

# University of Oregon Employment Application

An Equal Opportunity,  
Affirmative Action Employer

Fill out this form completely

Type or print clearly in ink

Legible photocopies  
are acceptable

Sign on page 3

You may also fill out this form  
online at <https://hr.uoregon.edu/webapp>

For more information,  
call Human Resources,  
(541) 346-3159

## CONSIDER EMPLOYMENT WITH THE UNIVERSITY OF OREGON

The University of Oregon is a residential public institution on a 295-acre campus, enrolling more than 20,000 students. One of seven institutions in the Oregon University System, the university is the center of liberal arts education for the state. The history of the university dates to 1872, when it was established by an act of the Oregon Legislature. It is considered among the top public teaching and research universities in the country. As an employee, you would play an important role in achieving the mission of the University of Oregon and in contributing to its excellence.

University employees working at least half-time are offered an excellent benefit plan including health and dental coverage, life and disability insurance, and participation in the state retirement system. Eligible employees are able to take university courses at greatly reduced rates or to transfer the benefit to a family member.

The University of Oregon is an equal-opportunity, affirmative-action institution committed to cultural diversity and compliance with the Americans with Disabilities Act. This publication will be made available in accessible formats upon request. If you are a qualified individual with a disability and you need reasonable accommodation to participate in the hiring process or in employment if hired for this position, please contact the Office of Affirmative Action and Equal Opportunity. Telephone: (541) 346-3123; fax: (541) 346-4168; TTY: (541) 346-6203; e-mail: [aaeoinfo@uoregon.edu](mailto:aaeoinfo@uoregon.edu).

## APPLICANT DATA REQUEST CARD

The following demographic information is requested in accordance with Executive Order 11246 and Oregon Revised Statute (ORS) 408.225. It is requested for statistical reporting purposes and to meet federal and state affirmative-action requirements. Provision of demographic information is strictly voluntary. With the exception of veteran status under ORS 408.225, personal demographic information will not be shared with those involved in the hiring decision and will not affect consideration of your application. While providing the information is voluntary, we urge your cooperation in this matter and thank you in advance for your assistance.

Name \_\_\_\_\_ Posting # \_\_\_\_\_

**Ethnic Group:** (Mark one category) \_\_\_ **\*Hispanic or Latino** \_\_\_ **Not Hispanic or Latino**

**\*Hispanic or Latino**—A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.

**Race:** (Mark one or more categories)

\_\_\_ **American Indian or Alaska Native**—A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.

\_\_\_ **Asian**—A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

\_\_\_ **Black or African American**—A person having origins in any of the black racial groups of Africa.

\_\_\_ **Native Hawaiian or Other Pacific Islander**—A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

\_\_\_ **White**—A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**Sex:** \_\_\_ Male \_\_\_ Female

**Citizenship:** \_\_\_ United States \_\_\_ Resident alien \_\_\_ Nonresident alien

### Veteran Status

- Veteran as defined in ORS 408.225: a person who (A) served on active duty with the Armed Forces of the United States (i) for a period of more than 178 consecutive days and was discharged or released from active duty under honorable conditions; (ii) for 178 days or less and was discharged or released from active duty under honorable conditions because of a service-connected disability; or (iii) for at least one day in a combat zone and was discharged or released from active duty under honorable conditions; or (B) received a combat or campaign ribbon for services in the Armed Forces of the United States.
- Disabled Veteran as defined in ORS 408.225: a person entitled to disability compensation under laws administered by the United States Department of Veterans Affairs, a person whose discharge or release from active duty was a disability incurred or aggravated in the line of duty, or a person who was awarded the Purple Heart for wounds received in combat.

NOTE: Supporting documentation (DD214/DD215 and, for disabled veterans, a copy of your veterans' disability preference letter from the Department of Veterans Affairs, unless that information is included in the DD214/215 form) **must** be submitted with your application materials.

**PLEASE SEPARATE AT PERFORATION BEFORE COMPLETING APPLICATION**

<b>JOB APPLYING FOR</b>	<b>POSTING NUMBER</b>
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NAME (as it appears on Social Security card)

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MAILING ADDRESS

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CITY

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STATE ZIP + 4

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CHECK PREFERRED PHONE (INCLUDE AREA CODE)

<input type="checkbox"/> HOME (     )	<input type="checkbox"/> WORK (     )	<input type="checkbox"/> CELL (     )
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E-MAIL ADDRESS

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DRIVER'S LICENSE NUMBER (If driver's license required by position announcement) STATE

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Are you **currently** a classified, officer of administration, or academic employee of the University of Oregon?    YES    NO

List all schools attended beyond high school and their location

NAME AND LOCATION OF SCHOOL	MAJOR	CREDITS COMPLETED <input type="checkbox"/> Qtr <input type="checkbox"/> Sem	DEGREE

List any courses, vocational training, licenses, certificates, or other qualifications that bear on your suitability for this position

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Note: Application materials **cannot** be returned. The University of Oregon cannot make copies. Please keep a copy of all materials submitted. A separate application (or copy of an application) is required for each position for which you want to be considered.

The federal Immigration Reform and Control Act requires individuals to provide to an employer documented proof that they are authorized to work in the United States. This proof must be provided and verified by the University of Oregon at the time of hire or no later than three business days after the date of hire.

**Applicant Statement—must be signed**

The information in my application was freely given and is, to the best of my knowledge, true and complete. I understand that any false statement, misleading answer, or any false information on this application or given during the selection process may be sufficient grounds for immediate elimination from consideration or immediate dismissal at any time. The University of Oregon is hereby authorized to contact my present or past employers as references and to receive from them any information about me contained in their personnel records and any evaluations of my job knowledge, skills, and performance. I hereby release the University of Oregon from any liability or damage that may result from furnishing the information requested. The University of Oregon may make copies of this authorization available to those contacted.

SIGNATURE	DATE
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**How did you first learn of this vacancy?**

Ad (*Register-Guard*)    Ad (*Oregonian*)    Publication (journal)    State employment office

UO web page    UO employee    UO job line    Walk-in    Other \_\_\_\_\_

**WORK EXPERIENCE—A RÉSUMÉ DOES NOT SUBSTITUTE**

What you write in this section is used to decide if you meet the “To qualify” section of the job announcement. List only the job(s) where you received experience that you believe qualifies you for the job you are applying for. Clearly describe all of your duties, starting with your most recent job.

- If the qualifying experience shown on the job announcement is not the main duty, but only part of the duties you performed on a job you list, you must include the percentage of time actually spent on the qualifying experience (four hours of a 40-hour week performing bookkeeping duties is 10 percent; five hours of a 20-hour week is 25 percent).
- If you are a veteran, you are encouraged to identify any job-related military experience or training so that it can be considered as part of your overall qualifications for this position.
- Credit for work that is less than full time is prorated based on a 40-hour week.
- Complete each box. If you do not provide all the information required in this section—including a clear description of work performed to show that your experience qualifies—no credit is given for that job.
- Photocopy page 5 if you need to list more jobs. Be sure to identify additional jobs by numbering them 6, 7, 8, and so forth.

**JOB NUMBER 1**

CURRENT OR LAST EMPLOYER		EMPLOYER'S ADDRESS AND TELEPHONE NUMBER	
KIND OF BUSINESS		SUPERVISOR'S NAME AND TELEPHONE NUMBER	
YOUR JOB TITLE		SUPERVISION or LEADWORK (Check the areas you were responsible for)	
FROM (Month,Year)	TO (Month,Year)	<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 listed
TOTAL TIME IN CURRENT OR LAST POSITION	HOURS WORKED PER WEEK (Average)	LIST THE NUMBER OF EMPLOYEES YOU SUPERVISED AND LIST THEIR JOB TYPE	
REASON FOR LEAVING THIS POSITION			SALARY

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

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**JOB NUMBER 2**

EMPLOYER		EMPLOYER'S ADDRESS AND TELEPHONE NUMBER	
KIND OF BUSINESS		SUPERVISOR'S NAME AND TELEPHONE NUMBER	
YOUR JOB TITLE		SUPERVISION or LEADWORK (Check the areas you were responsible for)	
FROM (Month,Year)		<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 listed	
TO (Month,Year)			
TOTAL TIME IN CURRENT OR LAST POSITION	HOURS WORKED PER WEEK (Average)	LIST THE NUMBER OF EMPLOYEES YOU SUPERVISED AND LIST THEIR JOB TYPE	
REASON FOR LEAVING THIS POSITION			SALARY

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

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**JOB NUMBER 3**

EMPLOYER		EMPLOYER'S ADDRESS AND TELEPHONE NUMBER	
KIND OF BUSINESS		SUPERVISOR'S NAME AND TELEPHONE NUMBER	
YOUR JOB TITLE		SUPERVISION or LEADWORK (Check the areas you were responsible for)	
FROM (Month,Year)		<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 listed	
TO (Month,Year)			
TOTAL TIME IN CURRENT OR LAST POSITION	HOURS WORKED PER WEEK (Average)	LIST THE NUMBER OF EMPLOYEES YOU SUPERVISED AND LIST THEIR JOB TYPE	
REASON FOR LEAVING THIS POSITION			SALARY

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

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**JOB NUMBER 4**

EMPLOYER		EMPLOYER'S ADDRESS AND TELEPHONE NUMBER	
KIND OF BUSINESS		SUPERVISOR'S NAME AND TELEPHONE NUMBER	
YOUR JOB TITLE		SUPERVISION or LEADWORK (Check the areas you were responsible for)	
FROM (Month,Year)		<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 listed	
TO (Month,Year)			
TOTAL TIME IN CURRENT OR LAST POSITION	HOURS WORKED PER WEEK (Average)	LIST THE NUMBER OF EMPLOYEES YOU SUPERVISED AND LIST THEIR JOB TYPE	
REASON FOR LEAVING THIS POSITION			SALARY

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

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**JOB NUMBER 5**

EMPLOYER		EMPLOYER'S ADDRESS AND TELEPHONE NUMBER	
KIND OF BUSINESS		SUPERVISOR'S NAME AND TELEPHONE NUMBER	
YOUR JOB TITLE		SUPERVISION or LEADWORK (Check the areas you were responsible for)	
FROM (Month,Year)		<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 listed	
TO (Month,Year)			
TOTAL TIME IN CURRENT OR LAST POSITION	HOURS WORKED PER WEEK (Average)	LIST THE NUMBER OF EMPLOYEES YOU SUPERVISED AND LIST THEIR JOB TYPE	
REASON FOR LEAVING THIS POSITION			SALARY

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

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