



County Website:  
www.co.polk.or.us

**SUBMIT APPLICATION TO:**  
**Polk County Fair**  
520 S. Pacific Hwy. W./PO Box 29  
Rickreall, OR 97371

Phone: (503) 623-3048  
Fax: (503) 623-6157  
E-Mail: andersen.tina@co.polk.or.us

**ELECTRONIC VERSION**

APPLICATIONS ARE ACCEPTED ONLY FOR OPEN POSITIONS AND MUST BE RECEIVED AT THE FAIRGROUNDS BY **4:00 PM** ON THE DEADLINE STATED ON THE RECRUITING ANNOUNCEMENT. A SEPARATE APPLICATION IS REQUIRED FOR EACH POSITION.

POSITION APPLYING FOR			DATE OF APPLICATION
LAST NAME	FIRST NAME	MI	NAME CALLED BY
STREET/PO BOX	CITY	STATE	ZIP CODE
E-MAIL ADDRESS	HOME PHONE	CELL PHONE	MESSAGE PHONE

HAVE YOU BEEN EMPLOYED PREVIOUSLY BY POLK COUNTY?  YES  NO  
IF YES, WHEN AND IN WHAT POSITION?

ARE YOU 18 YEARS OF AGE OR OLDER?  YES  NO IF APPLYING FOR A LAW ENFORCEMENT OR CORRECTIONS POSITION, ARE YOU 21 YEARS OF AGE OR OVER?  YES  NO DPSST CERTIFIED?  YES  NO

DO YOU QUALIFY AS A VETERAN?  YES  NO IF YES, I REQUEST VETERANS' HIRING PREFERENCE  YES \*\*  NO  
\*\* SUBMIT D214 OR DD215 AND VETERANS' HIRING PREFERENCE FORM ALONG WITH YOUR APPLICATION TO RECEIVE VETERANS' PREFERENCE

ARE YOU AUTHORIZED TO WORK IN THE UNITED STATES?  YES  NO  
IF NO, PLEASE EXPLAIN:

HAVE YOU EVER BEEN CONVICTED OF ANY CRIME?  YES  NO (Note – A prior conviction does not necessarily disqualify you from employment. An inaccurate answer will.)  
IF YES, ATTACH A SEPARATE SHEET WITH EXPLANATION.

HAVE YOU EVER BEEN DISCHARGED OR FORCED TO RESIGN FROM ANY EMPLOYMENT?  YES  NO  
IF YES, PLEASE EXPLAIN:

RELATIVES OR ACQUAINTANCES EMPLOYED BY POLK COUNTY:	NAME	RELATIONSHIP	DEPARTMENT

**EDUCATION**

GRADUATE FROM HIGH SCHOOL ?  YES  NO IF NO, DO YOU HAVE A GED?  YES  NO  
SCHOOL NAME, CITY AND STATE:

NAME & LOCATION OF COLLEGE OR UNIVERSITY	MAJOR SUBJECTS STUDIED	# CREDIT HRS COMPLETED		DATES ATTENDED	GRADUATE? YES / NO	DEGREE RECEIVED
		QTR	SEM			

ADDITIONAL COURSES OR GRADUATE STUDIES

**ADDITIONAL INFORMATION**

ARE THERE ANY OTHER SKILLS OR QUALIFICATIONS WHICH YOU FEEL WOULD ESPECIALLY FIT YOU FOR WORK IN THIS POSITION?	SALARY REQUIREMENT?
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## EMPLOYMENT HISTORY

BEGINNING WITH YOUR CURRENT OR MOST RECENT JOB, LIST YOUR EMPLOYMENT HISTORY, MILITARY, AND/OR UNPAID WORK EXPERIENCE. **BE SURE TO DESCRIBE ENOUGH RELEVANT WORK EXPERIENCE TO SHOW THAT YOU MEET THE MINIMUM QUALIFICATIONS LISTED ON THE RECRUITING ANNOUNCEMENT.** YOU MAY SUBMIT A COVER LETTER WITH YOUR APPLICATION. **\*\* DO NOT SUBMIT A RÉSUMÉ, REFERENCE LETTERS, TRANSCRIPTS OR CERTIFICATES WITH YOUR APPLICATION; THEY WILL NOT BE CONSIDERED AT THE APPLICATION STAGE. YOU MAY PROVIDE THEM AT THE INTERVIEW, IF YOU ARE SELECTED TO INTERVIEW. \*\***

EMPLOYER	ADDRESS	TOTAL TIME: _____ (YEARS)      (MONTHS)  FROM: _____ (MONTH)      (YEAR)  TO: _____ (MONTH)      (YEAR)  HOURS PER WEEK: _____  <input type="checkbox"/> PAID <input type="checkbox"/> UNPAID
YOUR TITLE	SUPERVISOR'S NAME AND PHONE NUMBER	
DUTIES (BE SPECIFIC)		

REASON FOR LEAVING/DESIRING TO LEAVE:

MAY WE CONTACT?  YES  NO If no, please explain:

EXPLAIN ANY GAP IN EMPLOYMENT:

EMPLOYER	ADDRESS	TOTAL TIME: _____ (YEARS)      (MONTHS)  FROM: _____ (MONTH)      (YEAR)  TO: _____ (MONTH)      (YEAR)  HOURS PER WEEK: _____  <input type="checkbox"/> PAID <input type="checkbox"/> UNPAID
YOUR TITLE	SUPERVISOR'S NAME AND PHONE NUMBER	
DUTIES (BE SPECIFIC):		

REASON FOR LEAVING/DESIRING TO LEAVE:

MAY WE CONTACT?  YES  NO If no, please explain:

EXPLAIN ANY GAP IN EMPLOYMENT:

## EMPLOYMENT HISTORY

EMPLOYER	ADDRESS	TOTAL TIME: _____ (YEARS) (MONTHS)  FROM: _____ (MONTH) (YEAR)  TO: _____ (MONTH) (YEAR)  HOURS PER WEEK: _____  <input type="checkbox"/> PAID <input type="checkbox"/> UNPAID
YOUR TITLE	SUPERVISOR'S NAME AND PHONE NUMBER	
DUTIES (BE SPECIFIC)		
REASON FOR LEAVING/DESIRING TO LEAVE:		
MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, please explain:		

EXPLAIN ANY GAP IN EMPLOYMENT:

EMPLOYER	ADDRESS	TOTAL TIME: _____ (YEARS) (MONTHS)  FROM: _____ (MONTH) (YEAR)  TO: _____ (MONTH) (YEAR)  HOURS PER WEEK: _____  <input type="checkbox"/> PAID <input type="checkbox"/> UNPAID
YOUR TITLE	SUPERVISOR'S NAME AND PHONE NUMBER	
DUTIES (BE SPECIFIC)		
REASON FOR LEAVING/DESIRING TO LEAVE:		
MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, please explain:		

EXPLAIN ANY GAP IN EMPLOYMENT:

**EMPLOYMENT HISTORY**

EMPLOYER	ADDRESS	TOTAL TIME: _____ (YEARS) (MONTHS)  FROM: _____ (MONTH) (YEAR)  TO: _____ (MONTH) (YEAR)  HOURS PER WEEK: _____  <input type="checkbox"/> PAID <input type="checkbox"/> UNPAID
YOUR TITLE	SUPERVISOR'S NAME AND PHONE NUMBER	
DUTIES (BE SPECIFIC)		

REASON FOR LEAVING: \_\_\_\_\_

MAY WE CONTACT?  YES  NO If no, please explain: \_\_\_\_\_

**BUSINESS / PROFESSIONAL REFERENCES**

NAME	RELATIONSHIP	ADDRESS	PHONE

**PLEASE READ THE FOLLOWING BEFORE SIGNING YOUR APPLICATION**

My written or electronic signature below certifies that:

- 1) All answers and statements on this application are true and complete to the best of my knowledge. I understand that should an investigation disclose untruthful or misleading answers or omissions, that my application may be rejected, my name removed from consideration, or my employment with Polk County Fairgrounds terminated.
- 2) I understand that not every applicant who applied for this position will be offered an interview or invited to testing.
- 3) I hereby authorize Polk County Fairgrounds to obtain information from my former employers and others in determining my qualifications and suitability to fill the position I seek. I release Polk County as well as any other agency, company, or school contacted from any liability or damage which may result from obtaining the information requested for the purpose specified herein.
- 4) I understand and agree that Polk County may obtain a criminal history background and driving record check.
- 5) I have thoroughly reviewed the instructions and the information I am submitting on this application form.

*Employment may be subject to passing a physical examination by a designated physician and/or pre-employment drug screen.*

**NOTE: Unsigned applications will not be processed.** Type name in Electronic Signature box. Electronic signature required when submitting application via e-mail. You will be asked to sign your application at the interview, if selected to interview.

**ELECTRONIC SIGNATURE:** (Type name)

**WRITTEN SIGNATURE:** (Only required if selected to interview)

**DATE:**

**DATE OF WRITTEN SIGNATURE:**

**If faxing an application, you must follow-up by mailing the originals**  
**EQUAL OPPORTUNITY EMPLOYER**

## AFFIRMATIVE ACTION DATA

This EEO data is used for compliance and monitoring purposes only in order to further the principle of Equal Employment Opportunity. It is used solely for statistical reporting purposes in the implementation of non-discrimination provisions of federal and state law. Completing this section is voluntary and confidential although we appreciate your cooperation. Your decision not to complete this section will not affect consideration of your application or subject you to any adverse treatment.

\_\_\_\_\_

**Last Name, First Name**

\_\_\_\_\_

**Job Applying For**

\_\_\_\_\_

**Date**

**ETHNIC GROUP:** Please select a category that applies to you. If you identify with more than one category, please select just one as we are unable to report multiple categories at this time.

American Indian or Alaskan Native - All persons having origins in any of the original peoples of North America.

Asian or Pacific Islander: All persons having origins in any of the far east, south east Asia or the Pacific Islands, including China.

Black/African American: All persons having origins in any of the black racial groups of Africa.

Hispanic/Latino: All persons of Mexican, Puerto Rican, Central or South American or other Spanish culture.

White: All persons having origins in any of the original people of Europe, North Africa or Middle East.

**GENDER:**

Male

Female

**DATE OF BIRTH:** \_\_\_\_/\_\_\_\_/\_\_\_\_\_

## RECRUITMENT SURVEY

We are interested in how you **first** learned of this job opening. Please indicate below the resource that you utilized. This information is not part of the application evaluation procedure and is only to help us plan future recruitments.

**HOW DID YOU FIRST HEAR ABOUT THIS JOB? (CHECK ONE ONLY)**

**WEB PAGE**

**RECRUITMENT FLIER (LOCATION):** \_\_\_\_\_

**JOBLINE**

**COLLEGE/UNIVERSITY (SPECIFY):** \_\_\_\_\_

**COUNTY EMPLOYEE**

**NEWSPAPER (SPECIFY):** \_\_\_\_\_

**COURTHOUSE**

**OTHER (SPECIFY):** \_\_\_\_\_

**FRIEND/RELATIVE**

**EMPLOYMENT DIVISION**

The information provided on this page will not be used to evaluate your qualifications for employment. This page will be removed from your application prior to the department reviewing it. No person involved in the selection process will have access to this information except as required to ensure that discrimination is avoided. If you believe that your civil rights in employment have been violated at any time during the course of your consideration for employment, contact the Fairgrounds.