

## NORTH CLACKAMAS PARKS & RECREATION APPLICATION FOR TEMPORARY EMPLOYMENT

POSITIO	N APPLIED FOR:		DATE:				
Name:							
	Last First		First	MI			
Address:	# and Street			City State	· Zip		
Phone #:		Emai	Į·	•	•		
WORK EXPERIENCE: Please list all relevant experience (paid and unpaid). An additional sheet may be							
used for additional experience. Information submitted will be considered in salary placement.							
	Employer	City	, State	From: Mo/Day/Yr	To: Mo/Day/Yr		
	Title	Hours per week	Supervisor		Phone		
Duties:							
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Reason for Leaving:							
		1			1		
	Employer	City	, State	From: Mo/Doy/Vr	To: Mo/Day/Yr		
	Employer	City	, State	From: Mo/Day/Yr	To. Mo/Day/YT		
	Title	Hours per	Supervisor		Phone		
	Title	week	Supervisor		i none		
Duties:							
Reason for Leaving:							
	Employer	City	, State	From: Mo/Day/Yr	To: Mo/Day/Yr		
		- -	1	·			
	Title	Hours per	Supervisor		Phone		
		week					
Duties:							
Reason for Leaving:							

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

EDUCATION LEVEL							
Hi	ghest Grade/Degree Completed:	MAJOR:					
RELEVANT LICENSES OR CERTIFICATIONS							
REQUIRED QUESTIONS							
1.	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 $\Box$ No $\Box$						
2.	<ul> <li>Are you currently authorized to work in the United States and able to provide proof of your eligibility to work in the United States prior to your first day of work once a position has been accepted?</li> <li>Yes □ No □</li> </ul>						
3.	Have you ever worked for Clackamas County previously? Yes □ No □						
4.	<ul> <li>Are you requesting veteran's preference points under eligibility criteria of ORS 408.230-408.235?</li> <li>(documentation will be requested at a later date) Yes □ No □</li> </ul>						
REFERENCES: (please include at least one Supervisor)							
1.	Name						
	Name	Email Address	Phone				
2.	Name	Email Address	Phone				
	Name	Email Address					
3.	Name	Email Address	Phone				
reg any be	v signature affirms that I release from liability arding my previous employment. I also regularing my previous employment. I also regularing the strong that falso in the strong that the strong is significant.	elease Clackamas County from a ne application materials. All infor	all liability which may result from making rmation on this application is true to the				
	Applicant Signature		Date				

## **EQUAL EMPLOYMENT OPPORTUNITY**

Clackamas County is an Equal Opportunity Employer. We value diversity, equity, and inclusion as essential elements that create and foster a welcoming workplace. All qualified persons will be considered for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, age, political affiliation, disability or any other factor unrelated to the essential functions of the job. If you wish to identify yourself as a qualified person with a disability under the Americans with Disabilities Act and would like to request an accommodation, please address the request to the Department of Human Resources prior to the recruitment close date. You may request an accommodation during the application process.