



(Please type or print in ink.)

Position for which you are applying: []

[]

NAME (LAST, FIRST, MIDDLE INITIAL)

[]

EMAIL ADDRESS

[]

MAILING ADDRESS

[]

CELL PHONE

[]

CITY, STATE, ZIP

[]

HOME 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: []

Your Title: [] From: [] To: []

Supervisor's Name/Title: [] Phone Number: []

Describe assigned duties: []

Reason for leaving: []

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

Employer: [] Address: []

Your Title: [] From: [] To: []

Supervisor's Name/Title: [] Phone Number: []

Describe assigned duties: []

Reason for leaving: []

Employer: [] Address: []

Your Title: [] From: [] To: []

Supervisor's Name/Title: [] Phone Number: []

Describe assigned duties: []

Reason for leaving: []

EDUCATIONAL EXPERIENCE

Do you have a high school diploma or a GED certificate? Yes No

Post-Secondary Schools Attended	City, State	# of Years Attended	Degree? Y/N	Course of Study

QUALIFICATIONS

List qualifications related to the position for which you are applying, including any related classes, trainings, typing speed or licenses.

PROFESSIONAL REFERENCES

- Name, Title:
Professional Relationship: Phone Number:
- Name, Title:
Professional Relationship: Phone Number:
- Name, Title:
Professional Relationship: Phone Number:

CERTIFICATION OF APPLICANT

By typing my name below, 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 references and past employers*** and 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 government record keeping, and to evaluate 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.**

(Please type or print in ink.)

Position for which you are applying:

NAME (LAST, FIRST, MIDDLE INITIAL)

Application Date

Please check where applicable:

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

How did you learn of this position opening?

- LCOG website Walk-in Campus Recruitment From an LCOG employee

Newspaper: _____
(Name)

Organization: _____
(Name)

Publication or Journal: _____
(Name)

Other: _____
(Specify)

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