

PD291RN**STATE OF OREGON DEPARTMENT OF CORRECTIONS
EMPLOYMENT APPLICATION FOR INSTITUTION RN**

TYPE/PRINT IN INK - Please complete the application by typing or clearly printing in dark ink.

SOCIAL SECURITY NUMBER: **Classification: C6214****ANNOUNCEMENT: LECO0217****NAME AND ADDRESS**

NAME (LAST, FIRST, M.I.):	HOME TELEPHONE:
MAILING ADDRESS	WORK TELEPHONE:
CITY, STATE AND ZIP CODE:	MESSAGE (IF DIFFERENT):
EMAIL ADDRESS:	

AFFIRMATIVE ACTION (VOLUNTARY - Please Select One): GENDER: Male Female ETHNICITY (VOLUNTARY - Please Select one): Asian(A), African American(B), Hispanic(H), Native American(I), Caucasian(W)**WORK SCHEDULE AVAILABILITY**

PERMANENT (P <input type="checkbox"/>) EITHER (B <input type="checkbox"/>)	TEMP (<input type="checkbox"/>)	Check As Many As Apply Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Job Share <input type="checkbox"/> Any <input type="checkbox"/>	DATE YOU CAN REPORT FOR WORK:
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GEOGRAPHIC AVAILABILITY Check locations you are willing to work.

- | | |
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| <input type="checkbox"/> 26C Portland – Columbia River Correctional Institution (CRCI) | <input type="checkbox"/> 23D Ontario – Snake River Correctional Institution (SRCI) |
| <input type="checkbox"/> 03K Wilsonville – Coffee Creek Correctional Facility (CCCF) | <input type="checkbox"/> 01A Baker City – Powder River Correctional Facility (PRCF) |
| <input type="checkbox"/> 24M Salem – Includes the following institutions: | <input type="checkbox"/> 30H Pendleton – Eastern Oregon Correctional Institution (EOCI) |
| <input type="checkbox"/> Mill Creek Correctional Facility (MCCF) | <input type="checkbox"/> 30K Umatilla – Two Rivers Correctional Institution (TRCI) |
| <input type="checkbox"/> Oregon State Correctional Institution (OSCI) | <input type="checkbox"/> 06H North Bend – Shutter Creek Correctional Institution (SCCI) |
| <input type="checkbox"/> Oregon State Penitentiary (OSP) | <input type="checkbox"/> 29F Tillamook – South Fork Forrest Camp (SFFC) |
| <input type="checkbox"/> Santiam Correctional Institution (SCI) | <input type="checkbox"/> 19A Lakeview – Warner Creek Correctional Facility (WCCF) |
| <input type="checkbox"/> Oregon State Penitentiary – Minimum (OSPM) | <input type="checkbox"/> 16B Madras – Deer Ridge Correctional institution (DRCI) |

OREGON REGISTERED PROFESSIONAL NURSE LICENSE

DESCRIPTION	STATE	NUMBER	EXPIRATION

Check this box if you have had clinical experience in mental health. **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 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 if the position for which I am applying requires driving.
- I understand and agree to be subjected to a pre-employment drug screening and a criminal history background check, if applicable.

SIGNATURE (MUST BE IN INK):**DATE:**

By submitting my application materials, I agree to the conditions stated in this "Certification and Signature" section

Prior to being offered a position with the Oregon Department of Corrections you will need to complete an Applicant Employer Verification Form**OFFICE USE ONLY**

Skill Codes:	<input type="checkbox"/> Accepted	Reviewer's Initials/Date:
<input type="checkbox"/> CMH	<input type="checkbox"/> Not Accepted	