



"To protect and enhance Oregon's fish and wildlife and their habitats for use and enjoyment by present and future generations"

Oregon Department of Fish and Wildlife Employment Application Form

Revised July 2017

GENERAL INSTRUCTIONS

Your application materials (including any required skill code supplements, test answers, college transcripts, etc.) must be received by the recruiting agency (**at the address listed in the job posting** by the date and time stated).

1. **If you are a current state employee please provide your Employee Identification Number (OR#).** The Oregon Department of Fish and Wildlife will use it for recruitment identification and tracking as authorized by OAR 105-040-0001. If you are hired, your social security number will be used for employee records, payroll, and insurance purposes pursuant to OAR 105-040-0001(1)(b)(A).
2. **Complete a separate application for each job** you apply for unless the job posting gives different instructions. Legible photocopies are acceptable.
3. **Signature:**
 - a. By electronically submitting your application, you agree to the conditions stated in the certification and signature section of the application, which is enforceable as if you had signed.
 - b. **If submitting in hard copy format**, type or print clearly in dark ink and **sign your application in ink.**
4. **Submit only the application materials requested on the job posting. Do not include work examples or these instructions with your application materials.**
5. **Need to list more than 10 jobs?** Copy a "Work Experience" page and number added jobs 11, 12, etc.
6. **Incomplete or illegible applications** (including faxed applications) will not be accepted. The Oregon Department of Fish and Wildlife is not responsible for applications that are misdirected, lost in the mail, or lost as a result of transmitting by fax or email.

Please keep a copy of your application materials.

Copies will not be provided.

VETERANS' PREFERENCE

Applicants are eligible to use veterans' preference when applying with the Oregon Department of Fish and Wildlife in accordance with ORS 408.225, 408.230, and 408.235; OAR 105-040-0001, 105-040-0015 and 839-006-0435.

5 points (Veteran):

To receive **5 points** you must have served on active duty in the Armed Forces of the United States (US):

1. For more than 90 consecutive days beginning on or before January 31, 1955; or
2. For more than 178 consecutive days; or
3. For 178 days or less and has a disability rating from the US Dept. of Veteran's Affairs; or
4. For at least one day in a combat zone; or
5. Received a combat or campaign ribbon or an expeditionary medal for service in the Armed Forces.

To qualify under 1 - 5 above you must have been discharged or released under honorable conditions; or

6. Is receiving a non-service connected pension from the US Dept. of Veteran's Affairs

To receive credit as a 5 Point Veteran you must attach to your application: (Please redact your SSN from documents)

A copy of your DD214/DD215 form; or

A letter from the US Dept. of Veteran's Affairs indicating you receive a non-service connected pension.

For additional information on Veterans' Preference eligibility, including definition of the terms "veteran" and "disabled veteran," contact the Oregon Department of Veterans' Affairs at 1-800-692-9666.

10 points (Disabled Veteran):

To receive **10 points** you must be:

1. A veteran whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty; or
2. Entitled to disability compensation under laws administered by the United States Department of Veterans Affairs; or
3. Awarded the Purple Heart for wounds received in combat.

To receive credit as a 10 Point Veteran you must attach to your application: (Please redact your SSN from documents)

A copy of your DD214/DD215 form; and

A copy of your veterans' disability preference letter from the Department of Veterans' Affairs.

WORK EXPERIENCE INSTRUCTIONS

The information you provide in the "Work Experience" section will be used to evaluate your experience. Starting with your **current or most recent job**, list all your jobs (paid or volunteer) for the last ten years. You may wish to include related experience gained more than 10 years ago, if it helps your suitability for the job. A resume or position description will not substitute for completion of the "Work Experience" section.

1. **Critical:** If you held more than one position within the same company, **list each position as a separate job** (including job rotations or work-out-of-class) in the "Work Experience" section. Provide your duties as well as beginning and ending dates and hours worked per week for each position.
2. **Critical:** Clearly describe all your duties. If your description of work in the "Work Experience" section is too brief and/or insufficient to determine the work performed or your level, your application may not be considered.
3. **Critical:** Credit for work that is less than full-time is pro-rated based on a 40-hour week. If you worked more than 40 hours a week, you will be given credit for 40 hours.
4. **Critical:** If your hours vary, indicate the average number of hours worked per week. Do not give a range of time such as "20-30 hours" or "varies." No credit will be given for jobs when hours worked are not specific.
5. **Critical:** If related duties were not the main focus of the job, **provide the percentage of time** you spent doing the duties that are related to the job posting.
6. **Examples:** Bookkeeping 4 hours out of a 40 hour week = 10%; or 5 hours out of a 20 hour week = 25%.
7. **Critical:** To receive credit for experience mentioned in any supplemental questions, the experience must be listed in the "Work Experience" section of your application.

OREGON DEPARTMENT OF FISH AND WILDLIFE EMPLOYMENT APPLICATION

An Equal Opportunity Employer

| | | | | | | | |
|--|--|--|---|--|---|--|--------------|
| TYPE or PRINT in INK | | Please complete the application by typing or clearly printing in dark ink. Submit a separate application (photocopy acceptable) for each job posting. | | | | | |
| JOB APPLIED FOR (Listed on the job posting): | | | | CLASSIFICATION NUMBER: | | JOB POSTING NUMBER (if applicable): | |
| OREGON EMPLOYEE IDENTIFICATION NUMBER: (Current and former employees only) OR | | | | LOCATION(S) OF JOB APPLYING FOR: | | | |
| NAME AND ADDRESS | | | | | | | |
| NAME (LAST, FIRST, M.I.): | | | | HOME PHONE (include area code): | | | |
| MAILING ADDRESS: | | | | WORK PHONE (Provide only one including area code): | | | |
| CITY | | STATE | | ZIP CODE: | | CELL PHONE | |
| EMAIL ADDRESS: | | | | | | | |
| <input type="checkbox"/> PRESENT EMPLOYER | | <input type="checkbox"/> LAST EMPLOYER (Check one): | | May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No | | CITY AND STATE: | |
| VETERANS' PREFERENCE - To Receive Credit Attach a Copy of Your DD214/DD215 | | | | | | | |
| POINTS (Check One): <input type="checkbox"/> 5 <input type="checkbox"/> 10 | | DATE OF ENTRY (M-D-Y): | | DATE OF DISCHARGE (M-D-Y): | | BRANCH OF SERVICE: | |
| WORK SCHEDULE AVAILABILITY | | | | | | | |
| Check Only One: <input type="checkbox"/> PERMANENT (P) <input type="checkbox"/> SEASONAL (S) <input type="checkbox"/> EITHER (B) | | Check Only One: <input type="checkbox"/> FULL TIME (F) <input type="checkbox"/> FULL OR PART TIME (E) <input type="checkbox"/> JOB SHARE (J) <input type="checkbox"/> PART TIME (P) <input type="checkbox"/> INTERMITTENT (I) <input type="checkbox"/> ANY (B) | | | | Date You Can Report For Work: | |
| Are you also willing to work for the State of Oregon in a temporary position? (Check one) | | | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Do you have a driver license? <input type="checkbox"/> YES <input type="checkbox"/> NO Driver license state: _____ | | | | | | | |
| Legal right to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | |
| LICENSE / REGISTRATION / CERTIFICATE | | | | | | | |
| List any licenses, registrations and certificates you currently hold that are pertinent to the position(s) for which you are applying (boater certification, first aid, CPR, Oregon Commercial Driver License (CDL), etc.) | | | | | | | |
| Description | | State | | Number | | Expiration | |
| | | | | | | | |
| | | | | | | | |
| SPECIALIZED SKILLS AND KNOWLEDGE | | | | | | | |
| List skills or knowledge that show your ability to perform the job for which you are applying (such as types of surveys conducted, boats operated, computer languages or software programs used, etc.). Attach additional pages if needed. | | | | | | | |
| OFFICE USE ONLY | | | | | | | |
| SKILLS | | DATE STAMP | | <input type="checkbox"/> ACCEPTED <input type="checkbox"/> NOT ACCEPTED _____ (Reason Code) REVIEWER'S INITIALS / DATE: | | | |
| Test Date: | | Expiration Date: | | | | | |
| TEST | | SCORE | | | | VET PTS | FINAL |
| | | 1 | 2 | 3 | 4 | 5 | 6 |
| | | | | | | | |

EDUCATION / TRAINING HISTORY

List colleges, military, trade, business or other schools attended.

Do you have a high school diploma or a GED certificate? (Check one) YES NO

| Name and Location Of School, College, or University | Course of Study (List Major) | Credits Earned Check One & Indicate Hours | Did You Graduate? (Yes / No) | Degree/Certificate Received (AA, BA, BS, MA, PhD) | Start Mo/Yr to End Mo/Yr |
|---|------------------------------|---|------------------------------|---|--------------------------|
| A | | <input type="checkbox"/> Quarter <input type="checkbox"/> Semester <input type="checkbox"/> Clock | | | |
| B | | <input type="checkbox"/> Quarter <input type="checkbox"/> Semester <input type="checkbox"/> Clock | | | |
| C | | <input type="checkbox"/> Quarter <input type="checkbox"/> Semester <input type="checkbox"/> Clock | | | |

WORK EXPERIENCE

JOB NUMBER 1 (current or most recent position)

| | | | |
|--|---------------------------------|--|--|
| NAME OF EMPLOYER | | EMPLOYER'S ADDRESS and PHONE NUMBER | |
| YOUR JOB TITLE | | SUPERVISOR'S NAME and PHONE NUMBER | |
| FROM (MONTH - YEAR) | TO (MONTH - YEAR) | SUPERVISION / LEADWORK CHECK AREAS YOU WERE RESPONSIBLE FOR: <input type="checkbox"/> Assigning and Reviewing work <input type="checkbox"/> Handling Disciplinary problems <input type="checkbox"/> Rating Work Performance <input type="checkbox"/> Responding to Grievances <input type="checkbox"/> Hiring or Recommending Hiring <input type="checkbox"/> Not Responsible for Any of Above If you checked any of these boxes, list the number of employees and their job titles: | |
| TOTAL TIME IN CURRENT OR LAST POSITION: | HOURS WORKED PER WEEK (Average) | | |
| DUTIES (List all duties you performed. No credit will be given if this section is not completed.): | | | |
| Reason for leaving this position: | | | |

CONTINUE WORK EXPERIENCE ON NEXT PAGE

WORK EXPERIENCE

JOB NUMBER 2

| | |
|------------------|-------------------------------------|
| NAME OF EMPLOYER | EMPLOYER'S ADDRESS and PHONE NUMBER |
|------------------|-------------------------------------|

| | |
|----------------|------------------------------------|
| YOUR JOB TITLE | SUPERVISOR'S NAME and PHONE NUMBER |
|----------------|------------------------------------|

| | | |
|-------------------------|---------------------------------|--|
| | | SUPERVISION / LEADWORK CHECK AREAS YOU WERE RESPONSIBLE FOR: <input type="checkbox"/> Assigning and Reviewing work <input type="checkbox"/> Handling Disciplinary problems <input type="checkbox"/> Rating Work Performance <input type="checkbox"/> Responding to Grievances <input type="checkbox"/> Hiring or Recommending Hiring <input type="checkbox"/> Not Responsible for Any of Above If you checked any of these boxes, list the number of employees and their job titles: |
| FROM (MONTH - YEAR) | TO (MONTH - YEAR) | |
| TOTAL TIME IN POSITION: | HOURS WORKED PER WEEK (Average) | |

DUTIES (List all duties you performed. No credit will be given if this section is not completed.):

Reason for leaving this position:

JOB NUMBER 3

| | |
|------------------|-------------------------------------|
| NAME OF EMPLOYER | EMPLOYER'S ADDRESS and PHONE NUMBER |
|------------------|-------------------------------------|

| | |
|----------------|------------------------------------|
| YOUR JOB TITLE | SUPERVISOR'S NAME and PHONE NUMBER |
|----------------|------------------------------------|

| | | |
|-------------------------|---------------------------------|--|
| | | SUPERVISION / LEADWORK CHECK AREAS YOU WERE RESPONSIBLE FOR: <input type="checkbox"/> Assigning and Reviewing work <input type="checkbox"/> Handling Disciplinary problems <input type="checkbox"/> Rating Work Performance <input type="checkbox"/> Responding to Grievances <input type="checkbox"/> Hiring or Recommending Hiring <input type="checkbox"/> Not Responsible for Any of Above If you checked any of these boxes, list the number of employees and their job titles: |
| FROM (MONTH - YEAR) | TO (MONTH - YEAR) | |
| TOTAL TIME IN POSITION: | HOURS WORKED PER WEEK (Average) | |

DUTIES (List all duties you performed. No credit will be given if this section is not completed.):

Reason for leaving this position:

CONTINUE WORK EXPERIENCE ON NEXT PAGE

WORK EXPERIENCE

JOB NUMBER 4

| | | | |
|--|---------------------------------|---|--|
| NAME OF EMPLOYER | | EMPLOYER'S ADDRESS and PHONE NUMBER | |
| YOUR JOB TITLE | | SUPERVISOR'S NAME and PHONE NUMBER | |
| FROM (MONTH - YEAR) | TO (MONTH - YEAR) | SUPERVISION / LEADWORK CHECK AREAS YOU WERE RESPONSIBLE FOR: <input type="checkbox"/> Assigning and Reviewing work <input type="checkbox"/> Handling Disciplinary problems <input type="checkbox"/> Rating Work Performance <input type="checkbox"/> Responding to Grievances <input type="checkbox"/> Hiring or Recommending Hiring <input type="checkbox"/> Not Responsible for Any of Above If you checked any of these boxes, list the number of employees and their job titles: | |
| TOTAL TIME IN POSITION: | HOURS WORKED PER WEEK (Average) | | |
| DUTIES (List all duties you performed. No credit will be given if this section is not completed.): | | | |
| Reason for leaving this position: | | | |

JOB NUMBER 5

| | | | |
|--|---------------------------------|---|--|
| NAME OF EMPLOYER | | EMPLOYER'S ADDRESS and PHONE NUMBER | |
| YOUR JOB TITLE | | SUPERVISOR'S NAME and PHONE NUMBER | |
| FROM (MONTH - YEAR) | TO (MONTH - YEAR) | SUPERVISION / LEADWORK CHECK AREAS YOU WERE RESPONSIBLE FOR: <input type="checkbox"/> Assigning and Reviewing work <input type="checkbox"/> Handling Disciplinary problems <input type="checkbox"/> Rating Work Performance <input type="checkbox"/> Responding to Grievances <input type="checkbox"/> Hiring or Recommending Hiring <input type="checkbox"/> Not Responsible for Any of Above If you checked any of these boxes, list the number of employees and their job titles: | |
| TOTAL TIME IN POSITION: | HOURS WORKED PER WEEK (Average) | | |
| DUTIES (List all duties you performed. No credit will be given if this section is not completed.): | | | |
| Reason for leaving this position: | | | |

CONTINUE WORK EXPERIENCE ON NEXT PAGE

WORK EXPERIENCE

JOB NUMBER 6

| | | | |
|--|---------------------------------|---|--|
| NAME OF EMPLOYER | | EMPLOYER'S ADDRESS and PHONE NUMBER | |
| YOUR JOB TITLE | | SUPERVISOR'S NAME and PHONE NUMBER | |
| FROM (MONTH - YEAR) | TO (MONTH - YEAR) | SUPERVISION / LEADWORK CHECK AREAS YOU WERE RESPONSIBLE FOR: <input type="checkbox"/> Assigning and Reviewing work <input type="checkbox"/> Handling Disciplinary problems <input type="checkbox"/> Rating Work Performance <input type="checkbox"/> Responding to Grievances <input type="checkbox"/> Hiring or Recommending Hiring <input type="checkbox"/> Not Responsible for Any of Above If you checked any of these boxes, list the number of employees and their job titles: | |
| TOTAL TIME IN POSITION: | HOURS WORKED PER WEEK (Average) | | |
| DUTIES (List all duties you performed. No credit will be given if this section is not completed.): | | | |
| Reason for leaving this position: | | | |

JOB NUMBER 7

| | | | |
|--|---------------------------------|---|--|
| NAME OF EMPLOYER | | EMPLOYER'S ADDRESS and PHONE NUMBER | |
| YOUR JOB TITLE | | SUPERVISOR'S NAME and PHONE NUMBER | |
| FROM (MONTH - YEAR) | TO (MONTH - YEAR) | SUPERVISION / LEADWORK CHECK AREAS YOU WERE RESPONSIBLE FOR: <input type="checkbox"/> Assigning and Reviewing work <input type="checkbox"/> Handling Disciplinary problems <input type="checkbox"/> Rating Work Performance <input type="checkbox"/> Responding to Grievances <input type="checkbox"/> Hiring or Recommending Hiring <input type="checkbox"/> Not Responsible for Any of Above If you checked any of these boxes, list the number of employees and their job titles: | |
| TOTAL TIME IN POSITION: | HOURS WORKED PER WEEK (Average) | | |
| DUTIES (List all duties you performed. No credit will be given if this section is not completed.): | | | |
| Reason for leaving this position: | | | |

CONTINUE WORK EXPERIENCE ON NEXT PAGE

WORK EXPERIENCE

JOB NUMBER 8

| | | | |
|--|---------------------------------|---|--|
| NAME OF EMPLOYER | | EMPLOYER'S ADDRESS and PHONE NUMBER | |
| YOUR JOB TITLE | | SUPERVISOR'S NAME and PHONE NUMBER | |
| FROM (MONTH - YEAR) | TO (MONTH - YEAR) | SUPERVISION / LEADWORK CHECK AREAS YOU WERE RESPONSIBLE FOR: <input type="checkbox"/> Assigning and Reviewing work <input type="checkbox"/> Handling Disciplinary problems <input type="checkbox"/> Rating Work Performance <input type="checkbox"/> Responding to Grievances <input type="checkbox"/> Hiring or Recommending Hiring <input type="checkbox"/> Not Responsible for Any of Above If you checked any of these boxes, list the number of employees and their job titles: | |
| TOTAL TIME IN POSITION: | HOURS WORKED PER WEEK (Average) | | |
| DUTIES (List all duties you performed. No credit will be given if this section is not completed.): | | | |
| Reason for leaving this position: | | | |

JOB NUMBER 9

| | | | |
|--|---------------------------------|---|--|
| NAME OF EMPLOYER | | EMPLOYER'S ADDRESS and PHONE NUMBER | |
| YOUR JOB TITLE | | SUPERVISOR'S NAME and PHONE NUMBER | |
| FROM (MONTH - YEAR) | TO (MONTH - YEAR) | SUPERVISION / LEADWORK CHECK AREAS YOU WERE RESPONSIBLE FOR: <input type="checkbox"/> Assigning and Reviewing work <input type="checkbox"/> Handling Disciplinary problems <input type="checkbox"/> Rating Work Performance <input type="checkbox"/> Responding to Grievances <input type="checkbox"/> Hiring or Recommending Hiring <input type="checkbox"/> Not Responsible for Any of Above If you checked any of these boxes, list the number of employees and their job titles: | |
| TOTAL TIME IN POSITION: | HOURS WORKED PER WEEK (Average) | | |
| DUTIES (List all duties you performed. No credit will be given if this section is not completed.): | | | |
| Reason for leaving this position: | | | |

CONTINUE WORK EXPERIENCE ON NEXT PAGE

WORK EXPERIENCE

| JOB NUMBER 10 | | | |
|--|--|-------------------------------------|--|
| NAME OF EMPLOYER | | EMPLOYER'S ADDRESS and PHONE NUMBER | |
| YOUR JOB TITLE | | SUPERVISOR'S NAME and PHONE NUMBER | |
| FROM (MONTH - YEAR) | | TO (MONTH - YEAR) | |
| TOTAL TIME IN POSITION: | | HOURS WORKED PER WEEK (Average) | |
| SUPERVISION / LEADWORK CHECK AREAS YOU WERE RESPONSIBLE FOR: <input type="checkbox"/> Assigning and Reviewing work <input type="checkbox"/> Handling Disciplinary problems <input type="checkbox"/> Rating Work Performance <input type="checkbox"/> Responding to Grievances <input type="checkbox"/> Hiring or Recommending Hiring <input type="checkbox"/> Not Responsible for Any of Above If you checked any of these boxes, list the number of employees and their job titles: | | | |
| DUTIES (List all duties you performed. No credit will be given if this section is not completed.): | | | |
| Reason for leaving this position: | | | |

CERTIFICATION AND SIGNATURE

I understand that any verbal 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 under some circumstances, may result in 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 if hired, I must prove that I am legally authorized to work in the United States.
- ◆ I authorize the Oregon Department of Fish and Wildlife to check employment references and verify education information provided on this employment application and as disclosed in the interview process.
- ◆ I authorize the Oregon Department of Fish and Wildlife to check my driving record if the position for which I am applying requires driving.
- ◆ I understand I may be asked to submit to a pre-employment drug test and/or criminal history background check as a condition of employment.
- ◆ I release the Oregon Department of Fish and Wildlife and all providers of information from any liability as a result of furnishing and receiving any information related to the Oregon Department of Fish and Wildlife's hiring process.

By electronically submitting my application materials, I agree to the conditions stated in this "Certification and Signature" section, and this section is enforceable as if I had signed below.

| | |
|--|-------|
| SIGNATURE (Must signed IN INK if submitting hard copy): | DATE: |
|--|-------|

KEEP A COPY OF YOUR APPLICATION FOR INTERVIEWS. COPIES WILL NOT BE PROVIDED.

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| Your application materials, responses to supplemental questions, college transcripts, etc.) must be received at the address listed on the job posting by the close date or it may not be accepted. |
|---|

THANK YOU FOR YOUR INTEREST IN EMPLOYMENT WITH ODFW