

WORK EXPERIENCE:

List your current or last employer first, and then describe enough additional work experience to meet the requirements shown in the recruiting announcement. Include unpaid and volunteer work. Resumes will not substitute for completing the WORK EXPERIENCE section. If you need more space to describe duties, you may attach additional sheets.

MONTH/YEAR	TITLE:	No. People supervised:	Hours/Week	EMPLOYER INFORMATION
From:	Duties:			Company Name:
To:				Street:
				City/State
Total Years:				Phone:
Months:				May we contact employers? <input type="checkbox"/> Yes <input type="checkbox"/> No
Supervisor's Name:		Last Salary (Monthly) \$		Reason for Leaving?

MONTH/YEAR	TITLE:	No. People supervised:	Hours/Week	EMPLOYER INFORMATION
From:	Duties:			Company Name:
To:				Street:
				City/State
Total Years:				Phone:
Months:				May we contact employers? <input type="checkbox"/> Yes <input type="checkbox"/> No
Supervisor's Name:		Last Salary (Monthly) \$		Reason for Leaving?

MONTH/YEAR	TITLE:	No. People supervised:	Hours/Week	EMPLOYER INFORMATION
From:	Duties:			Company Name:
To:				Street:
				City/State
Total Years:				Phone:
Months:				May we contact employers? <input type="checkbox"/> Yes <input type="checkbox"/> No
Supervisor's Name:		Last Salary (Monthly) \$		Reason for Leaving?

MONTH/YEAR	TITLE:	No. People supervised:	Hours/Week	EMPLOYER INFORMATION
From:	Duties:			Company Name:
To:				Street:
				City/State
Total Years:				Phone:
Months:				May we contact employers? <input type="checkbox"/> Yes <input type="checkbox"/> No
Supervisor's Name:		Last Salary (Monthly) \$		Reason for Leaving?

MONTH/YEAR	TITLE:	No. People supervised:	Hours/Week	EMPLOYER INFORMATION
From:	Duties:			Company Name:
To:				Street:
				City/State
Total Years:				Phone:
Months:				May we contact employers? <input type="checkbox"/> Yes <input type="checkbox"/> No
Supervisor's Name:		Last Salary (Monthly) \$		Reason for Leaving?

SPECIAL SKILLS AND QUALIFICATIONS

Summarize any *job-related skills* acquired from employment or other experience; foreign languages you speak, read or write; courses or certificates received:

REFERENCES

Give name, address and telephone number of three references who are not related to you and are not previous employers.

NAME	ADDRESS	PHONE
1.		
2.		
3.		

Have you been convicted of a felony within the last 7 years? Yes No
Conviction will not necessarily disqualify an applicant for employment.

If yes, please explain:

Have you ever filed an application with us before? Yes No

If yes, give date(s):

Have you ever been employed with us before? Yes No

If yes, give date(s):

PLEASE READ THE FOLLOWING THOROUGHLY BEFORE SIGNING

I certify that I have answered truthfully and have not knowingly withheld any information relative to my application. I understand that any misrepresentation or material omission on this application will result in my being eliminated from further consideration. I further understand that, if accepted for employment, any misrepresentation or material omission which becomes known to Oregon Cascades West Council of Governments (CWCOG), may result in immediate termination of employment.

I authorize the employers and supervisors listed in this application to give CWCOG's representatives any and all information regarding me and my previous employment. **Furthermore I also understand that OCWCOG may conduct a criminal background investigation, fingerprinting, check my driving record, and/or verify my bondability as a condition of employment.** I release CWCOG and all previous employers and supervisors as well as any other agency or company contacted from liability for any damages that may result from furnishing information to CWCOG.

I understand that in order for CWCOG to comply with federal immigration laws, if employed by CWCOG, on my first day of employment, I will be required to furnish proof of my identity and authorization to work legally in the U.S. by completing the U.S. Immigration and Naturalization Service Form I-9.

Signature _____

Date _____

Application must be COMPLETELY filled out.

RETURN COMPLETED APPLICATIONS TO

Human Resources
 Cascades West Council of Governments
 1400 Queen Avenue SE Suite 201
 Albany, OR 97322
 (541) 967-6123 (fax)

**Cascades West Council of Governments Human Resources
EQUAL EMPLOYMENT OPPORTUNITY STATISTICAL SUPPLEMENT**

As an employer, Cascades West Council of Governments is required to collect, record, and compile personnel affirmative action data. This information is confidential and will be retained in Human Resources separate from your application for employment. Supplying this information is voluntary; failure to provide this information will not adversely affect consideration for employment.

Name: _____

Male Female

Position Applied For _____ Application Date _____

Under 20 years of age Over 40 years of age

ETHNICITY: *Below are descriptions of ethnic categories as identified by the US Office of Management and Budget circular number A-46. Please select one category that correctly applies to you.*

- Hispanic/Latino** – All persons of Cuban, Mexican, Puerto Rican, Central or South American or other Spanish culture, regardless of race.
- White (Not of Hispanic or Latino origin)** – All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- Black/African American (Not of Hispanic or Latino origin)** – All persons having origins in any of the black racial groups of Africa.
- American Indian or Alaskan Native (Not of Hispanic or Latino origin)** – All persons having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.
- Native Hawaiian/Other Pacific Islander (Not of Hispanic or Latino origin)** – All persons having origins in any of the original peoples of the Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (Not of Hispanic or Latino origin)** – All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Two or More Races (Not Hispanic or Latino)** – All persons who identify with more than one of the above five races

VETERAN STATUS: *Please check one if it describes your veteran status.*

Vietnam Era Veteran Veteran Any Other Era Special Disabled Veteran

RECRUITMENT SURVEY

How did you learn of this vacancy?

- CWCOG Web site www.ocwcog.org
- Other Agency (specify below)
- CWCOG Employee
- Newspaper or Publication (specify below)

(Agency Name)

(Publication Name)

Other (please specify): _____



WHAT IS CASCADES WEST COUNCIL OF GOVERNMENTS?

Oregon Cascade West Council of Governments (CWCOG) is a voluntary association of governments in Benton, Linn and Lincoln counties.

Formed in 1970 in response to federal and statewide planning and coordination requirements, CWCOG now carries out a wide variety of services for, and on behalf of, its members.

State law provides for CWCOG and similar agencies throughout the state to carry out, at the request of members, any function the members are empowered to do on their own. . . functions as diverse as operating city planning departments, coordinating transportation for senior citizens, or aiding in the funding of rural water systems.

CWCOG has four major programs - Senior Services, Disability Services, Technology Services, and Community and Economic Development Services.

The three-county membership of CWCOG currently includes 20 cities, the Port of Newport, the Port of Toledo, three counties, and the Confederated Tribes of Siletz.

Membership is voluntary and changes as programs, services and needs change.

Representatives from each member government determine the work program and budget of the Council of Governments. Neither the federal nor the state governments tell CWCOG what programs they must operate, but the availability of federal or state funds often determines which programs are considered.

FOR MORE INFORMATION ABOUT OUR SERVICES

Visit our website at:
www.ocwco.org

or

Contact us at:
Cascades West Council of Governments
1400 Queen Avenue SE, Suite 201
Albany, OR 97322
(541) 967-8720