



**Department of Human Services  
APPLICATION FORM (DHS101)**

*Committed to affirmative action, equal employment opportunity and workforce diversity.*

<b>AFFIRMATIVE ACTION INFORMATION (Voluntary - Please Check)</b>	
JOB TITLE:	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
ANNOUNCEMENT #:	ETHNICITY : <input type="checkbox"/> (A) Asian <input type="checkbox"/> (B) African American
CLASSIFICATION #:	<input type="checkbox"/> (H) Hispanic <input type="checkbox"/> (I) Native American <input type="checkbox"/> (W) Caucasian

APPLICANT INFORMATION	
Social Security Number:	Home Phone:
Name (Last, First, M.I.):	Work Phone:
Mailing Address:	Message Phone (If different):
City, State and Zip Code:	Valid Driver's License #:                      State:

VETERAN'S PREFERENCE – To receive credit attach a copy of your DD214/DD215			
<b>Check One:</b> <input type="checkbox"/> 5 points (discharged within 15 years)	<input type="checkbox"/> 10 points (provide proof of disability)	Entry Date:	Discharge Date:

WORK SCHEDULE	
<b>Check one:</b> <input type="checkbox"/> Permanent(P) <input type="checkbox"/> Seasonal(S) <input type="checkbox"/> Either(B)	<b>Check one:</b> <input type="checkbox"/> Full-Time(F) <input type="checkbox"/> Full/Part-Time(E) <input type="checkbox"/> Part-Time(P) <input type="checkbox"/> Job Share(J) <input type="checkbox"/> Intermittent (on-call) <input type="checkbox"/> Any (B)
Are you willing to work for DHS in a temporary position? <input type="checkbox"/> Yes <input type="checkbox"/> No	

GEOGRAPHIC AVAILABILITY					
Check the following DHS locations up to 40. If you check too many, the first 40 will be recorded. If you check <b>EMA, SMA or PMA</b> , do not check the individual cities within those areas.					
<input type="checkbox"/> <b>EMA Eugene Metro Area</b> Cottage Grove, Eugene, Springfield, Sweet Home, Veneta	<input type="checkbox"/> 22A Albany <input type="checkbox"/> 15A Ashland <input type="checkbox"/> 04A Astoria <input type="checkbox"/> 01A Baker City	<input type="checkbox"/> 06B Coos Bay <input type="checkbox"/> 06C Coquille <input type="checkbox"/> 02A Corvallis <input type="checkbox"/> 20B Cottage Grove	<input type="checkbox"/> 12E John Day <input type="checkbox"/> 18C Klamath Falls <input type="checkbox"/> 31E LaGrande <input type="checkbox"/> 19A Lakeview	<input type="checkbox"/> 21B Newport <input type="checkbox"/> 06H North Bend <input type="checkbox"/> 23D Ontario <input type="checkbox"/> 03G Oregon City	<input type="checkbox"/> 24P Stayton <input type="checkbox"/> 24Q Sublimity <input type="checkbox"/> 22H Sweet Home <input type="checkbox"/> 33G The Dalles
<input type="checkbox"/> <b>PMA Portland Metro</b> Beaverton, Clackamas, Gresham, Hillsboro, Lake Oswego, Milwaukie, Oregon City, Portland, Tigard, Troutdale	<input type="checkbox"/> 34B Beaverton <input type="checkbox"/> 09A Bend <input type="checkbox"/> 25A Boardman <input type="checkbox"/> 08A Brookings <input type="checkbox"/> 13A Burns	<input type="checkbox"/> 27A Dallas <input type="checkbox"/> 32A Enterprise <input type="checkbox"/> 20D Eugene <input type="checkbox"/> 20E Florence <input type="checkbox"/> 08B Gold Beach	<input type="checkbox"/> 09D LaPine <input type="checkbox"/> 22E Lebanon <input type="checkbox"/> 21A Lincoln City <input type="checkbox"/> 16B Madras <input type="checkbox"/> 36F McMinnville	<input type="checkbox"/> 30H Pendleton <input type="checkbox"/> 26C Portland <input type="checkbox"/> 07A Prineville <input type="checkbox"/> 09B Redmond <input type="checkbox"/> 10I Roseburg	<input type="checkbox"/> 34J Tigard <input type="checkbox"/> 29F Tillamook <input type="checkbox"/> 34I Tualatin <input type="checkbox"/> 30K Umatilla <input type="checkbox"/> 03K Wilsonville
<input type="checkbox"/> <b>SMA Salem Metro Area</b> Albany, Dallas, McMinnville, Monmouth/Independence Sublimity, Salem/Keizer, Woodburn	<input type="checkbox"/> 10A Canyonville <input type="checkbox"/> 17A Cave Junction <input type="checkbox"/> 15C Central Point <input type="checkbox"/> 03L Clackamas <input type="checkbox"/> 11B Condon	<input type="checkbox"/> 17B Grants Pass <input type="checkbox"/> 26B Gresham <input type="checkbox"/> 30F Hermiston <input type="checkbox"/> 34F Hillsboro <input type="checkbox"/> 14B Hood River	<input type="checkbox"/> 15G Medford <input type="checkbox"/> 30G Milton-Freewater <input type="checkbox"/> 03E Milwaukie <input type="checkbox"/> 36G Newberg	<input type="checkbox"/> 24M Salem/Keizer <input type="checkbox"/> 04D Seaside <input type="checkbox"/> 20H Springfield <input type="checkbox"/> 05F St. Helens	<input type="checkbox"/> 24S Woodburn <input type="checkbox"/> ANY LOCATION <input type="checkbox"/> OTHER:

SKILL CODES SECTION-Transfer Skills Codes from Skill Code Sheet If Required On The Job Announcement											

BILINGUAL SKILLS (Indicate level of skills, i.e. speaking, writing and/or reading/translating)						
Sign Language	Spanish	Russian	Vietnamese	Laotian	Japanese	Chinese

OFFICE USE ONLY					
Exam#:	Accepted/QLF:	Not Accepted/Reason Code:	VP:	Date Reviewed:	Date Input:

EDUCATION			
Name and Location of School (List highest degree first)	Course of Study (List Major)	Graduated (Yes / No)	Type of Degree, Certificate, License
<b>A</b>			
<b>B</b>			
<b>C</b>			

**EMPLOYMENT HISTORY**  
*Duplicate this page if you need to list more jobs. (Be sure to identify additional jobs by numbering them 4,5,6,etc.)*

<b>JOB NUMBER 1</b>	
SUPERVISOR'S NAME, TITLE, ADDRESS & PHONE NUMBER:	FROM (Month - Year): TO (Month - Year):
NAME OF EMPLOYER/YOUR TITLE:	TOTAL TIME IN POSITION: HOURS WORKED PER WEEK: YEARS: MONTHS: (Average)
DUTIES (List all duties you performed. No credit will be given if this section is not completed.) :	

<b>JOB NUMBER 2</b>	
SUPERVISOR'S NAME, TITLE, ADDRESS & PHONE NUMBER:	FROM (Month - Year): TO (Month - Year):
NAME OF EMPLOYER/YOUR TITLE:	TOTAL TIME IN POSITION: HOURS WORKED PER WEEK: YEARS: MONTHS: (Average)
DUTIES (List all duties you performed. No credit will be given if this section is not completed.) :	

<b>JOB NUMBER 3</b>	
SUPERVISOR'S NAME, TITLE, ADDRESS & PHONE NUMBER:	FROM (Month - Year): TO (Month - Year):
NAME OF EMPLOYER/YOUR TITLE:	TOTAL TIME IN POSITION: HOURS WORKED PER WEEK: YEARS: MONTHS: (Average)
DUTIES (List all duties you performed. No credit will be given if this section is not completed.) :	

**CERTIFICATION AND SIGNATURE**

I understand that any oral 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 in many circumstances, prosecution for a crime.

- ◆ I certify that all statements contained herein in all application materials are true and complete whether made by me or others at my request.
- ◆ I understand that I must prove that I am authorized to work in the United States if I am hired.
- ◆ I authorize the employing agency to verify the employment and education information provided on this employment application.
- ◆ I authorize my driving record be checked.
- ◆ I understand and agree to be subjected to a criminal history background check.

SIGNATURE (MUST BE IN INK):	DATE:
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