CLACKAMAS COUNTY

Application for Temporary Employment

PLEASE PRINT IN INK

Current Date: _____

Date available for work: _____

POSITION APPLIED FOR: _____

Name: _____

Last First M.I.

Address: _____

and Street City State Zip Code

Home phone: _____ Daytime or message phone: _____

Driver's license number: _____ State: _____ Class: _____

Are you 18 years of age or over? Yes: _____ No: _____

WORK EXPERIENCE: Please list prior experience (paid or volunteer). Start with most recent employer.

EMPLOYER ADDRESS FROM TO

_____ _____ _____ _____

mo/yr mo/yr

Title: _____ Supervisor: _____ Phone: _____

Duties (Include equipment operated):_____

_____

_____

Reason for leaving:_____

EMPLOYER ADDRESS FROM TO

_____ _____ _____ _____

mo/yr mo/yr

Title: _____ Supervisor: _____ Phone: _____

Duties (Include equipment operated):_____

_____

_____

Reason for leaving:_____

EMPLOYER ADDRESS FROM TO

_____ _____ _____ _____

mo/yr mo/yr

Title: _____ Supervisor: _____ Phone: _____

Duties (Include equipment operated):_____

_____

_____

Reason for leaving:_____

APPLICATION CONTINUED ON REVERSE

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EDUCATION:	Grade School	High School	College/Graduate School
Circle highest grade completed	1 2 3 4 5 6 7 8	9 10 11 12	13 14 15 16 17 18 19 20 21 22

High School Attended:

_____

Name Location

College/Vocational Schools Attended:

_____

Name Location

Major:

_____

Are there any types of manual/physical labor you are unwilling to accept? If yes, please list:

_____

_____

REFERENCES:

1. _____

NAME ADDRESS PHONE #

2. _____

NAME ADDRESS PHONE#

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Address of next of kin or someone to be notified in case of emergency:

Name: _____ Address: _____

Telephone: _____

Doctor: (in case of accident): Name: _____

Address: _____ Telephone: _____

I understand my temporary application will only be active for a period of six months from the date received. YES ☐ NO ☐

My signature affirms that I release from liability any employer, person, or employee supplying reference information regarding me and my previous employment. I also release Clackamas County from all liability which may result from making any investigation of information provided in the application materials. All information on this application is true to the best of my knowledge. I understand that falsification or misrepresentation may result in disqualification from employment consideration.

_____ _____

Signature Date

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

For office use only:

Eligible: _____ Ineligible: _____ Date Interviewed: _____

Notice of Results Sent: _____

Date Started: _____ Classification: _____

Range: _____ Step: _____ Hourly rate: _____

Division/Section assigned: _____