State Of Oregon
Employment Application Form

Online Form PD100 – Word 2000
Updated October 2007

An equal opportunity and affirmative action employer.

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

Please help save a tree by only printing necessary pages.

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, or
    c. most state agency personnel offices.

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

3. **Signature:**
    a. By electronically submitting your application, you agree to the conditions stated in the certification and signature section of the application, which is enforceable as if you had signed.
    b. **If submitting in hard copy format**, type or print clearly in dark ink and **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** work examples, or the cover, instruction, or Geographic Reference Sheet with your application materials.

6. **Need to list more than 10 jobs?** Copy a "Work History" page and number added jobs 11, 12, etc.

    NOTE:
    b. This document is protected to allow the form fields to work. If need to unlock the document, the password is "PD100".
    c. Some versions may cause you to lose existing keyed data when unprotecting a document. If you need to add additional jobs, we suggest you either unlock and copy for additional jobs prior to keying any data, or use a second application.

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. 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.

PERSONS WITH DISABILITIES
H.I.R.E SYSTEM

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 web site at:
    http://www.oregon.gov/DAS/HR/hire.shtml

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.

5 points (Veteran):

To receive **5 points** you must have served on active duty in the Armed Forces:

1. For more than 178 consecutive days; or

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

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

To qualify under 1 or 2 above you must:

A. Have been discharged or released from active duty under honorable conditions; and

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

To qualify under 3 above you must:

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

You must attach a copy of your DD214/DD215 form to your State Application Form.

10 points (Disabled Veteran):

To receive **10 points** you must be:

1. A person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty; 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:

A copy of your DD214/DD215 form; and

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

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 Jobline

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			

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 AREAS YOU WERE RESPONSIBLE FOR:
- Assigning and Reviewing work
- Rating Work Performance
- Hiring or Recommending Hiring
- Handling Disciplinary problems
- Responding to Grievances
- 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 CURRENT OR LAST 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 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 AREAS YOU WERE RESPONSIBLE FOR:

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

SUPERVISION / LEADWORK CHECK 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:

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 AREAS YOU WERE RESPONSIBLE FOR:

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

SUPERVISION / LEADWORK CHECK 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:

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

Reason for leaving this position:

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 AREAS YOU WERE RESPONSIBLE FOR:

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

SUPERVISION / LEADWORK CHECK 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:

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 AREAS YOU WERE RESPONSIBLE FOR:

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

SUPERVISION / LEADWORK CHECK 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:

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

Reason for leaving this position:

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 AREAS YOU WERE RESPONSIBLE FOR:

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

SUPERVISION / LEADWORK CHECK 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:

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 7

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

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

SUPERVISION / LEADWORK CHECK 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:

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 8

NAME OF EMPLOYER	EMPLOYER'S ADDRESS and PHONE NUMBER

KIND OF BUSINESS	SUPERVISOR'S NAME and PHONE NUMBER

YOUR JOB TITLE

SUPERVISION / LEADWORK CHECK AREAS YOU WERE RESPONSIBLE FOR:
- Assigning and Reviewing work
- Rating Work Performance
- Hiring or Recommending Hiring
- Handling Disciplinary problems
- Responding to Grievances
- 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 9

NAME OF EMPLOYER	EMPLOYER'S ADDRESS and PHONE NUMBER

KIND OF BUSINESS	SUPERVISOR'S NAME and PHONE NUMBER

YOUR JOB TITLE

SUPERVISION / LEADWORK CHECK AREAS YOU WERE RESPONSIBLE FOR:
- Assigning and Reviewing work
- Rating Work Performance
- Hiring or Recommending Hiring
- Handling Disciplinary problems
- Responding to Grievances
- 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:

W O R K   H I S T O R Y

JOB NUMBER 10

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

YOUR JOB TITLE	SUPERVISION / LEADWORK CHECK AREAS YOU WERE RESPONSIBLE FOR:
	Assiging 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:

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 me or others 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.

By electronically submitting my application materials, I agree to the conditions stated in this "Certification and Signature" section, and this section is enforceable as if I had signed below.

SIGNATURE (Must signed IN INK if submitting hard copy):	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
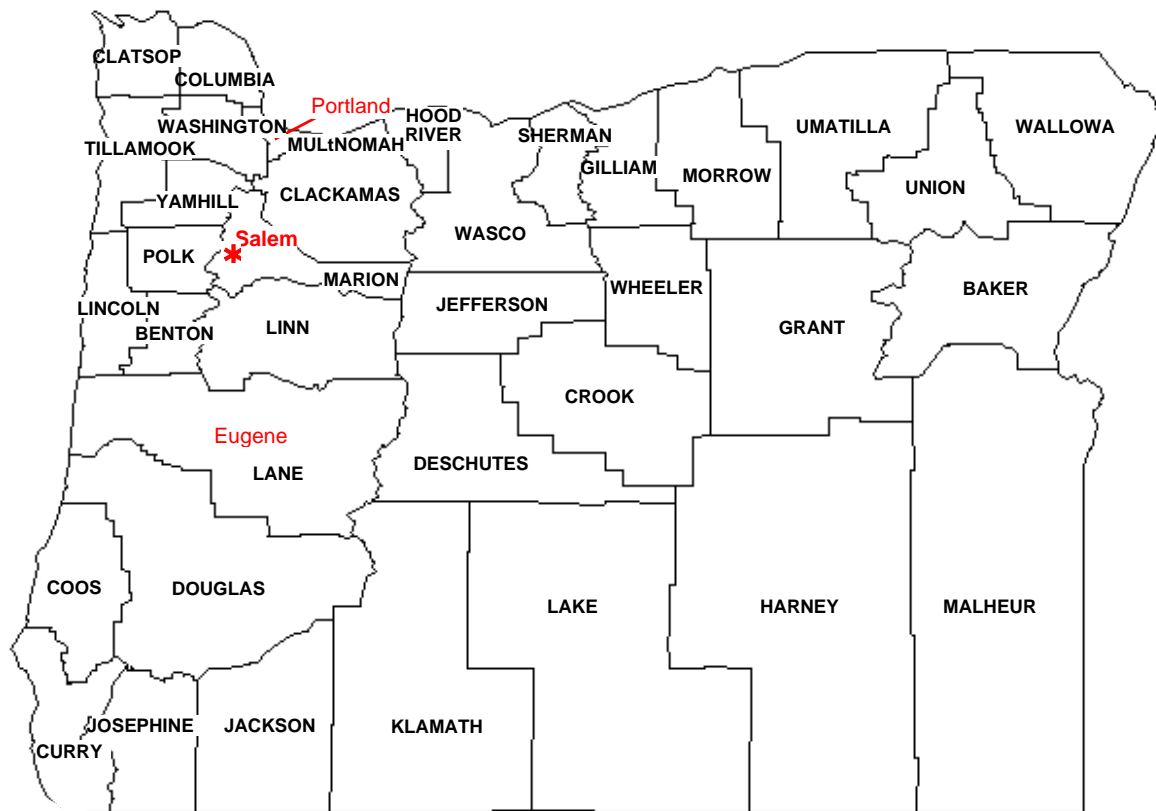
COUNTY CODE LISTING

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**