State Of Oregon
Employment Application
Form PD100

An equal opportunity and affirmative action employer.

In Oregon,
Opportunity means
a variety of
careers available statewide,
competitive salaries,
and
great benefits.

Your application materials (including any required skill code supplements, test answers, college transcripts, etc.) must be received by the recruiting agency (**at the address listed in the "How to Apply" section of the recruitment announcement**) by the date and time stated.

1. **Obtain a recruitment announcement from:**

   a. The State's Jobs Page at: www.oregonjobs.org;

   b. Local Oregon Employment Department field offices,

   c. Most state agency personnel offices, or

   d. Kiosk sites which are located in public places (such as malls, libraries, grocery stores, etc.) throughout the state. Local Employment Department offices can advise on kiosk locations.

2. **Complete a separate application for each job** you apply for unless the announcement gives different instructions. Legible photocopies are acceptable.

3. **Sign your application in ink**.

4. To complete the "**Geographic Availability**" section, refer to the listing of city and metropolitan area codes on the last page.

5. **Submit only the application materials requested** on the recruitment announcement. **Do not include** the cover, instruction pages, geographic reference sheet, the geographic selection map, or work examples with your application materials.

6. **Need to list more than 6 jobs?** Copy a "Work History" page and number added jobs 7, 8, etc.

7. **Incomplete or illegible applications** (including faxed applications) will not be accepted. The State of Oregon is not responsible for applications that are misdirected, lost in the mail, or lost as a result of transmitting by fax or email.

8. **Please provide your SOCIAL SECURITY NUMBER.** The state will use it for recruitment identification and tracking as authorized by OAR 105-040-0001. If you are hired, your social security number will be used for employee records, payroll, and insurance purposes pursuant to OAR 105-040-0001(1)(b)(A).

   Providing your social security number is voluntary. However, if you fail to do so, we will assign an identification number to process your application. You will be required to provide the number if you request an update of your application records.

   Please keep a copy of your application materials.
   Copies will not be provided.

You are encouraged to apply through the open competitive process.

If you need additional assistance to become employed, you may qualify for the H.I.R.E. System (Hiring Individuals Ready for Employment).

H.I.R.E. is a state system to help individuals with disabilities become employed in state government. Contact your local Vocational Rehabilitation Division (VRD) or Oregon Commission for the Blind (OCB) office to discuss ways they can assist you. Upon meeting the H.I.R.E. System criteria, a VRD or OCB counselor may refer you to the H.I.R.E.

System for additional assistance to become employed in state government.

Individuals with disabilities can only be referred to the H.I.R.E. System from a **VRD counselor** or **OCB counselor**. You must be an active client with VRD or OCB to be referred to the H.I.R.E. System. You can contact VRD at (503) 945-5880 and OCB at (503) 731-3221 for additional information on becoming a client.

If you would like more information about the H.I.R.E. System, visit the H.I.R.E. System website at: **http://www.oregon.gov/DAS/HR/hire.shtml**

VETERANS' PREFERENCE

Per ORS 408.225, 408.230 and 408.235 relating to Veterans' Preference for public employment. Applicant's eligible to use veterans' preference points when applying with the State of Oregon.

5 points (Veteran):

To qualify as a veteran eligible to receive **5 points** you must have served in the Armed Forces:

1. For more than 178 consecutive days; or

2. For at least one day in a combat zone (408.225(1)); or

3. Received a combat or campaign ribbon for service in the Armed Forces.

To qualify under 1-3 above you must have:

1. Been discharged or released from active duty with other than a dishonorable discharge; and

2. Make application within 15 years of discharge or release from service in the Armed Forces (408.235).

You must attach the following to your State Application Form (PD100):

a) A copy of your DD214/DD215 form

10 points (Disabled Veteran):

To qualify as a disabled veteran (ORS 408.225(2)) eligible to receive **10 points** you must have served in the Armed Forces:

1. For 178 days or less and was discharged or released from active duty with other than a dishonorable discharge because of a service-connected disability; or

2. Entitled to disability compensation under laws administered by the United States Department of Veterans Affairs; or

3. Awarded the Purple Heart for wounds received in combat.

You must attach the following to your State Application Form (PD100):

a) A copy of your DD214/DD215 form; and

b) A copy of your veterans' disability preference letter from the Department of Veterans' Affairs.

Once you have used preference to attain regular employee status with the State of Oregon, you may not use the preference again. This limitation does not apply to certain disabled veterans.

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

WORK HISTORY INSTRUCTIONS

The information you provide in the "Work History" section will be used to evaluate whether you meet the minimum qualifications listed in the "To Qualify" section of the recruitment announcement. Starting with your **current or most recent job**, list all your jobs (paid or volunteer) for the last ten years. You may wish to include qualifying experience gained more than 10 years ago, if it helps you qualify for the job.

1. **Critical:** If you held more than one position within the same company, **list each position as a separate job** in the "Work History" section. Provide your duties as well as beginning and ending dates and hours worked per week for each position.

2. **Critical:** Clearly describe all your duties. If your description of work in the "Work History" section is too brief and/or insufficient to determine if you meet the qualifications for the job, your application may not be accepted.

3. **Critical:** Credit for work that is less than full-time is pro-rated based on a 40-hour week. If you worked more than 40 hours a week, you will be given credit for 40 hours.

4. **Critical:** If your hours vary, indicate the average number of hours worked per week. Do not give a range of time such as. "20-30 hours" or "varies." No credit will be given for jobs when hours worked are not specific.

5. **Critical:** If qualifying duties were not the main focus of the job, **provide the percentage of time** you spent doing the duties that qualify you for the recruitment. (See the "To Qualify" section of the recruitment announcement)

6. **Examples:** Bookkeeping 4 hours out of a 40 hour week = 10%; or 5 hours out of a 20 hour week = 25%.

7. **Critical:** To receive credit for experience mentioned in any test answers, the experience must be listed in the "Work History" section of your application.

A RESUME OR POSITION DESCRIPTION WILL NOT SUBSTITUTE FOR COMPLETION OF THE WORK HISTORY SECTION.

Complete each box - If you do not provide all the information in the "Work History" section, no credit will be given for that job.

NOTE: When no credit is given for a job, test scores may also be affected.

RECRUITMENT TRACKING INFORMATION

PLEASE COMPLETE THE FOLLOWING INFORMATION:

Job Applied For: _____

Classification Number: _____ **Announcement Number:** _____

HOW DID YOU LEARN ABOUT THIS POSITION?

☐ Newspaper (List Publication) _____

☐ State Jobs Page (www.oregonjobs.org) ☐ Employment Office ☐ State Agency website

☐ Other website (List website) _____

☐ Employee Referral ☐ Friend ☐ State Agency Recorded Job line

☐ Other: _____

VOLUNTARY INFORMATION
The information you provide below is voluntary.

Affirmative Action

The State of Oregon has an Affirmative Action Policy. If you choose to provide this information, it will help us evaluate the effectiveness of our affirmative action programs. This will also be used for research and statistical purposes.

Ethnic Background (check only one)

☐ (A) **Asian or Pacific Islander**: Persons having origins in any of the peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.

☐ (B) **African American (not of Hispanic origin**): Persons having origins in any of the black ethnic groups.

☐ (H) **Hispanic**: Persons having origins in any of the Mexican, Puerto Rican, Cuban, Central or South American or other Spanish cultures, regardless of ethnicity.

☐ (I) **Native American or Alaskan Native**: Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

☐ (W) **Caucasian (not of Hispanic origin)**: Persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

Gender: ☐ MALE ☐ FEMALE

Disabled: ☐ YES ☐ NO
(Checking the "yes" box has no effect on an employer's obligation to provide reasonable accommodation under state and federal disability laws.)

ATTENTION
Attach this page to your application materials,
even if you do not provide the voluntary information.

STATE OF OREGON EMPLOYMENT APPLICATION
An Equal Opportunity Employer

TYPE or PRINT in INK	Please complete the application by typing or clearly printing in dark ink. Submit a separate application (photocopy acceptable) for each recruitment announcement. If your application materials do not clearly show you meet the qualifications of the job for which you are applying, your application will not be accepted

JOB APPLIED FOR (Listed on the recruitment announcement):

SOCIAL SECURITY NUMBER:
-   -

CLASSIFICATION NUMBER:	ANNOUNCEMENT NUMBER:	DRIVER'S LICENSE NUMBER:	STATE OF ISSUE:

NAME AND ADDRESS

NAME (LAST, FIRST, M.I.):

HOME TELEPHONE (include area code):

MAILING ADDRESS:

WORK TELEPHONE (Provide only one including area code):

CITY: STATE: ZIP CODE:

OTHER (include area code):

EMAIL ADDRESS:

☐ PAGER   ☐ CELL PHONE   ☐ MESSAGE

☐ PRESENT EMPLOYER   ☐ LAST EMPLOYER (Check one):   May We Contact? ☐ Yes ☐ No   CITY AND STATE:

VETERANS' PREFERENCE - To Receive Credit Attach a Copy of Your DD214/DD215

POINTS (Check One): ☐ 5 ☐ 10	DATE OF ENTRY (M-D-Y):	DATE OF DISCHARGE (M-D-Y):	BRANCH OF SERVICE:

WORK SCHEDULE AVAILABILITY

Check Only One:
☐ PERMANENT (P)
☐ SEASONAL (S)   ☐ EITHER (B)

Check Only One:
☐ FULL TIME (F)   ☐ FULL OR PART TIME (E)   ☐ JOB SHARE (J)
☐ PART TIME (P)   ☐ INTERMITTENT (I)   ☐ ANY (B)

Date You Can Report For Work:

Are you also willing to work for the State of Oregon in a temporary position? (Check one) ☐ YES ☐ NO

GEOGRAPHIC AVAILABILITY -
Check where you are willing to work. You may choose up to 40 locations. If you check more than 40, only the first 40 will be recorded. If you check EMA, PMA, SMA, do not check the individual cities within those areas. (Refer to the **Geographic Reference Sheet** found on last page to identify city codes.)

☐ EMA	☐ 03G	☐ 07A	☐ 12A	☐ 16C	☐ 20H	☐ 24J	☐ 27D	☐ 33G
☐ SMA	☐ 03H	☐ 08A	☐ 12B	☐ 17A	☐ 21A	☐ 24L	☐ 28B	☐ 34A
☐ PMA	☐ 03I	☐ 08B	☐ 12E	☐ 17B	☐ 21B	☐ 24M	☐ 29D	☐ 34B
	☐ 03L	☐ 08C	☐ 12G	☐ 18B	☐ 21D	☐ 24N	☐ 29F	☐ 34C
☐ 01A	☐ 04A	☐ 09A	☐ 13A	☐ 18C	☐ 22A	☐ 24P	☐ 30F	☐ 34D
☐ 01C	☐ 04C	☐ 09B	☐ 13E	☐ 18D	☐ 22E	☐ 24Q	☐ 30G	☐ 34E
☐ 01D	☐ 04E	☐ 09C	☐ 14A	☐ 18E	☐ 22F	☐ 24R	☐ 30H	☐ 34F
☐ 01G	☐ 05A	☐ 10A	☐ 14B	☐ 19A	☐ 22H	☐ 24S	☐ 30K	☐ 34H
☐ 01H	☐ 05B	☐ 10B	☐ 15A	☐ 19B	☐ 23A	☐ 25A	☐ 31A	☐ 34I
☐ 02A	☐ 05F	☐ 10C	☐ 15C	☐ 19C	☐ 23B	☐ 25B	☐ 31B	☐ 34J
☐ 02C	☐ 05G	☐ 10F	☐ 15E	☐ 20B	☐ 23D	☐ 25C	☐ 31D	☐ 35A
☐ 03B	☐ 06A	☐ 10G	☐ 15F	☐ 20C	☐ 24C	☐ 26B	☐ 31E	☐ 35B
☐ 03C	☐ 06B	☐ 10I	☐ 15G	☐ 20D	☐ 24E	☐ 26C	☐ 31F	☐ 36E
☐ 03D	☐ 06C	☐ 10J	☐ 15I	☐ 20E	☐ 24F	☐ 26D	☐ 31H	☐ 36F
☐ 03E	☐ 06H	☐ 11A	☐ 16A	☐ 20F	☐ 24G	☐ 27A	☐ 32A	☐ 36G
☐ 03F	☐ 06K	☐ 11B	☐ 16B	☐ 20G	☐ 24H	☐ 27C	☐ 32B	☐ Other

OFFICE USE ONLY

SKILL CODES:

DATE STAMP

☐ ACCEPTED
☐ NOT ACCEPTED _____
(Reason Code)
REVIEWER'S INITIALS / DATE:

Original Test Date:	Test Date:	Expiration Date:	Original Batch Code:

TEST NUMBER	RAW SCORE						V.P.	S.C.	FINAL
	1	2	3	4	5	6			

PD1002005 (10-2005)

EDUCATION / TRAINING HISTORY
List colleges, military, trade, business or other schools attended.

Do you have a high school diploma or a GED certificate? (Check one) ☐ YES ☐ NO

	Name and Location Of School, College, or University	Course of Study (List Major)	Credits Earned Check One & Indicate Hours	Did You Graduate? (Yes / No)	Degree or Certificate Received (AA, BA, BS, MA, PhD)
A			☐ Quarter ☐ Semester ☐ Clock		
B			☐ Quarter ☐ Semester ☐ Clock		
C			☐ Quarter ☐ Semester ☐ Clock		

LICENSE / REGISTRATION / CERTIFICATE
List any **required** professional license, registration, certificate, Oregon Commercial Driver's License (CDL), etc.

Description	State	Number	Expiration

SPECIALIZED SKILLS AND KNOWLEDGE
List skills or knowledge that show your ability to perform the job for which you are applying (such as typing speed, computer languages or software programs, foreign languages, etc.). Attach additional pages as needed.

W O R K   H I S T O R Y

JOB NUMBER 1 (current or most recent position)

NAME OF EMPLOYER		EMPLOYER'S ADDRESS and PHONE NUMBER
KIND OF BUSINESS		SUPERVISOR'S NAME and PHONE NUMBER
YOUR JOB TITLE		SUPERVISION / LEADWORK CHECK THE AREAS YOU WERE RESPONSIBLE FOR: ☐ Assigning and Reviewing work ☐ Handling Disciplinary problems
FROM (MONTH - YEAR)	TO (MONTH - YEAR)	☐ Rating Work Performance ☐ Responding to Grievances ☐ Hiring or Recommending Hiring ☐ Not Responsible for Any of Above
TOTAL TIME IN CURRENT OR LAST POSITION:	HOURS WORKED PER WEEK (Average)	If you checked any of these boxes, list the number of employees and their job titles:

DUTIES (List all duties you performed. No credit will be given if this section is not completed.):

Reason for leaving this position:

JOB NUMBER 2

NAME OF EMPLOYER	EMPLOYER'S ADDRESS and PHONE NUMBER
KIND OF BUSINESS	SUPERVISOR'S NAME and PHONE NUMBER

YOUR JOB TITLE		SUPERVISION / LEADWORK CHECK THE AREAS YOU WERE RESPONSIBLE FOR:
		☐ Assigning and Reviewing work ☐ Handling Disciplinary problems
FROM (MONTH - YEAR)	TO (MONTH - YEAR)	☐ Rating Work Performance ☐ Responding to Grievances
		☐ Hiring or Recommending Hiring ☐ Not Responsible for Any of Above
TOTAL TIME IN POSITION:	HOURS WORKED PER WEEK (Average)	If you checked any of these boxes, list the number of employees and their job titles:

DUTIES (List all duties you performed. No credit will be given if this section is not completed.):

Reason for leaving this position:

JOB NUMBER 3

NAME OF EMPLOYER	EMPLOYER'S ADDRESS and PHONE NUMBER
KIND OF BUSINESS	SUPERVISOR'S NAME and PHONE NUMBER

YOUR JOB TITLE		SUPERVISION / LEADWORK CHECK THE AREAS YOU WERE RESPONSIBLE FOR:
		☐ Assigning and Reviewing work ☐ Handling Disciplinary problems
FROM (MONTH - YEAR)	TO (MONTH - YEAR)	☐ Rating Work Performance ☐ Responding to Grievances
		☐ Hiring or Recommending Hiring ☐ Not Responsible for Any of Above
TOTAL TIME IN POSITION:	HOURS WORKED PER WEEK (Average)	If you checked any of these boxes, list the number of employees and their job titles:

DUTIES (List all duties you performed. No credit will be given if this section is not completed.):

Reason for leaving this position:

CONTINUE WORK HISTORY ON NEXT PAGE

WORK HISTORY

JOB NUMBER 4

NAME OF EMPLOYER	EMPLOYER'S ADDRESS and PHONE NUMBER
KIND OF BUSINESS	SUPERVISOR'S NAME and PHONE NUMBER

YOUR JOB TITLE

SUPERVISION / LEADWORK   CHECK THE AREAS YOU WERE RESPONSIBLE FOR:

☐ Assigning and Reviewing work   ☐ Handling Disciplinary problems
☐ Rating Work Performance   ☐ Responding to Grievances
☐ Hiring or Recommending Hiring   ☐ Not Responsible for Any of Above

If you checked any of these boxes, list the number of employees and their job titles:

FROM (MONTH - YEAR)	TO (MONTH - YEAR)
TOTAL TIME IN POSITION:	HOURS WORKED PER WEEK (Average)

DUTIES (List all duties you performed. No credit will be given if this section is not completed.):

Reason for leaving this position:

JOB NUMBER 5

NAME OF EMPLOYER	EMPLOYER'S ADDRESS and PHONE NUMBER
KIND OF BUSINESS	SUPERVISOR'S NAME and PHONE NUMBER

YOUR JOB TITLE

SUPERVISION / LEADWORK   CHECK THE AREAS YOU WERE RESPONSIBLE FOR:

☐ Assigning and Reviewing work   ☐ Handling Disciplinary problems
☐ Rating Work Performance   ☐ Responding to Grievances
☐ Hiring or Recommending Hiring   ☐ Not Responsible for Any of Above

If you checked any of these boxes, list the number of employees and their job titles:

FROM (MONTH - YEAR)	TO (MONTH - YEAR)
TOTAL TIME IN POSITION:	HOURS WORKED PER WEEK (Average)

DUTIES (List all duties you performed. No credit will be given if this section is not completed.):

Reason for leaving this position:

CONTINUE WORK HISTORY ON NEXT PAGE

W O R K   H I S T O R Y

JOB NUMBER 6

NAME OF EMPLOYER	EMPLOYER'S ADDRESS and PHONE NUMBER
KIND OF BUSINESS	SUPERVISOR'S NAME and PHONE NUMBER
YOUR JOB TITLE	SUPERVISION / LEADWORK CHECK THE AREAS YOU WERE RESPONSIBLE FOR:

SUPERVISION / LEADWORK   CHECK THE AREAS YOU WERE RESPONSIBLE FOR:

☐ Assigning and Reviewing work   ☐ Handling Disciplinary problems
☐ Rating Work Performance   ☐ Responding to Grievances
☐ Hiring or Recommending Hiring   ☐ Not Responsible for Any of Above

FROM (MONTH - YEAR)   TO (MONTH - YEAR)

TOTAL TIME IN POSITION: HOURS WORKED PER WEEK (Average)

If you checked any of these boxes, list the number of employees and their job titles:

DUTIES (List all duties you performed. No credit will be given if this section is not completed.):

Reason for leaving this position:

CERTIFICATION AND SIGNATURE

I understand that any verbal or written statement that is false, fraudulent or misleading that is contained in this application or attached materials, or made in the course of any related employment process, whether made by me or by others at my request, will result in rejection of my application, denial of employment, or dismissal from state service if discovered after employment, and under some circumstances, may result in prosecution for a crime.

 • I certify that all statements contained herein are true and complete whether made by others or me at my request.

 • I understand that if hired, I must prove that I am legally authorized to work in the United States.

 • I authorize the State of Oregon to check employment references and verify education information provided on this employment application and as disclosed in the interview process.

 • I authorize the State of Oregon to check my driving record if the position for which I am applying requires driving.

 • You may be asked to submit to a pre-employment drug test, a credit history check and/or criminal history background check as a condition of employment.

I release the State of Oregon and all providers of information from any liability as a result of furnishing and receiving any information related to the State of Oregon's hiring process.

SIGNATURE **(MUST BE SIGNED IN INK)**:	DATE:

KEEP A COPY OF YOUR APPLICATION FOR INTERVIEWS. COPIES WILL NOT BE PROVIDED.

Your application materials (PD100, skill code supplements, test answers, college transcripts, etc) **must be received at the address listed on the recruitment announcement by the close date** or it may not be accepted.

THANK YOU FOR YOUR INTEREST IN EMPLOYMENT WITH THE STATE OF OREGON

GEOGRAPHIC REFERENCE SHEET

Use this list to select the appropriate "Geographic Availability" codes to mark on your PD100 employment application.
Do not select individual cities that are included in a selected metropolitan area (EMA, PMA, or SMA).
For additional assistance, see the Oregon county map on the next page.
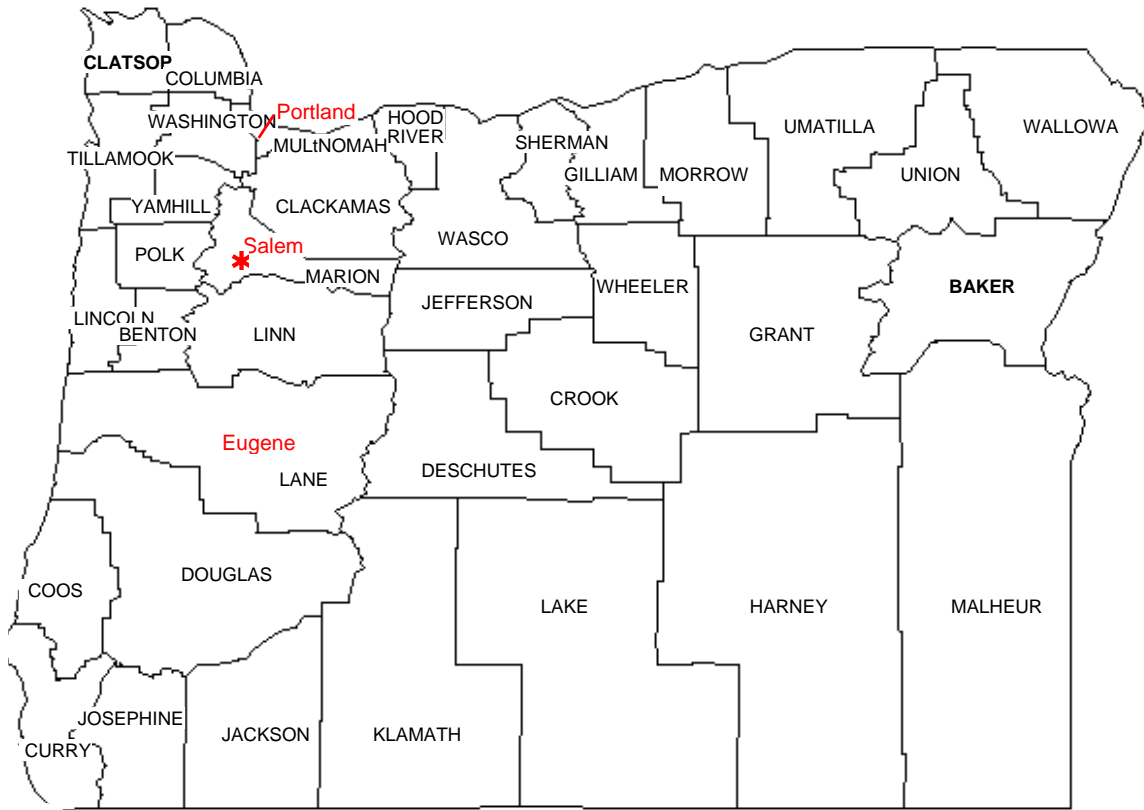
METROPOLITAN AREAS

EMA – Eugene Metro Area	PMA – Portland Metro Area	SMA – Salem Metro Area
Includes: Cottage Grove, Eugene, Springfield, Sweet Home	**Includes:** Beaverton, Clackamas, Gresham, Hillsboro, Lake Oswego, Milwaukie, Oregon City, Portland, Tigard, Troutdale	**Includes:** Albany, Dallas, McMinnville, Monmouth/ Independence, Sublimity, Salem/Keizer, Woodburn

CITY CODES

Code	City	Code	City	Code	City	Code	City
22A	Albany	32A	Enterprise	21A	Lincoln City	22F	Scio
11A	Arlington	03C	Estacada	16B	Madras	24N	Scotts Mills
15A	Ashland	20D	Eugene	18D	Malin	34H	Sherwood
04A	Astoria	20E	Florence	33D	Maupin	19C	Silver Lake
12A	Austin	34D	Forest Grove	36F	McMinnville	24O	Silverton
01A	Baker City	35A	Fossil	15G	Medford	09C	Sisters
06A	Bandon	34E	Gaston	18E	Merrill	20H	Springfield
34A	Banks	24E	Gates	16C	Metolius	05F	St. Helens
34B	Beaverton	24F	Gervais	24J	Mill City	24L	St. Paul
09A	Bend	03D	Gladstone	30G	Milton-Freewater	24P	Stayton
25A	Boardman	08B	Gold Beach	03E	Milwaukie	24Q	Sublimity
08A	Brookings	15E	Gold Hill	35B	Mitchell	01H	Sumpter
13A	Burns	17B	Grants Pass	03F	Molalla	10J	Sutherlin
03B	Canby	26B	Gresham	27D	Monmouth	22H	Sweet Home
12B	Canyon City	01D	Haines	12G	Monument	33G	The Dalles
10A	Canyonville	04C	Hammond	28B	Moro	34J	Tigard
14A	Cascade Locks	25B	Hardman	29D	Nehalem	29F	Tillamook
17A	Cave Junction	25C	Heppner	36G	Newberg	21D	Toledo
15C	Central Point	30F	Hermiston	21B	Newport	26D	Troutdale
06K	Charleston	34F	Hillsboro	06H	North Bend	34I	Tualatin
18B	Chiloquin	13E	Hines	31F	North Powder	24R	Turner
03L	Clackamas	14B	Hood River	10F	Oakland	30K	Umatilla
05A	Clatskanie	24G	Hubbard	20G	Oakridge	31H	Union
05B	Columbia City	01F	Huntington	23D	Ontario	23E	Vale
11B	Condon	24H	Idanha	03G	Oregon City	32D	Wallowa
06B	Coos Bay	27C	Independence	19B	Paisley	21E	Waldport
06C	Coquille	31D	Island City	30H	Pendleton	04E	Warrenton
34C	Cornelius	15F	Jacksonville	02C	Philomath	03J	West Linn
01C	Cornucopia	12E	John Day	08C	Port Orford	27E	Willamina
02A	Corvallis	23A	Jordan Valley	26C	Portland	03K	Wilsonville
20B	Cottage Grove	32B	Joseph	07A	Prineville	24S	Woodburn
31A	Cove	20F	Junction City	09B	Redmond	26E	Wood Village
20C	Creswell	23B	Juntura	10G	Reedsport	36I	Yamhill
16A	Culver	18C	Klamath Falls	01G	Richland	10K	Yoncalla
27A	Dallas	36E	Lafayette	10I	Roseburg		
24C	Detroit	31E	LaGrande	15I	Rogue River		
10B	Drain	03H	Lake Oswego	24M	Salem/Keizer		
31B	Elgin	19A	Lakeview	03I	Sandy		
10C	Elkton	22E	Lebanon	05G	Scappoose		

STATE OF OREGON COUNTY MAP

C O U N T Y   C O D E   L I S T I N G

The first two digits of the city codes listed in the "Geographic Availability" section
identifies the county in which the city is located. Following are Oregon's Counties and their codes.

01	**BAKER**		13	**HARNEY**		25	**MORROW**
02	**BENTON**		14	**HOOD RIVER**		26	**MULTNOMAH**
03	**CLACKAMAS**		15	**JACKSON**		27	**POLK**
04	**CLATSOP**		16	**JEFFERSON**		28	**SHERMAN**
05	**COLUMBIA**		17	**JOSEPHINE**		29	**TILLAMOOK**
06	**COOS**		18	**KLAMATH**		30	**UMATILLA**
07	**CROOK**		19	**LAKE**		31	**UNION**
08	**CURRY**		20	**LANE**		32	**WALLOWA**
09	**DESCHUTES**		21	**LINCOLN**		33	**WASCO**
10	**DOUGLAS**		22	**LINN**		34	**WASHINGTON**
11	**GILLIAM**		23	**MALHEUR**		35	**WHEELER**
12	**GRANT**		24	**MARION**		36	**YAMHILL**