

**STATE OF OREGON - OREGON YOUTH AUTHORITY EMPLOYMENT APPLICATION**



State of Oregon  
 Website: <http://www.oregonjobs.org>  
**For instructions on where to submit your application please see the "Description" section of the job posting.**

Received: \_\_\_\_\_

**QUESTIONS WITH AN \* REQUIRE A RESPONSE. YOUR APPLICATION MAY NOT BE CONSIDERED IF INCOMPLETE.**

**JOB INFORMATION**

* JOB POSTING NUMBER:	* POSITION TITLE:
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**PERSONAL INFORMATION**

* FIRST NAME	MIDDLE INITIAL	* LAST NAME
* ADDRESS		
* CITY	* STATE	* ZIP
HOME PHONE	ALTERNATE PHONE	
EMAIL ADDRESS	* WHICH METHOD DO YOU PREFER TO BE NOTIFIED ABOUT YOUR APPLICATION STATUS? <input type="checkbox"/> EMAIL OR <input type="checkbox"/> PAPER	
FORMER LAST NAME, IF APPLICABLE (List Only One; Leave Blank If None):	MONTH/DAY OF BIRTH:	

**PREFERENCES**

WHAT IS YOUR MINIMUM COMPENSATION REQUIREMENT? \$ _____ PER YEAR    \$ _____ PER HOUR	ARE YOU WILLING TO RELOCATE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> MAYBE
CAN YOU, AFTER EMPLOYMENT, SUBMIT PROOF OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO	ENTER ANY COMMENTS REGARDING RELOCATION:
WHAT TYPES OF WORK WILL YOU ACCEPT? <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Per Diem	
WHAT TYPE OF JOB ARE YOU LOOKING FOR? <input type="checkbox"/> Regular <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal <input type="checkbox"/> Internship	WHAT SHIFTS ARE YOU AVAILABLE TO WORK? <input type="checkbox"/> DAY <input type="checkbox"/> EVENING <input type="checkbox"/> NIGHT <input type="checkbox"/> ROTATING <input type="checkbox"/> WEEKENDS <input type="checkbox"/> ON CALL (AS NEEDED)

**EDUCATION**

WHAT IS YOUR HIGHEST LEVEL OF EDUCATION:			
<input type="checkbox"/> Some High School	<input type="checkbox"/> Some College	<input type="checkbox"/> Associate's Degree	<input type="checkbox"/> Master's Degree
<input type="checkbox"/> High School	<input type="checkbox"/> Technical College	<input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> Doctorate
<b>HIGH SCHOOL EDUCATION</b>			
DID YOU GRADUATE FROM HIGH SCHOOL OR RECEIVE A G.E.D.? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF NO, WHAT WAS THE HIGHEST LEVEL COMPLETED?    7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/>			
SCHOOL NAME		CITY	STATE

**COLLEGE/UNIVERSITY EDUCATION**

SCHOOL NAME	DEGREE RECEIVED	
SCHOOL LOCATION (CITY/STATE/COUNTRY)	DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> SEMESTER <input type="checkbox"/> QUARTER # OF UNITS COMPLETED:
MAJOR		
SCHOOL NAME	DEGREE RECEIVED	
SCHOOL LOCATION (CITY/STATE/COUNTRY)	DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> SEMESTER <input type="checkbox"/> QUARTER # OF UNITS COMPLETED:
MAJOR		
SCHOOL NAME	DEGREE RECEIVED	
SCHOOL LOCATION (CITY/STATE/COUNTRY)	DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> SEMESTER <input type="checkbox"/> QUARTER # OF UNITS COMPLETED:
MAJOR		





**LANGUAGES OTHER THAN ENGLISH IN WHICH YOU ARE PROFICIENT**

LANGUAGE

SPEAK    READ    WRITE

LANGUAGE

SPEAK    READ    WRITE

**EMPLOYMENT OBJECTIVE**

**ADDITIONAL JOB-RELATED INFORMATION**

Clinical Experience, Honors & Awards, Interests & Activities, Military Service, Professional Associations, Professional Memberships, Publications, Technical, Volunteer Experience, Other/Miscellaneous

**REFERENCES**

Please list references you wish to include (Personal/Professional). Please include: Name, title, phone number, email, and mailing address.

**JOB POSTING SUPPLEMENTAL QUESTIONS**

**Your answers to the supplemental questions must be consistent with your described work experience. Your application will be reviewed to determine if you meet minimum qualifications.**

Qualified applicants with backgrounds that most closely match the needs of the position(s) will be invited to interview. Resumes' will NOT be used to determine qualifications unless it clearly states a resume is required in the job posting.

**Transcripts are required to be attached to your application if you are using education or coursework to meet the minimum qualifications.**

Transcripts must be from an accredited institution and clearly show 1) your name; 2) the name and address of the institution; 3) the degree received and; 4) required courses completed with a passing grade. For application purposes, photocopies are acceptable; however official or original documents may be requested to validate education.

**NOTE:** This (transcript) requirement does not apply to all initial applications for positions with the Oregon Legislature or the Oregon Judicial Department; in those branches the requirement, if any, for transcripts is as indicated on the job announcement.

**SIGNATURE**

By signing this application, I hereby certify every statement I have made in this application is true and complete to the best of my knowledge. I understand any false or incomplete answer may result in rejection of my application, denial of employment, dismissal from state service if discovered after employment and, in some circumstances, prosecution for a crime may be grounds for not employing me or for dismissing me after I begin work. Criminal records will be checked in accordance with applicable laws and rules. I understand I will have to produce documentation verifying identity and employment eligibility in the U.S. I understand I may be required to verify any and all information given on this application. I understand this completed application is the property of the state of Oregon and will not be returned. I authorize the state of Oregon to contact prior employers, educational institutions, law enforcement agencies and other relevant individuals and agencies. I understand I must update my application account if I have any changes in my name, address, or phone number.

I have read and understand the above information.

X \_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

## AGENCY WIDE QUESTIONS

The information requested below may be used for applicant tracking, statistical purposes to comply with federal reporting requirements, and to gain other relevant information. Thank you for your participation.

QUESTIONS WITH AN \* REQUIRE A RESPONSE. YOUR APPLICATION MAY NOT BE CONSIDERED IF INCOMPLETE.

**1. ETHNICITY:** (PLEASE CHECK ONE)

- American-Indian or Alaskan Native:** All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- Asian:** All persons having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent. This area includes, for example, China, Japan and Korea.
- Black or African-American:** All persons having origins in any of the black ethnic groups.
- Hispanic or Latino:** All persons having origins in any of the Mexican, Puerto Rican, Cuban, Central or South America, or other Spanish cultures, regardless of race.
- Native-Hawaiian or Other Pacific Islander:** All persons having origins in any of the original peoples of the Pacific Islands. This area includes, for example, Hawaii, the Philippine Islands and Samoa.
- White (not of Hispanic origin):** All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.
- Two or More Races:** All persons claiming origins in more than one of the above racial/ethnic categories.

**2. GENDER:**     Male     Female

**\*3. CURRENT EMPLOYEE:**

Are you currently an employee of the state of Oregon (excludes temporary status)?:     YES     NO

If you are a current state of Oregon employee, please provide your nine (9) digit Employee ID number:

**\*4. VETERAN:**

Are you a Veteran of the United States Armed Forces?     YES     NO

**\*5. VETERANS' PREFERENCE:**

If you answered 'Yes' to the previous question and would like to apply for Veterans' Preference Points please indicate whether you would like to be considered for either a 5 point Veteran\* or a 10 Point Disabled Veteran\*\*. If you answered 'No' to the previous question, please select "Not Applicable." (Please check one) Applicants are eligible to use Veterans' Preference when applying with the State of Oregon in accordance with ORS 408.225, 408.230, and 408.235; OAR 105-040-0010 and 105-040-0015. For information regarding the qualifications please visit:

<http://www.oregonjobs.org/DAS/STJOBS/vetpoints.shtml/>

\*To receive credit as a 5 Point Veteran you must attach to your application: A copy of your DD214/DD215 form; or A letter from the US Dept. of Veteran's Affairs indicating you receive a non-service connected pension.

\*\*To receive credit as a 10 point Disabled Veteran you must attach to your application: A copy of your DD214/DD215 form; and A copy of your veterans' disability preference letter from the Dept. of Veterans' Affairs.

For additional information on Veterans' Preference eligibility, including definition of the terms "veteran" and "disabled veteran," contact the Oregon Dept. of Veterans' Affairs at 1-800-692-9666

- Not Applicable (N/A)  
 Yes, I qualify as a 5 Point Veteran\*  
 Yes, I qualify as a 10 Point Disabled Veteran\*\*

**\*6. PRISON RAPE ELIMINATION ACT (PREA)**

**This is a required question, if you choose to not answer your application will be removed from consideration.**

Have you **EVER** engaged in sexual assault and/or sexual harassment in a prison, jail, lockup, community confinement facility, or other institution (as defined in [42 U.S.C 1997](#))?     YES     NO

**This is a required question, if you choose to not answer your application will be removed from consideration.**

\*7. Have you **EVER** been convicted of engaging, or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?     YES     NO

**This is a required question, if you choose to not answer your application will be removed from consideration.**

\*8. Have you **EVER** been civilly or administratively adjudicated to have engaged in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?     YES     NO

**This is a required question, if you choose to not answer your application will be removed from consideration.**

\*9. Please list all prison, lockup, community confinement facility, or other institutions (as defined in [42 U.S.C 1997](#)) you have worked/volunteered at and be sure to include the city and state it is located in. If you have not worked for any of the above described organizations/businesses, put N/A in the text field below. Failure to complete this section may exclude you from consideration.

**10. ARE YOU ALSO WILLING TO WORK FOR THE STATE OF OREGON IN A TEMPORARY POSITION?**     YES     NO

**11. HOW DID YOU LEARN ABOUT THIS POSITION?** (PLEASE CHECK ONE)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> www.oregonjobs.org   | <input type="checkbox"/> Trade Journal            | <input type="checkbox"/> Radio or Television                      |
| <input type="checkbox"/> WorkSource Oregon    | <input type="checkbox"/> State of Oregon Employee | <input type="checkbox"/> Professional Organization or Association |
| <input type="checkbox"/> State Agency Website | <input type="checkbox"/> Friend/Relative          | <input type="checkbox"/> Job Interest Card                        |
| <input type="checkbox"/> Other Agency Website | <input type="checkbox"/> Career Fair              | <input type="checkbox"/> Other                                    |
| <input type="checkbox"/> Newspaper            |   |   |