Official LCOG Application

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 CELL PHONE** HOME PHONE CITY, STATE, ZIP 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: Supervisor's Name/Title: Phone Number: Describe assigned duties: Reason for leaving: My current employer... may not be contacted without prior applicant consent. Employer: Your Title: From: Supervisor's Name/Title: Phone Number: Describe assigned duties: Reason for leaving: Employer: Your Title: From: Supervisor's Name/Title: Phone Number: Describe assigned duties:

Reason for leaving:

FAX: (541) 682-4099

EDUCATIONAL EXPERIENCE Do you have a high school diploma or a GED certificate? ☐ Yes \square No # of Years Degree? City, State Post-Secondary Schools Attended Course of Study Attended Y/N **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: Phone Number: Professional Relationship: 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 <u>contact my references and past employers</u> 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.

Cignature:	Data:
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, martial 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 app	lying:			
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NAME (LAST, FIRST, MIDD	LE INITIA	AL)		Application Date
Please check where applica	able:			
Female	Male	Under 21	Over 4	0 Veteran
African American/Black Asian/Pacific Islander		Caucasian/White		
☐ Latino/Hispanic ☐ Native American/Alaskan Native		Two or more races		
How did you learn of this position opening? Check all that apply.				
☐ LCOG website		☐ Craigslist		☐ DiversityJobs.com
\square LCOG employee		☐ Oregon Employment De	partmei	nt □ Handshake (website)
☐ Register-Guard Newspape	er	□ LinkedIn		
□ Eugene Weekly Newspape	er			
☐ The Chronicle Newspaper	(Creswell	l, Cottage Grove, Pleasant Hill	l, Spring	gfield)
□ Other				
(specify)				

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