINAL HISTORY BACKGROUND CHECK
IN COMPLIANCE WITH THE FCRA and the DPPA
(Fair Credit Reporting Act and the Federal Driver's Privacy Protection Act)

Date: _____ Driver's Lic # _____ State Issued _____

 Last Name First Name Middle Initial

 Maiden and/or Other Last Names Used

 Current Address City and County State and Zip Code

 Date of Birth Social Security Number Circle One:
 Male / Female

This authorization and consent for release of personal information acknowledges that

Wallowa County Sheriff's Office (Hereafter referred to as "Company") and/or its agent, Secure Search, may now, or at any time I am assigned to, volunteer with or am employed by this Company, conduct investigations whether the records are of a public, private or confidential nature. These investigations might include, but are not limited to, searches of educational institutions attended; financial or credit institutions, including records of loans; records of commercial or retail credit agencies; other financial statements; records of previous employment, including work history, efficiency ratings, complaints and grievances filed by or against me; records and recollections of attorney-at-law or of other counsel, whether representing me or any other person (in either a civil or criminal case in which I have been involved); records from the U.S. Veterans' Administration; criminal history information of file in local, state or federal agencies; and motor vehicle records, and following an employment offer, workers' compensation reports from either the Department of Labor, National Personnel Records or the Industrial Commission or similar agencies under the provisions of the Fair Credit Reporting Act 15, USC section 1681 et seq. I also authorize the National Personnel Records Center, or other custodian of my military service record, to release to Secure search, the following information and/or copies of documents from my military service record: DD214, service record, and any disciplinary records.

I understand that these searches will be used to determine work assignment or employment eligibility under the company's employment or volunteer policies. Therefore, I authorize and consent for full release of records (either orally or in writing) to the authorized representatives of the company. In addition, I release and discharge the company and its agent and associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs expenses or any other charge or complaint filed with any agency arising from retrieving and reporting this information. I understand that according to the Federal Fair Credit Reporting Act, I am entitled to know whether employment was denied based upon the information obtained and to receive, upon written request, a disclosure of the background report. I also understand that I may request a copy of the report from my employer who has contracted with **Secure Search 558 Castle Pines Pkwy., Unit B-4, #137 Castle Rock, CO 80108** at telephone number (866) 891-1954. After reading this document, I fully understand its contents and authorize the background verification.

Are you applying for employment in California, Minnesota or Oklahoma? Yes ___ No ___
 If so, do you want a copy of any Consumer Report prepared concerning you? Yes ___ No ___



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I understand that California law required Company to give me a copy of any report requested within seven (7) days of the date the information was obtained and that failure to do so will expose Company to liability (Section 1786.29).

The following are my responses to questions about my criminal record history (if any) with descriptions to any question with a YES answer:

1. Have you ever been convicted or plead guilty before a court of any federal, state, or municipal criminal offense? (Excluding minor traffic violations) YES NO
 If YES, please provide an explanation below:

2. Have you ever received deferred adjudication or similar disposition for any federal, state or municipal criminal offense? YES NO
 If YES, Please provide an explanation below:

3. Have you ever received probation or community supervision for any federal, state or municipal criminal offense? YES NO
 If YES, Please provide an explanation below:

4. Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States? YES NO
 If YES, Please provide an explanation below:

5. As of the date of this authorization, do you have any pending criminal charges against you? YES NO
 If YES, Please provide an explanation below:

THIS SECTION IS TO BE USED TO LIST ALL COUNTIES AND STATES OF RESIDENCE SINCE AGE 18 OR HIGH SCHOOL GRADUATION. YOU MUST BE SPECIFIC ABOUT DATES OF RESIDENCE.

CITY/TOWN	COUNTY	STATE	DATES FROM	TO



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I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS AUTHORIZATION IS TRUE, CORRECT AND COMPLETE. I UNDERSTAND THAT IF ANY INFORMATION PROVES TO BE INCORRECT OR INCOMPLETE THAT GROUNDS FOR THE CANCELING OF ANY AND ALL OFFERS OF EMPLOYMENT OR VOLUNTEER POSITIONS WILL EXIST AND MAY BE USED AT THE DISCRETION OF THE EMPLOYER.

Signed this _____ day of _____, 20_____

Applicant (Print Name) _____

Applicant Signature _____