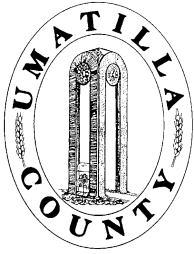
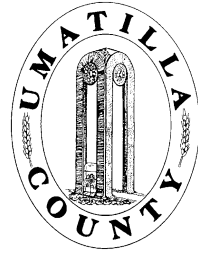


DATE/TIME APPLICATION RECEIVED: _____ BY: _____



UMATILLA COUNTY VOLUNTEER APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER
REVISED 01/17



Human Resources Department
Umatilla County Courthouse
216 SE 4th Street, Pendleton, OR 97801

**PLEASE PRINT IN INK
OR TYPE THIS FORM**
www.umatillacounty.net

Phone: (541) 278-6282
Fax: (541) 278-6374
E-mail: hr@umatillacounty.net

Position Applied For:	Position Number:	Today's Date:
Last Name:	First Name:	M.I.
Mailing Address:		
City:	State:	Zip Code:
Phone Number:	Email:	
Days you are available:	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> S	
Times you are available:		
Length of availability:	<input type="checkbox"/> 1-3 Months <input type="checkbox"/> 6-12 Months <input type="checkbox"/> 1 Year + <input type="checkbox"/> Special	
Are you volunteering to fulfill an obligation?	<input type="checkbox"/> Community Service	<input type="checkbox"/> Work-Study <input type="checkbox"/> Job Training

PERSONAL REFERENCES →

List the name, address and telephone number of three references who are not related to you, and who are not listed as previous employers.

- 1.) _____
- 2.) _____
- 3.) _____

SPECIAL SKILLS AND KNOWLEDGE →

List skills or knowledge that show your ability to perform the job for which you are applying (i.e. typing speed, computer languages/software programs, foreign languages, etc.).

UMATILLA COUNTY

EMPLOYMENT OPPORTUNITY

UMATILLA COUNTY DEPARTMENT OF HUMAN RESOURCES
County Courthouse, 216 S.E. 4th Street, Pendleton, OR 97801
Phone: (541) 278-6282 - Fax: (541) 278-6374
Web address: www.co.umatilla.or.us
E-mail: hr@umatillacounty.net

AN EQUAL OPPORTUNITY EMPLOYER

You have applied for the position of _____

Employment for this position is subject to a Criminal History Records Check. I, _____

(Print: First, Middle, and Last Name)

Hereby authorize Umatilla County to conduct a routine Criminal History Background Check in connection with my application for the above mentioned position.

Previous Names

Mailing Address:

Ethnic Origin

Gender: Female Male

Date of Birth

Race

Eye Color

Height

Social Security #

Driver License # / State

 Signature Required: _____ Date: _____

**Information needed to ensure accurate identification and information match. This form and the information on it will not be provided to the hiring official*

NOTICE TO APPLICANT

Umatilla County does not improperly discriminate in recruiting, hiring, or conditions of volunteering based on color, national origin, sex, religion, marital status, family relationship, disability, Veteran's status, age, nor any other prohibited reason or basis.

The County is committed to providing an equal opportunity to all individuals who are seeking to volunteer. The objective of the County's procedures is to select the most qualified individual for the position. All applicants are encouraged to provide the County with information that will demonstrate the applicant's qualifications to perform the duties of the specific job for which the applicant is applying.

INVITATION TO REQUEST ACCOMMODATION FOR APPLICANT WITH DISABILITY

Any applicant with a disability who needs reasonable accommodation in any step of the application or hiring process to assist him or her to demonstrate his or her qualifications to perform the essential functions of the job for which the applicant is applying should inform the Human Resources Department.

Interviews, when used, are given on a competitive basis, using job related factors, after a written application has been received and reviewed. The County reserves the right to cancel any announcement or to reject all applications and re-announce the position.

This application becomes void after the position applied for has been filled, although applications will be retained for three years. A new application must be submitted for each future position sought.

TO BE ACCEPTED, APPLICATIONS MUST BE SIGNED AND DATED BELOW.

I hereby certify that the information provided on this application is accurate to the best of my knowledge and subject to verification by Umatilla County. I authorize the schools, persons, previous/present employers and other organizations named in this application to provide Umatilla County (its authorized employees, agents or representatives) with any relevant information that may be required to arrive at a decision and hereby release any such schools, persons, employers and organizations from any and all liability which they might otherwise incur to me as a result. I also release Umatilla County (its authorized employees, agents or representatives) from any and all liability, which might result from gathering and considering this information in its process.

I understand that the discovery of false, fraudulent, or misleading information on this application will result in rejection of my application. I consent to a Criminal History Records Check and have completed the attached Authorization Form.

I understand that as a Volunteer, I am required to abide by all Umatilla County Personnel Policies and Procedures.

I am aware that Umatilla County promotes a smoke-free work environment and that smoking is generally prohibited at all times in all County buildings, facilities, equipment and vehicles.

 Signature Required: _____ Date: _____