



OREGON CASCADES WEST COUNCIL OF GOVERNMENTS

1400 Queen Avenue SE Suite 201
 Albany, OR 97322
 (541) 967-8720 Phone (541) 967-6123 Fax
 hrrecruit@ocwcog.org
 www.ocwcog.org

We consider applicants for all positions without regard to race, color, religion, gender identity, ancestry, national origin, age, sexual orientation, marital or veteran status, the presence of a non-job-related medical condition or disability, or any other legally protected status.

Position Applying for:		Position #:	Date of Application	
Last Name		First Name		Middle Name
Address	Street	City	State	Zip
Phone	Business Phone		Email Address	

Are you 18 years or older? Yes No

Are you a veteran of the US Armed Forces? Yes No
If yes and you want to use Veterans Preference, you must provide a copy of your DD214/DD215 form

Do you have a service-connected disability? Yes No
If yes and you want to use Veterans Preference, you must provide a copy of your Veteran's Preference Letter from the U.S. Department of Veterans Affairs

EDUCATION AND FORMAL TRAINING:

Do you have a high school diploma or a GED certificate? Yes No

Business/Vocational School or College Name and Location	Number of years Completed	Course of Study	Degree or Certificate Earned	Credit Hours Completed

Schools attended after high school or special training received:

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):

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.

Job Title: _____ Start Date (mo/yr) _____ End Date (mo/yr) _____

Company Name: _____ Phone: _____

Address: _____

May we contact this employer? Yes No Supervisor: _____ Hrs. Worked/Wk _____

Number of people you supervised: _____

Reason for Leaving: _____

Duties and Responsibilities:

Job Title: _____ Start Date (mo/yr) _____ End Date (mo/yr) _____

Company Name: _____ Phone: _____

Address: _____

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Address: _____

May we contact this employer? Yes No Supervisor: _____ Hrs. Worked/Wk _____

Number of people you supervised: _____

Reason for Leaving: _____

Duties and Responsibilities:

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

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 (OCWCOG), may result in immediate termination of employment.

I authorize the employers and supervisors listed in this application to give OCWCOG'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 OCWCOG 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 OCWCOG.

I understand that in order for OCWCOG to comply with federal immigration laws, if employed by OCWCOG, 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 SIGNED APPLICATIONS, RESUME, AND COVER LETTER TO

Human Resources
Oregon Cascades West Council of Governments
1400 Queen Avenue SE Suite 201
Albany, OR 97322
(541) 967-6123 (fax)
Email: hrrecruit@ocwcog.org

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

As an employer, Oregon 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?

OCWCOG Web site www.ocwcog.org

CWCOG Employee

Other Agency (specify below)

Newspaper or Publication (specify below)

(Agency Name)

(Publication Name)

Other (please specify): _____



WHAT IS OREGON CASCADES WEST COUNCIL OF GOVERNMENTS?

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

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

State law provides for OCWCOG 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.

OCWCOG has four major programs - Senior and Disability Services, Community and Economic Development, Business Lending, and General Administration.

Membership includes Linn, Benton, and Lincoln counties, 20 Cities across the tri-County area, the Port of Newport, and the Confederated Tribes of Siletz Indians.

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

OCWCOG's Board of Directors is comprised of representatives from each member government. The Board of Directors determine the Work Program and Budget of OCWCOG. Neither federal nor State governments tell OCWCOG 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.ocwcog.org

or

Contact us at:

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