## **CLACKAMAS COUNTY - APPLICATION FOR TEMPORARY EMPLOYMENT**

## Current Date: \_\_\_\_ PLEASE PRINT IN INK Date Available For Work: POSITION(S) APPLIED FOR: Name: \_\_\_\_ First MI Address: # and Street City State Zip Home Phone: Email Address: Are You 18 Years Of Age Or Over? No Yes WORK EXPERIENCE: Please list prior experience (paid or volunteer). Start with the most recent employment. **Employer** Address From: Mo/Yr To: Mo/Yr Phone Title Supervisor Hours per week Duties (include equipment Operated): Reason for Leaving: **Employer** Address From: Mo/Yr To: Mo/Yr Title Hours per Supervisor Phone week Duties (include equipment Operated): Reason for Leaving: **Employer** From: Mo/Yr To: Mo/Yr Address Title Supervisor Phone Hours per week Duties (include equipment Operated):

**APPLICATION CONTINUED ON OTHER SIDE** 

Reason for Leaving:

<b>EDUCATION:</b>	12345678	9 10 11 12	13 14 15 16	17 18	19 20 21 22	
Circle Highest Grade Completed	Grade School	High School		College/Gradu	ate School	
High School Attended:						
	Name			Location		
College/Vocational Schools Attended:						
	Name	<u>.</u>		Location		
Major:						
To the best of your knowledge, are you able to perform the duties of the position for which you are applying, with or without reasonable accommodation?						
	Yes			No 🔲		
REFERENCES:	1		1			
1.					Dhana	
2.	Name Address		; 		Phone	
Name		Address		Phone		
My signature affirms that I release from liability any employer, person, or employee supplying reference information regarding me and my previous employment. I also release Clackamas County from all liability which may result from making any investigation of information provided in the application materials. All information on this application is true to the best of my knowledge. I understand that falsification or misrepresentation may result in disqualification from employment consideration.						
Applicant Signature				Date		
AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER						
FOR OFFICE USE ONLY						
Eligible	eligible 🗖 Da	te Interviewed:				
Notice of Results Sent:						
Date Started:	te Started: Classification:					
Range:	Step:		Hourly Rate:			

Division/Section Assigned: