



(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

1. Name, Title:
Professional Relationship: Phone Number:

2. Name, Title:
Professional Relationship: Phone Number:

3. 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 past employers as references** 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: _____

