



Clackamas County Juvenile Department Relief Worker Application

Please Print Clearly

Name: _____ Date: _____

Address: _____ City: _____ Zip: _____

Telephone: Home _____ Work _____ Cell _____

Email: _____ Sex: Male Female

Social Security Number: _____ Driver's License Number: _____ DOB: _____

Race/Ethnicity (optional):

—African Amer. —Am. Indian —Asian —Caucasian —Hispanic —Multi. —Pacific Islander —Other _____

Present employer: _____ Title: _____ From: _____ To: _____ Ph. #: _____

Supervisor: _____ Job Duties: _____

Previous employer: _____ Title: _____ From: _____ To: _____ Ph. #: _____

Supervisor: _____ Job Duties: _____

College attended/completed: _____ Highest Degree Received/Date _____

Do you have any health/physical restrictions? _____

Have you ever been convicted of a crime? Yes No If yes, explain _____

Please provide us with the names and phone numbers of the following three references:

1. Name: _____ Phone: _____
Professional Relationship: _____

2. Name: _____ Phone: _____
Professional Relationship: _____

3. Name: _____ Phone: _____
Professional Relationship: _____

My signature affirms that I release from liability any employer, person, or employee supplying reference information regarding me and my previous employment. I also release Clackamas County from all liability which may result from making any investigation of information provided in the application materials. All information on this application is true to the best of my knowledge. I understand that falsification or misrepresentation may result in disqualification from employment consideration. I understand that all information used in my role as an employee is confidential and I will respect that confidentiality. I understand that a thorough background & criminal history check will be conducted by the Juvenile Department.

Applicant Signature Required _____

Date _____

For office use only: Clackamas County Juvenile Department, 2121 Kaen Road, Oregon City, OR 97045 ph 503-655-8342 fax 503-650-3176

Date received: _____

Position: _____

Staff interviewer: _____

Date of orientation: _____

Background check completed?: _____

Date background check sent: _____

(Please use another page if needed)

What interests you about this position and how does it fit into your career goals?

Please provide information regarding your educational background and focus of your studies.

Explain your present/previous work with at risk youth.?

What strengths do you bring to a team?

Describe your availability to work holidays.

Number of hours per week/month: _____ Preferred days and time: _____ Days not available: _____

RETURN THIS APPLICATION TO:

**Michelle Barrera
Supervisor
Intake and Assessment Center
Clackamas County Juvenile Department
2121 Kaen Road
Oregon City, OR 97045
Phone: 503-655-8342 ext. 7133 • Fax: 503-650-3176
Email: michellebar@co.clackamas.or.us**



Authorization for Criminal Records Check

To: Applicant

Please complete this information sheet and submit it with your application for volunteer work with the Clackamas County Juvenile Department. The existence of a criminal record will not necessarily disqualify you for work. Any criminal record will be individually considered on the basis of how it relates to the work which you would prefer for the Department.

Name: _____
Last First Full Middle Name

Address: _____
Address City State - Zip

Social Security Number: _____ Birth-date: _____

Driver's License _____ Female Male
State Number

Place of Birth: _____
City State

SECTION 1:

Have you resided outside of this state in the past 10 years? No Yes

If yes, list states in which you have resided _____

Have you ever been arrested? No Yes

Were you charged related to this arrest? No Yes

If the answer to either question is yes, please explain.

When were you arrested?

Why were you arrested?

(Continued)

SECTION 2:

Have you ever been convicted of a crime? No Yes
Are you currently charged with a crime? No Yes
Have you ever had an adult conviction expunged? No Yes

If the answer to either of the above questions is yes, please complete the remainder of this form.

If the answer to both of the above questions is no, please skip Section 3 and complete Section 4 of this form.

SECTION 3:

Crime convicted of, or charged with:

Location in which you were convicted or are now charged:

Date of conviction, or charge made: _____

Court in which conviction was entered or case is now pending:

Rehabilitative program undergone:

SECTION 4:

In signing, I verify that the information provided herein is true and complete to the best of my knowledge. I understand that an investigation of my criminal history may be made by the Clackamas County Juvenile Department or its agent. I further understand that misrepresentation or omission on this addendum to the application form may be cause for disqualification of the application or dismissal from my work.

Applicant's Signature

Date

STAFF USE ONLY

CRIMINAL HISTORY: NO YES

DATE: _____