# TILLAMOOK COUNTY TRANSPORTATION DISTRICT



AN EQUAL OPPORTUNITY EMPLOYER

# **Application for Employment**

The District accepts applications only for specific available positions. Applications are required. Resumes may be attached however they do not substitute for the application or any part thereof. Incomplete applications will not be considered.

Applicants selected for employment in safety-sensitive positions will be required to submit to a criminal history background check and pre-employment US DOT drug and alcohol test. Applicants selected for employment in non-safety-sensitive positions will be subject to the District's Drug and Alcohol Policy. Applicants must admit any positive drug or alcohol tests performed within the last 2 years.

	LIED FOR:Part-Time() Sub		DA	TE:	
NAME:	First	Middle	Last	;	
Street Add	lress	City	St	ate	Zip Code
TELEPHONE: (	)	TELE	PHONE: (	Evening -	
EMAIL:					
LENGTH OF TIM	ME NEEDED BEFO	ORE STARTING F	OSITION		
If you answer "yes	as defined under Orego " to this question, your apience section of your ap	service record should b		[ ] YES	[ ] NO
If you answer "yes	Veteran" as defined und " to this question, your ience section of your ap	service record should b		[ ] YES	[ ] NO
	ork in the United States will be required before		)	[ ] YES	[ ] NO
Are you at least 18 yo (State Law require	ears of age? s work permits for those	e ages 14-17)		[ ]YES	[ ] NO
How did you hear ab	out this job opening?				
Do you have a	valid driver's license?		[ ]	YES [ ] N	O
If "yes", pleas	e provide: State of Issu	e License I	No	Exp_	
CDL: Yes	No	Date C	CDL issued or ren	ewed:	
List endorsem	ents:				

Education and Training Do you have a high school	diploma or GEI		[ ] YE	S [ ] NO
Please list any college, mili	tary, trade, busi	ness or other sch	ools attended:	
Name and Location	Type of Training or Major	No. of Hours Completed	Did you Graduate? State year	Certificate Diploma/ Degree
Skills and Abilities				
Describe skills, abilities, fo qualifications for the position			assist in evalua	ating your
			-	
Work Experience (Ten List past work experience a all periods of time including previous ten years. If self-cadditional space is needed,	s completely as g military servicemployed, prov	ce, college and ar vide firm name a	ny periods of u and business r	nemployment for t
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Yes/No

May we contact your current employer?

	Name	Supervisor / Title / Department Name		
Employer Ac	ldress	Employer Telephone		
Employed From: mo./yr.		To: mo./yr.		
Your job title/resp	oonsibilities:			
Reason for Leavir	ng:			
EMPLOYER:	Name	Cunomican / Title / Department Name		
	Name	Supervisor / Title / Department Name		
Employer Ac	ldress	Employer Telephone		
Employed From:	•	·		
	•	To: mo./yr.		
Your job title/resp	oonsibilities:	·		
Your job title/resp	ng:			
Your job title/resp	ng:	•		
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Your job title/resp  Reason for Leavir  EMPLOYER:	ng:	Supervisor / Title / Department Name  Employer Telephone		
Your job title/resp  Reason for Leavir  EMPLOYER:  Employer Ac  Employed From:	Name ddress mo./yr.	Supervisor / Title / Department Name  Employer Telephone		

### TILLAMOOK COUNTY TRANSPORTATION DISTRICT



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#### **ACKNOWLEDGEMENT**

By my signature placed below, I affirm that the information provided in this employment application (and accompanying resume, if any) is true and complete, and I understand that any false information or significant omissions may disqualify me from further consideration for employment, and may be justification for my dismissal from employment, if discovered at a later date. I agree to immediately notify the Tillamook County Transportation District if I should be convicted of any crime while my job application is pending, or during my period of employment, if hired.

I authorize the investigation of all statements contained in this application any other materials I have attached. I agree to sign the Tillamook County Transportation District's "Applicant's Authorization to Release Information" form and authorize the Tillamook County Transportation District to contact my present employer, past employers, and any other person or entity with knowledge of me, and that I will be subject to finger printing, a criminal records check and driving records check as required by Oregon law.

I also understand and agree to the following:

- 1. If I am offered employment with the District, this offer may be contingent upon my successful completion of post-offer pre-employment physical, which includes a blood, urine and/or other medical tests for drugs and controlled substances. If I am actually employed by the District, I agree to abide by the District's Drug and Alcohol Policy and submit to drug and alcohol testing if required. I consent to the release to the Tillamook County Transportation District any and all medical information, including drug test results, as may be deemed necessary by the Tillamook County Transportation District in judging my capability to do the work for which I am applying.
- 2. If I am offered employment by the Tillamook County Transportation District, I must produce applicable documents showing that I am an United States citizen or alien lawfully authorized to work in the United States, within the time frame specified by the Tillamook County Transportation District to meet the Immigration Reform and Control Act requirements.
- 3. I understand that this application does not, by itself, create a contract of employment. I understand and agree that, if hired, my employment is for no definite period of time, and may, regardless of the date of payment of my wages or salary, be terminated at any time, subject to the Tillamook County Transportation District's policies and rights provided by written contract. I understand that no person is authorized to change any of the terms mentioned in this employment application form.
- 4. The accuracy of records furnished by the Oregon State Police or Federal Bureau of Investigation may be challenged only in accordance with the rules and procedures of those agencies. A determination that an applicant's own criminal history should not disqualify the applicant may be challenged under the District's Policy related to criminal history and background checks.
- 5. I authorize, at the time of separation of employment with the Tillamook County Transportation District, final paycheck to be mailed to the address I provide.

I understand that if I fail to comply with any of the requ	uirements set forth above, an offer of employment will
be rescinded or my employment will be terminated.	
Applicant's Signature	Date

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# **Applicants' Authorization To Release Information**

My employers (both current and past) and their supervisors and managers, education Institutions and those to whom inquiry is made about me are authorized to give Tillamook County Transportation District any and all information including opinions concerning my employment and any other pertinent information they may have about my professional abilities and accomplishments and personal traits and characteristics in order to assess my capacity for success and achievement at Tillamook County Transportation District. I authorize Tillamook County Transportation District to obtain Criminal history information from the Oregon State Police/Federal Bureau of Investigations to the extent authorized by law. I authorize Tillamook County Transportation District to obtain information about me from such third parties as the District may see fit to contact. I release and agree to hold harmless all persons or entities from liability for any and all claims that could be alleged related in any way to furnishing information to Tillamook County Transportation District. I also release Tillamook County Transportation District and all of its agents, officials, employees, contractors, and insurers from all liability in any way related to gathering and relying upon the information furnished. I authorize Tillamook County Transportation District to obtain such information confidentially, and I agree that Tillamook County Transportation District may maintain the confidentiality of such information, and may not be required to disclose it to me or to any other person at my request. I understand that such information will constitute a "public record" which is exempt from public disclosure to the full extent provided by Oregon law.

Applicant's Name (please print)	
Applicant's Signature	 Date