

# PD300IS

## STATE OF OREGON EMPLOYMENT APPLICATION FOR INFORMATION SYSTEMS SPECIALIST POSITIONS

ATTACH A **RESUME** TO DESCRIBE RELATED TRAINING AND EXPERIENCE

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_

### NAME AND ADDRESS

Name (Last, First, M.I.):	Home Phone:	Work Phone:
Mailing Address:	Select only one and enter below: <input type="checkbox"/> Cell <input type="checkbox"/> Message <input type="checkbox"/> Other	
City, State, and Zip Code:	Email Address:	

### AFFIRMATIVE ACTION (Voluntary)

<b>GENDER</b> (Please Select One) <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>ETHNICITY</b> (Please Select one): <input type="checkbox"/> Asian (A) <input type="checkbox"/> African American (B) <input type="checkbox"/> Hispanic (H) <input type="checkbox"/> Native American (I) <input type="checkbox"/> Caucasian (W)
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### JOB(s) APPLIED FOR

Check the job(s) you are applying for and enter the announcement number below.

- |  |  |
|--|--|
| <input type="checkbox"/> C1481* - Information Systems Specialist 1 | <input type="checkbox"/> C1485* - Information Systems Specialist 5 |
| <input type="checkbox"/> C1482* - Information Systems Specialist 2 | <input type="checkbox"/> C1486* - Information Systems Specialist 6 |
| <input type="checkbox"/> C1483* - Information Systems Specialist 3 | <input type="checkbox"/> C1487* - Information Systems Specialist 7 |
| <input type="checkbox"/> C1484* - Information Systems Specialist 4 | <input type="checkbox"/> C1488* - Information Systems Specialist 8 |

**ANNOUNCEMENT NUMBER:** \_\_\_\_\_

### VETERANS' POINTS - To Receive Credit, Attach A Copy of Your DD214/215

Points:  5  10 Date of Entry (M-D-Y): \_\_\_\_\_ Date of Discharge (M-D-Y): \_\_\_\_\_

Are you also willing to work for the State of Oregon in a temporary position? Yes  No

### WORK SCHEDULE

<b>CHECK ONE:</b> <input type="checkbox"/> PERMANENT (P) <input type="checkbox"/> EITHER (B) <input type="checkbox"/> SEASONAL (S)	<b>CHECK ONE:</b> <input type="checkbox"/> FULL TIME (F) <input type="checkbox"/> FULL / PART TIME (E) <input type="checkbox"/> JOB SHARE (J) <input type="checkbox"/> PART TIME (P) <input type="checkbox"/> INTERMITTENT (I) <input type="checkbox"/> ANY (B)	<b>DATE YOU CAN REPORT TO WORK IF MORE THAN 30 DAYS:</b> _____
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### GEOGRAPHIC AVAILABILITY

Most of these positions are in Portland and Salem with a few positions in outlying areas.

I'm willing to work in:  PORTLAND  SALEM  OTHER: \_\_\_\_\_

### EDUCATION / TRAINING HISTORY

Do you have a high school diploma or a GED certificate? (Check One) Yes  No

### CERTIFICATION AND SIGNATURE

I understand that any verbal 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 under some circumstances, may result in prosecution for a crime.

- I certify that all statements contained herein are true and complete whether made by me or others at my request.
- I understand that if hired, I must prove that I am legally authorized to work in the United States.
- I authorize the State of Oregon to check employment references and verify education information provided on this employment application and as disclosed in the interview process.
- I authorize the State of Oregon to check my driving record if the position for which I am applying requires driving.
- You may be asked to submit to a pre-employment drug test, a credit history check and/or criminal history background check as a condition of employment.
- I release the State of Oregon and all providers of information from any liability as a result of furnishing and receiving any information related to the State of Oregon's hiring process.

**By electronically submitting my application materials, I agree to the conditions stated in this "Certification and Signature" section, and this section is enforceable as if I had signed below.**

**SIGNATURE AGREEMENT:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**KEEP A COPY OF YOUR APPLICATION MATERIALS ♦ COPIES WILL NOT BE PROVIDED**