



# HIRE System Referral - Part I

## (Application for Persons with Disabilities)

- Step 1** Go through this Referral Form Part I with the applicant. Sign and date the Referral Part I Form.
- Step 2** Have applicant fill out the Skill Code document(s) that are relevant to State of Oregon job classifications for which the applicant is seeking to be qualified.
- Step 3** Fill out the Referral Part II. See the following example of a completed form.
- Step 4** Attach documents (such as transcripts, certificates, skill code sheets, etc.) required by the classification specification minimum qualifications or job current announcement.
- Step 5** Send the Referral Part I, the Referral Part II, the State of Oregon application (PD100), the Skill Code document(s), and other required documentation to HRSD Recruitment.
- Step 6** Notify HRSD Recruitment when applicant is no longer available for State of Oregon employment or becomes employed with the State.

*VOCATIONAL REHABILITATION DIVISION and  
OREGON COMMISSION FOR THE BLIND Referral Check List*

- Applicant is a current client of Vocational Rehabilitation Division or Oregon Commission for the Blind.
- Applicant has no medical or psychological barriers to employment that have not been successfully dealt with.
- Applicant has no other barriers to immediate employment (i.e. transportation, day care, family obligations, upcoming medical procedures, etc).
- Applicant knows how to apply and interview for jobs.
- Applicant knows what job he or she wants to do along with what he or she is potentially qualified for (fill out HIRE Referral Part II).
- Applicant is willing to be identified as a disabled applicant.
- Applicant has a completed PD100(s). PD100 shows complete dates, months, years or hours worked per week, per job listed. Please have current phone numbers and addresses for employers.
- Applicant has been advised that all contact with HRSD Recruitment will be through their counselor.
- Applicant will respond to each interview request so agencies are kept informed of the status of the applicant's availability.

Counselor signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_