

PD291SA

STATE OF OREGON DEPARTMENT OF CORRECTIONS EMPLOYMENT APPLICATION FOR SECURITY

TYPE/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 is incomplete or does not clearly show you meet the qualifications of the job applied for, your application will not be accepted.

JOB CLASSIFICATIONS

Check Only One Box.

You **MUST** apply separately for each classification

Visit us at odocjobs.com

<input type="checkbox"/> Correctional Corporal C6776	Announcement Number: LECO _____	Current Oregon Department of Corrections Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No									
<input type="checkbox"/> Correctional Sergeant C6777		Facility:									
<input type="checkbox"/> Correctional Lieutenant X6779		Employee ID Number: (Located on DOC Payroll Check Stub)									
<input type="checkbox"/> Correctional Captain X6780		<table border="1"><tr><td>O</td><td>R</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	O	R							
O	R										

NAME AND ADDRESS

LAST NAME:		FIRST NAME:		MIDDLE NAME:	
MAILING ADDRESS:				HOME TELEPHONE:	
CITY:		STATE	ZIP CODE:		WORK TELEPHONE:
EMAIL ADDRESS:				OTHER TELEPHONE:	

PRESENT OR LAST EMPLOYER:	CITY AND STATE:
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VETERANS' PREFERENCE - To determine eligibility (see Veteran's preference form)

 DATE OF ENTRY (MM-DD-YY): _____	DATE OF DISCHARGE (MM-DD-YY): _____
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CHECK ONE:

- 5 Points
- 10 Points

-DD214/DD215 MUST be provided. You must have served more than 178* consecutive days, and been discharged within the last 15 years.
-DD214/DD215 and copy of veterans' disability preference letter from VA MUST be provided or zero points will be given.
For More Information on eligibility visit <http://www.oregon.gov/DOC/HR/Vet.shtml>

WORK SCHEDULE AVAILABILITY

These are permanent positions. Are you willing to work for the ODOC in a temporary position if a permanent position is not available? Yes <input type="checkbox"/> No <input type="checkbox"/>	DATE YOU CAN REPORT TO WORK:
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GEOGRAPHIC AVAILABILITY Check as many locations as where you are willing to work.

- | | |
|---|---|
| <input type="checkbox"/> 01A Baker City – Powder River Correctional Facility (PRCF) | <input type="checkbox"/> 26C Portland – Columbia River Correctional Institution (CRCI) |
| <input type="checkbox"/> 03K Wilsonville – Coffee Creek Correctional Facility (CCCF) | <input type="checkbox"/> 29F Tillamook – South Fork Forrest Camp (SFFC) |
| <input type="checkbox"/> 06H North Bend – Shutter Creek Correctional Institution (SCCI) | <input type="checkbox"/> 30H Pendleton – Eastern Oregon Correctional Institution (EOCI) |
| <input type="checkbox"/> 19A Lakeview – Warner Creek Correctional Facility (WCCF) | <input type="checkbox"/> 30K Umatilla – Two Rivers Correctional Institution (TRCI) |
| <input type="checkbox"/> 23D Ontario – Snake River Correctional Institution (SRCI) | <input type="checkbox"/> 16B Madras – Deer Ridge Correctional Institution (DRCI) |
| <input type="checkbox"/> 24M Salem – Includes the following institutions: <ul style="list-style-type: none"><input type="checkbox"/> Mill Creek Correctional Facility (MCCF)<input type="checkbox"/> Oregon State Correctional Institution (OSCI)<input type="checkbox"/> Oregon State Penitentiary (OSP)<input type="checkbox"/> Santiam Correctional Institution (SCI)<input type="checkbox"/> Oregon State Penitentiary – Minimum (OSPM) | |

OFFICE USE ONLY

Posted Date Stamp	Received Date Stamp	<input type="checkbox"/> Accepted	
		<input type="checkbox"/> NOT ACCEPTED _____ (Reason Code) Reviewer's Initials/Date:	
		<table border="1"><tr><td></td><td></td><td></td></tr></table>	
		Veteran Points	Skill Codes:

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 <small>(AA, BA, BS, etc.)</small>
A		<input type="checkbox"/> Quarter <input type="checkbox"/> Semester <input type="checkbox"/> Clock		
B		<input type="checkbox"/> Quarter <input type="checkbox"/> Semester <input type="checkbox"/> Clock		
C		<input type="checkbox"/> Quarter <input type="checkbox"/> Semester <input type="checkbox"/> Clock		

LICENSE / REGISTRATION / CERTIFICATE

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

DESCRIPTION	STATE	NUMBER	EXPIRATION
<i>Certification as a Corrections Officer</i>			

WORK HISTORY INSTRUCTIONS

The information you provide on the following pages will be used primarily to evaluate whether you meet the minimum qualifications listed in the "To Qualify" section of the recruitment announcement.

- If you held more than one position within the same company/correctional facility, list duties and time spent for each position as a separate job in the work history section.
- **NON-DEPARTMENT OF CORRECTIONS EMPLOYEES MUST LIST EVERY PERIOD OF EMPLOYMENT SINCE AGE 17 OR FOR THE LAST 10 YEARS, WHICHEVER IS LONGER.**
- Clearly describe all your duties.
- 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.
- Complete each box. A resume will not substitute for the completion of the work history section. If you do not provide all the information in the "Work History" section, no credit will be given for that job. If you need additional space to list job duties, attach a separate sheet, clearly identifying the job number you are describing.
- Copy the "Work History" page if you need to list more jobs. Be sure to identify additional jobs by numbering them 6, 7, 8, etc.
- Your application materials must be received at the address listed in the "How to Apply" section of the recruitment announcement by the date and time stated or it may not be accepted.
- **Keep a copy of your application materials for interview(s). Copies will not be provided.**

JOB NUMBER 1		
Name of Employer:		Employer's Complete Address (Street, City, State, Zip Code)
Correctional Institution/Facility Name (If Applicable):		Employer's Phone Number (include area code):
Your Job Title:		Supervisor's Full Name:
From (Month - Year):	To (Month - Year):	Supervisor's Phone Number (include area code): Work <input type="checkbox"/> Home <input type="checkbox"/>
Total Time in Position:	Hours Worked Per Week (Average)	Reason for Leaving:
(Check those that apply) Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Volunteer <input type="checkbox"/> Unemployed <input type="checkbox"/> Military <input type="checkbox"/> School <input type="checkbox"/>		
Supervision / Leadwork Check Areas You Were Responsible For: <input type="checkbox"/> Assigning and Reviewing work <input type="checkbox"/> Handling Disciplinary problems <input type="checkbox"/> Hiring or Recommending Hiring <input type="checkbox"/> Rating Work Performance <input type="checkbox"/> Responding to Grievances <input type="checkbox"/> Not Responsible for Any of these Listed If you checked any of these boxes, list the number of employees and their job titles:		
Duties (List all duties you performed):		

JOB NUMBER 2		
Name of Employer:		Employer's Complete Address (Street, City, State, Zip Code)
Correctional Institution/Facility Name (If Applicable):		Employer's Phone Number (include area code):
Your Job Title:		Supervisor's Full Name:
From (Month - Year):	To (Month - Year):	Supervisor's Phone Number (include area code): Work <input type="checkbox"/> Home <input type="checkbox"/>
Total Time in Position:	Hours Worked Per Week (Average)	Reason for Leaving:
(Check those that apply) Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Volunteer <input type="checkbox"/> Unemployed <input type="checkbox"/> Military <input type="checkbox"/> School <input type="checkbox"/>		
Supervision / Leadwork Check Areas You Were Responsible For: <input type="checkbox"/> Assigning and Reviewing work <input type="checkbox"/> Handling Disciplinary problems <input type="checkbox"/> Hiring or Recommending Hiring <input type="checkbox"/> Rating Work Performance <input type="checkbox"/> Responding to Grievances <input type="checkbox"/> Not Responsible for Any of these Listed If you checked any of these boxes, list the number of employees and their job titles:		
Duties (List all duties you performed):		

JOB NUMBER 3		
Name of Employer:		Employer's Complete Address (Street, City, State, Zip Code)
Correctional Institution/Facility Name (If Applicable):		Employer's Phone Number (include area code):
Your Job Title:		Supervisor's Full Name:
From (Month - Year):	To (Month - Year):	Supervisor's Phone Number (include area code): Work <input type="checkbox"/> Home <input type="checkbox"/>
Total Time in Position:	Hours Worked Per Week (Average)	Reason for Leaving:
(Check those that apply) Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Volunteer <input type="checkbox"/> Unemployed <input type="checkbox"/> Military <input type="checkbox"/> School <input type="checkbox"/>		
Supervision / Leadwork Check Areas You Were Responsible For: <input type="checkbox"/> Assigning and Reviewing work <input type="checkbox"/> Handling Disciplinary problems <input type="checkbox"/> Hiring or Recommending Hiring <input type="checkbox"/> Rating Work Performance <input type="checkbox"/> Responding to Grievances <input type="checkbox"/> Not Responsible for Any of these Listed If you checked any of these boxes, list the number of employees and their job titles:		
Duties (List all duties you performed):		

JOB NUMBER 4		
Name of Employer:		Employer's Complete Address (Street, City, State, Zip Code)
Correctional Institution/Facility Name (If Applicable):		Employer's Phone Number (include area code):
Your Job Title:		Supervisor's Full Name:
From (Month - Year):	To (Month - Year):	Supervisor's Phone Number (include area code): Work <input type="checkbox"/> Home <input type="checkbox"/>
Total Time in Position:	Hours Worked Per Week (Average)	Reason for Leaving:
(Check those that apply) Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Volunteer <input type="checkbox"/> Unemployed <input type="checkbox"/> Military <input type="checkbox"/> School <input type="checkbox"/>		
Supervision / Leadwork Check Areas You Were Responsible For: <input type="checkbox"/> Assigning and Reviewing work <input type="checkbox"/> Handling Disciplinary problems <input type="checkbox"/> Hiring or Recommending Hiring <input type="checkbox"/> Rating Work Performance <input type="checkbox"/> Responding to Grievances <input type="checkbox"/> Not Responsible for Any of these Listed If you checked any of these boxes, list the number of employees and their job titles:		
Duties (List all duties you performed):		

JOB NUMBER 5		
Name of Employer:		Employer's Complete Address (Street, City, State, Zip Code)
Correctional Institution/Facility Name (If Applicable):		Employer's Phone Number (include area code):
Your Job Title:		Supervisor's Full Name:
From (Month - Year):	To (Month - Year):	Supervisor's Phone Number (include area code): Work <input type="checkbox"/> Home <input type="checkbox"/>
Total Time in Position:	Hours Worked Per Week (Average)	Reason for Leaving:
(Check those that apply) Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Volunteer <input type="checkbox"/> Unemployed <input type="checkbox"/> Military <input type="checkbox"/> School <input type="checkbox"/>		
Supervision / Leadwork Check Areas You Were Responsible For:		
<input type="checkbox"/> Assigning and Reviewing work <input type="checkbox"/> Handling Disciplinary problems <input type="checkbox"/> Hiring or Recommending Hiring <input type="checkbox"/> Rating Work Performance <input type="checkbox"/> Responding to Grievances <input type="checkbox"/> Not Responsible for Any of these Listed		
If you checked any of these boxes, list the number of employees and their job titles:		
Duties (List all duties you performed):		

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.
- I understand I will be asked to submit to a pre-employment drug test, 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.
- Pursuant to the Public Records Act (ORS 192.410-192.505), information obtained during the application process is for DEPARTMENTAL USE ONLY and will remain confidential. I understand it is the policy of the Oregon Department of Corrections to refrain from discussing hiring decisions or test results with applicants.
- I accept the terms and conditions as outlined on this application with the Oregon Department of Corrections.

SIGNATURE (MUST BE IN INK):	DATE:
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RECRUITMENT TRACKING INFORMATION

PLEASE COMPLETE THE FOLLOWING INFORMATION:	
Position Applied for: <input type="checkbox"/> Correctional Officer <input type="checkbox"/> Corporal <input type="checkbox"/> Sergeant <input type="checkbox"/> Lieutenant <input type="checkbox"/> Captain	
HOW DID YOU LEARN ABOUT THIS POSITION?	
<input type="checkbox"/> Department of Corrections Web site	<input type="checkbox"/> State Jobs Page (www.oregonjobs.org)
<input type="checkbox"/> Other Web site (List Web site):	
<input type="checkbox"/> Newspaper (List Publication):	
<input type="checkbox"/> Employment Office (Location):	
<input type="checkbox"/> Employee Referral:	<input type="checkbox"/> Friend
<input type="checkbox"/> Job/Career Fair (Location):	
<input type="checkbox"/> Other:	

Voluntary Information The information you provide below is voluntary
<p>Affirmative Action</p> <p>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.</p> <p>Ethnic Background (check only one)</p> <p><input type="checkbox"/> (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.</p> <p><input type="checkbox"/> (B) African American (not of Hispanic origin): Persons having origins in any of the black ethnic groups.</p> <p><input type="checkbox"/> (H) Hispanic: Persons having origins in any of the Mexican, Puerto Rican, Cuban, Central or South American or other Spanish cultures, regardless of ethnicity.</p> <p><input type="checkbox"/> (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.</p> <p><input type="checkbox"/> (W) Caucasian (not of Hispanic origin): Persons having origins in any of the original peoples of Europe, North Africa or the Middle East.</p> <p>Gender: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE</p> <p>Disabled: <input type="checkbox"/> YES <input type="checkbox"/> NO (Checking the "yes" box has no effect on an employer's obligation to provide reasonable accommodation under state and federal disability laws.)</p> <p style="text-align: center;">ATTENTION</p> <p>Attach this page to your application materials, even if you do not provide the voluntary information.</p>