



Working Together for Our Community

(Please type or print in ink.)

Position for which you are applying: _____

NAME (LAST, FIRST, MIDDLE INITIAL) _____ EMAIL ADDRESS _____

MAILING ADDRESS _____ HOME PHONE _____

CITY, STATE, ZIP _____ CELL PHONE _____

Have you ever interned, volunteered, or been employed by LCOG? Yes No

If yes, when and in what capacity? _____

WORK EXPERIENCE

Please list your current or most recent position first. Complete this section even if you provide a resume. Attach additional sheets if necessary.

Employer: _____

Address: _____ City/State/Zip: _____

Your Title: _____ From: _____ To: _____

Part/Full Time: _____ Last Salary: _____

Supervisor's Name/Title: _____ Telephone Number: _____

Describe assigned duties: _____

Reason for leaving: _____

My current employer may may not be contacted without prior applicant consent.

Employer: _____

Address: _____ City/State/Zip: _____

Your Title: _____ From: _____ To: _____

Part/Full Time: _____ Last Salary: _____

Supervisor's Name/Title: _____ Telephone Number: _____

Describe assigned duties: _____

Reason for leaving: _____

Employer: _____

Address: _____ City/State/Zip: _____

Your Title: _____ From: _____ To: _____

Part/Full Time: _____ Last Salary: _____

Supervisor's Name/Title: _____ Telephone Number: _____

Describe assigned duties: _____

Reason for leaving: _____

EDUCATIONAL BACKGROUND

Do you have a high school diploma or GED certificate? yes no			
List post secondary schools attended and their location	# of years attended	degree Y/N	course of study

QUALIFICATIONS

Please list qualifications related to the position for which you are applying, including any related classes, training, typing speed or licenses: _____

PROFESSIONAL REFERENCES

1. Name, Title: _____
Professional Relationship: _____ Phone: () _____
2. Name, Title: _____
Professional Relationship: _____ Phone: () _____
3. Name, Title: _____
Professional Relationship: _____ Phone: () _____

CERTIFICATION OF APPLICANT

Please read before signing.

I hereby certify that the information on this application is true and complete. I understand that falsifications, misrepresentations and material omissions could be cause for my dismissal. I hereby authorize the Lane Council of Governments to ***contact my past employers as references and*** to receive from them any information about me regarding my job performance, knowledge and skills. I hereby release the Lane Council of Governments and those contacted for references from any liability of damage which may result from the information.

Signature _____ Date _____

APPLICANT DATA RECORD

The Lane Council of Governments is an equal opportunity employer. Applicants are considered for employment without regard to race, color, religion, sex, national origin, age, sexual orientation, marital or veteran status, medical condition or disabilities, or any other legally protected status. To help us comply with governmental record keeping, and to evaluate the effectiveness of our efforts, we request that you please fill out the "APPLICANT DATA RECORD." This data will be kept in a confidential file separate from your Application for Employment. YOUR COOPERATION IS VOLUNTARY.

POSITION FOR WHICH YOU ARE APPLYING: _____

Name: _____ Application date: _____

Please check where applicable:

- Female Male Under 21 Over 40 Veteran
 African American/Black Asian/Pacific Islander Caucasian/White
 Hispanic Native American/Alaskan Native

How did you learn of this vacancy?

- Newspaper _____ LCOG web site
(Name)
 Organization _____ Walk-in
(Name)
 Publication or Journal _____ Campus Recruitment
(Name)
 Other _____
(Specify)
 From an LCOG Employee

Thank you for your interest in employment with the Lane Council of Governments.