



Application for Employment Multnomah County Deputy District Attorney

Rod Underhill, District Attorney for Multnomah County

Multnomah County Courthouse, 1021 SW Fourth Avenue, Room 600, Portland, Oregon 97204
Phone: (503) 988-3162 | Fax: (503) 988-3643 <http://www.mcda.us>

Personal History - Information requested for required records check.

| | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|--------------------|--------|
| List your current name (Last, first, middle) and all names you have used in the past. Include dates and circumstances of any change. | Date of Birth (Month, day, year) | Eyes | Hair |
| | Place of Birth (City and State) | | |
| | Social Security No. / / | Height | Weight |
| | Driver's License No., Expiration Date, and State Issued | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No - Can you submit proof of your legal right to work in the United States? | | | |
| Home Address: | | Home Phone: () | |
| Work Address: | | Work Phone: () | |
| Date Available for Work: | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No - Are you a member of the Oregon State Bar? If "No," when do you plan to take the Oregon Bar Exam? _____ | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No - Have you or any immediate family member been arrested or charged for or convicted of a felony, misdemeanor, or major traffic offense, whether as an adult or juvenile? If "Yes," please describe on a separate page the general circumstances for the arrest(s). "Immediate family" is defined to include parents, spouse, spouse equivalent, brother, sister, children, grandparents, and any individual where the relationship is close or intimate. An answer of "Yes" will not automatically disqualify an applicant. | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No - Have you ever been the subject of a disciplinary inquiry as a student, as a member of a professional association or as an employee? If "Yes," please describe on a separate page the general circumstances of the disciplinary inquiry; identify the tribunal (with reference number) and the resolution. An answer of "Yes" will not automatically disqualify an applicant. | | | |

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Yes **No** - Have you ever been dismissed or asked to resign from any employment or other position? If "Yes," please describe on a separate page the general circumstances of the dismissal or resignation. An answer of "Yes" will not automatically disqualify an applicant.

Educational History - List High School and College information.

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|----------------------------------------------------|-------------------------------|------------------------------------------------------|
| High School (City, State) | Major/Minor Field(s) of Study | Diploma Received? |
| College/University/Vocational School (City, State) | Major/Minor Field(s) of Study | Degree/Certification Received or Credit Hours Earned |
| College/University/Vocational School (City, State) | Major/Minor Field(s) of Study | Degree/Certification Received or Credit Hours Earned |

Previous Residences - List all addresses or the locations if you are unable to recall the address, where you have resided since you applied with the Oregon State Bar, and the approximate dates you resided at each.

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|---------------------------------|-----------|
| Address (City, State, Zip Code) | How Long? |
| Address (City, State, Zip Code) | How Long? |
| Address (City, State, Zip Code) | How Long? |
| Address (City, State, Zip Code) | How Long? |

Motor Vehicles History -

- a) Are you licensed to operate a motor vehicle? Yes No Driver License No: _____
- b) Has your driver's license ever been suspended or revoked? Yes No
If yes, please explain:

- c) List any other states and dates in which you have been licensed to operate a motor vehicle.

| State(s) | Date(s) |
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- d) Have you ever been arrested or charged with any moving violation or traffic related crime?
 Yes No

Criminal History (Non-Traffic) -

- a) Have you ever been arrested or charged with any non-traffic related violation or crime? Yes No
 b) *List any incident in which you were contacted by a Police Officer.* List all matters even if not formally charged, no court appearance, found not guilty or matter settled by payment of fine.

| Date | Place | Charge | Final Disposition | Details | Police Agency |
|------|-------|--------|-------------------|---------|---------------|
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Additional Comments:

Employment History - List current and previous five employers, including dates of employment.

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|-----------------------------------------------------------------------|----------------------|-------------------------------------------------------------------------------------------|
| EMPLOYER | FROM (month/year) | |
| ADDRESS | TO (month/year) | |
| JOB TITLE | LENGTH OF EMPLOYMENT | |
| FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> | HOURS PER WEEK | SALARY (OPTIONAL) |
| REASON FOR LEAVING | | |
| SUPERVISOR'S NAME AND TELEPHONE NUMBER | | MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | | |
|-----------------------------------------------------------------------|----------------------|-------------------|
| EMPLOYER | FROM (month/year) | |
| ADDRESS | TO (month/year) | |
| JOB TITLE | LENGTH OF EMPLOYMENT | |
| FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> | HOURS PER WEEK | SALARY (OPTIONAL) |

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| REASON FOR LEAVING | |
| SUPERVISOR'S NAME AND TELEPHONE NUMBER | MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No |

Employment History - Continued.

| | | |
|-----------------------------------------------------------------------|----------------|-------------------------------------------------------------------------------------------|
| EMPLOYER | | FROM (month/year) / |
| ADDRESS | | TO (month/year) / |
| JOB TITLE | | LENGTH OF EMPLOYMENT |
| FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> | HOURS PER WEEK | SALARY (OPTIONAL) |
| REASON FOR LEAVING | | |
| SUPERVISOR'S NAME AND TELEPHONE NUMBER | | MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | | |
|-----------------------------------------------------------------------|----------------|-------------------------------------------------------------------------------------------|
| EMPLOYER | | FROM (month/year) / |
| ADDRESS | | TO (month/year) / |
| JOB TITLE | | LENGTH OF EMPLOYMENT |
| FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> | HOURS PER WEEK | SALARY (OPTIONAL) |
| REASON FOR LEAVING | | |
| SUPERVISOR'S NAME AND TELEPHONE NUMBER | | MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | | |
|-----------|--|------------------------|
| EMPLOYER | | FROM (month/year) / |
| ADDRESS | | TO (month/year) / |
| JOB TITLE | | LENGTH OF EMPLOYMENT |

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| | | |
|-----------------------------------------------------------------------|----------------|-------------------------------------------------------------------------------------------|
| FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> | HOURS PER WEEK | SALARY (OPTIONAL) |
| REASON FOR LEAVING | | |
| SUPERVISOR'S NAME AND TELEPHONE NUMBER | | MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No |

Additional Questions – If your answer to any of these questions is “Yes”, please attach a separate sheet of paper to this application with a full explanation of the circumstances. YES NO

| | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| a) Have you ever been dropped, suspended, expelled, disciplined or subjected to a disciplinary inquiry or proceeding by any college or law school for any cause whatsoever? | | |
| b) Have you ever been a party to any civil proceeding, including any bankruptcy or administrative proceeding? | | |
| c) Have you ever been charged with fraud or dishonesty in any civil proceeding? | | |
| d) Have you had more than five checks dishonored or ever had a check for more than \$100 dishonored because of insufficient funds in the past three years? | | |
| e) Do you now have any loans, accounts, judgments or financial obligations of any nature to include child support payments and student loans, past due for payment more than 60 days? | | |
| f) Have you ever been charged with contempt of court? | | |
| g) Have you ever been accused of dishonesty in connection with employment? | | |
| h) Have you ever applied for a license, other than as attorney at law, the procurement of which required proof of “good moral character” (i.e., CPA, patent agent, notary public, real estate broker, physician, nurse)? | | |
| i) Have you or anyone you have worked with ever been charged with the unauthorized practice of law as a result of your conduct? | | |
| j) Have you or anyone you have worked with ever been sanctioned, censured, reprimanded, disciplined, suspended, disqualified or disbarred as a member of any profession or as a practitioner before any administrative agency as a result of your conduct? | | |
| k) Have you ever been suspended or removed from public office because of conduct reflecting adversely upon your character? | | |
| l) Have you ever been denied a bond, had a bond revoked, or had anyone seek to recover on or cancel a bond? | | |
| m) Have you ever been subject to any disciplinary action in connection with military service? | | |
| n) Has anyone to your knowledge ever complained to your law school or other supervising body in connection with your conduct under a student practice or legal intern rule? | | |

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References - Give six references (not relatives or former or present employers) who are responsible adults of reputable standing in their communities. If retired, give former occupation.

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|--------------------|--------------------|-------------|
| 1. Name | Years Acquainted: | Occupation: |
| Work Phone Number: | Home Phone Number: | |

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|--------------------|--------------------|-------------|
| 2. Name | Years Acquainted: | Occupation: |
| Work Phone Number: | Home Phone Number: | |

| | | |
|--------------------|--------------------|-------------|
| 3. Name | Years Acquainted: | Occupation: |
| Work Phone Number: | Home Phone Number: | |

| | | |
|--------------------|--------------------|-------------|
| 4. Name | Years Acquainted: | Occupation: |
| Work Phone Number: | Home Phone Number: | |

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| 5. Name | Years Acquainted: | Occupation: |
| Work Phone Number: | Home Phone Number: | |

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|--------------------|--------------------|-------------|
| 6. Name | Years Acquainted: | Occupation: |
| Work Phone Number: | Home Phone Number: | |

Previous Multnomah County Employment -

Are you currently, or have you ever been employed by Multnomah County? Yes No

If so, list all periods of employment: From: _____ To: _____
Month Year Month Year

Authorization

I authorize the Multnomah County District Attorney's Office to inquire into my background with regard to my character and qualifications. I specifically authorize Multnomah County to conduct a criminal record check on me, to contact my former employers for references, and any and all other persons or organizations for any information bearing on my qualifications for employment. I request and authorize all persons and organizations to furnish the information requested.

I understand that a post-offer urine drug screen is a condition of employment. As part of the final reference check, I agree to have a background check including a credit check, a drug test and to authorize the result of that test to be released to the Multnomah County District Attorney.

I hereby certify that all statements made in my application are true and complete, and I understand that any misstatement of material facts will subject me to disqualification or dismissal.

Signature of Applicant

Date of Application

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Affirmative Action Survey

The Multnomah County District Attorney's Office will give consideration to all qualified applicants without regard to race, religion, color, national origin, sex, age, marital status, disability, political affiliations, sexual orientation, or any other non-merit factor.

In accordance with Federal guidelines for Equal Employment Opportunity, records are kept which include identification of job applicants by ethnic background, age, sex, and disability status. Please complete the section below. It will be detached from the application and will not be used in any way in the employment process.

Sex: **Female** **Male**

Disability Status: Are you considered disabled as defined by the U.S. Equal Employment Opportunity Commission? **Yes** **No**

Ethnic Background - *Check one only:*

WHITE (not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa, or Middle East.

BLACK (not of Hispanic origin): All persons having origins in any of the Black racial groups.

HISPANIC: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

ASIAN or PACIFIC ISLANDERS: All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.

AMERICAN INDIAN or ALASKAN NATIVE: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.