



# Rogue Valley Council of Governments

## EMPLOYMENT APPLICATION

155 N. First Street  
P.O. Box 3275  
Central Point, OR 97502  
(541) 664-6674  
FAX (541) 664-7927  
www.rvcog.org

**DIRECTIONS:** Supply an answer to every question. If a question is not applicable, write "N/A" in that space. SIGN YOUR NAME WHEN COMPLETED. A résumé may be submitted; however, a résumé will not substitute for a fully completed application. Failure to follow directions may delay or prevent your application from being considered.

POSITION APPLIED FOR \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Middle Initial \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Email Address \_\_\_\_\_

Where did you hear about this opening? \_\_\_\_\_

Are you employed now? ☐ Yes ☐ No

May we contact your present employer? ☐ Yes ☐ No

If YES, give name, contact person and title, and contact number: \_\_\_\_\_

Date you are available for work? \_\_\_\_\_

Indicate work schedule(s) you will accept **and check** your first choice:

☐ Full Time ☐ Part Time ☐ Shift Work ☐ Temporary

Do you have a valid Driver's license? ☐ Yes ☐ No State: \_\_\_\_\_

Can you satisfactorily perform the essential functions of the job for which you are applying as outlined in the job description, with or without reasonable accommodations? ☐ Yes ☐ No

Are you able to be lawfully employed in the United States? ☐ Yes ☐ No (Proof will be required upon hire.)

Rogue Valley Council of Governments is an equal employment opportunity employer. All applicants will be considered on the basis of their qualifications without regard to age, race, color, national origin, gender, religion, disability, or other protected status in accordance with applicable federal, state, and local equal employment opportunity laws.

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Are you a veteran of the US Armed Forces?   ☐ Yes   ☐ No

*If yes and you want to use Veterans' Preference, you must provide a copy of your DD214/DD215 form or a letter from the U.S. Department of Veterans Affairs indicating receipt of a non-service connected pension.*

Do you have a service-connected disability?   ☐ Yes   ☐ No

*If yes and you want to use Veterans' Preference, you must provide a copy of your Veterans' Preference Letter from the U.S. Department of Veterans Affairs.*

Please describe any transferrable skills obtained through military education or experience that substantially relate to the position being applied for:

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### EDUCATION AND FORMAL TRAINING

Do you have a high school diploma or GED certificate?   ☐ Yes   ☐ No   If no, highest grade completed \_\_\_\_\_

#### Schools attended after high school or special training received

BUSINESS/VOCATIONAL SCHOOL OR COLLEGE NAME AND LOCATION	NUMBER OF YEARS COMPLETED	COURSE OF STUDY (MAJOR AND MINOR)	DEGREE or CERTIFICATE EARNED	CREDIT HOURS
	1   2   3   4 Other:			
	1   2   3   4 Other:			
	1   2   3   4 Other:			
	1   2   3   4 Other:			

Other certificates or degrees earned or applicable registration or license numbers:

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### SPECIAL SKILLS, QUALIFICATIONS, AND CONSIDERATIONS

Briefly summarize any special skills, qualifications, volunteer activities, training, or other activities related to the job you are seeking. They need not be a result of past employment.

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**EMPLOYMENT HISTORY**

- List your last 5 jobs in order. Start with your present or most recent job. Do not omit any job.
  - Be sure to describe in this section the duties you have performed which demonstrate that you have the knowledge, skills, and abilities to perform the duties of the job for which you are applying.
  - Attaching a résumé in lieu of a fully completed application is not acceptable.
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Job Title \_\_\_\_\_ Start Date (mo/yr) \_\_\_\_\_ End Date (mo/yr) \_\_\_\_\_

Company Name \_\_\_\_\_ Phone \_\_\_\_\_

Address, City, State & Zip \_\_\_\_\_

May we contact this employer? ☐ Yes ☐ No Supervisor \_\_\_\_\_ Full or Part-Time \_\_\_\_\_

Number of people you supervise(d) \_\_\_\_\_

Reason for Leaving or Desiring to Leave \_\_\_\_\_

Duties and Responsibilities:

What did you like most about this job?

What did you like least about this job?

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Job Title \_\_\_\_\_ Start Date (mo/yr) \_\_\_\_\_ End Date (mo/yr) \_\_\_\_\_

Company Name \_\_\_\_\_ Phone \_\_\_\_\_

Address, City, State & Zip \_\_\_\_\_

May we contact this employer? ☐ Yes ☐ No Supervisor \_\_\_\_\_ Full or Part Time \_\_\_\_\_

Number of people you supervised \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Duties and Responsibilities:

What did you like most about this job?

What did you like least about this job?

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Job Title \_\_\_\_\_ Start Date (mo/yr) \_\_\_\_\_ End Date (mo/yr) \_\_\_\_\_  
Company Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address, City, State & Zip \_\_\_\_\_  
May we contact this employer? ☐ Yes ☐ No Supervisor \_\_\_\_\_ Full or Part Time \_\_\_\_\_  
Number of people you supervised \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
Duties and Responsibilities:

What did you like most about this job?

What did you like least about this job?

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Job Title \_\_\_\_\_ Start Date (mo/yr) \_\_\_\_\_ End Date (mo/yr) \_\_\_\_\_  
Company Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address, City, State & Zip \_\_\_\_\_  
May we contact this employer? ☐ Yes ☐ No Supervisor \_\_\_\_\_ Full or Part Time \_\_\_\_\_  
Number of people you supervised \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
Duties and Responsibilities:

What did you like most about this job?

What did you like least about this job?

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Job Title \_\_\_\_\_ Start Date (mo/yr) \_\_\_\_\_ End Date (mo/yr) \_\_\_\_\_  
Company Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address, City, State & Zip \_\_\_\_\_  
May we contact this employer? ☐ Yes ☐ No Supervisor \_\_\_\_\_ Full or Part Time \_\_\_\_\_  
Number of people you supervised \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
Duties and Responsibilities: \_\_\_\_\_

What did you like most about this job?

What did you like least about this job?

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**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY THOSE APPLICATIONS THAT ARE SIGNED AND DATED ARE CONSIDERED VALID. DIGITAL SIGNATURES ARE ACCEPTABLE. IF YOU HAVE ANY QUESTIONS REGARDING THESE STATEMENTS, PLEASE ASK THEM BEFORE SIGNING.**

***I understand and agree that:***

1. The answers and information that I have provided on this application, and any résumé or other supplementary materials, are true and complete without omissions. I understand that any false information will be grounds for refusal to hire or for immediate discharge if I am employed. I authorize any of the persons or organizations named in this application to give RVCOG complete information and records regarding my employment, education, character, and qualifications.
2. I understand that information regarding my prior compensation is not being requested with this application, nor will prior compensation be considered in determining an original offer of employment in the event an offer is presented.
3. I will be responsible for familiarizing myself with all rules and regulations of RVCOG as they presently exist or are later modified. *I recognize that if I am hired, my employment can be terminated at the discretion of RVCOG or at my option at any time without notice, except as specifically set forth in writing in a current individual employment contract signed by the Executive Director and/or Board President.*
4. I also understand that no representative of RVCOG has any authority to enter into any employment agreement for any specified period of time, or to assure me of any future position, benefits, or terms and conditions of employment, except in a current individual employment contract signed by the Executive Director and/or Board President. I further understand that if I am hired, RVCOG reserves the right to revise the terms and conditions of my employment as it deems necessary.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_