



<http://oce.oregon.gov/>

APPLICANT ACKNOWLEDGEMENT AND AUTHORIZATION

PLEASE READ CAREFULLY BEFORE SIGNING*

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery. I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by Oregon Corrections Enterprises (hereinafter referred to as "OCE") that:

- Non-union represented positions with OCE are at-will, for no specified duration and may be terminated by either OCE or myself at any time, with or without cause or notice.
- Union positions are represented by the Association of Oregon Corrections Employees (AOCE) and if offered employment in a represented position, I must successfully complete the trial service period specified in the collective bargaining agreement to attain regular status as an AOCE represented employee.
- Temporary employment status is at-will and subject to termination at any time.

I understand that none of the documents, policies, procedures, actions, statements of OCE or its representatives used during the selection process is deemed a contract of employment real or implied. In consideration for employment with OCE, if employed, I agree to conform to the rules, regulations, policies and procedures of OCE at all times and understand that such obedience is a condition of employment. I understand that due to the nature of OCE business, attendance and punctuality are considered essential requirements of every job at OCE and that poor attendance or tardiness will result in disciplinary action. I understand that if offered an interview with OCE, I will be required to submit to a criminal background check (LEDS), civil court records review and if offered a position I will be required to submit for a pre-employment drug screening as a condition of employment. I understand that unsatisfactory result from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I understand that an annual criminal background check and civil court records review is a mandatory condition of employment, and that, if employed with OCE, I am obligated to self-disclose citations, arrests or other activity that may affect my job and/or access to Oregon DOC facilities. **Please initial**

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to OCE and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

*** BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.**

* _____ Date _____

Enclosures:

- | | | | |
|--------------------------|--------------|--------------------------|-------------|
| <input type="checkbox"/> | Cover letter | <input type="checkbox"/> | Transcripts |
| <input type="checkbox"/> | Résumé | <input type="checkbox"/> | Other: |



OREGON DEPARTMENT OF CORRECTIONS Request for Background Verification Data Criminal History Information

Date: _____

Name: _____ / _____ / _____
Last First Middle

Other Names: _____ / _____ / _____

Date of Birth: _____ / _____ / _____
Month Day Year

Social Security #: _____ (Optional or last 4-digits only) Ethnicity (Race): _____ (Optional)

Driver's License#: _____ State: _____

Address: _____

City, State, Zip _____ / _____ / _____

Phone #: _____

Purpose/Reason for LEDS/DMV Check: Pre-Interview / Employment Background Check

OJIN Needed: Yes No Results: _____

DOC Visitor's List checked: Results: _____

Section Requesting LEDS Check: Oregon Corrections Enterprises Institution/Facility: _____

Prior State(s) of Residence: _____ / _____ / _____

Place of Birth: City: _____ State: _____ Country: _____

The information provided will be used only for the purpose indicated above and will be handled with confidentiality.

By signing, you grant DOC permission to run a LEDS criminal history check and certify that the information provided above is correct and true to the best of your knowledge.

Signature: _____

Information/Permission received by phone / or email. By: _____

Function Unit Manager/Designee must review and approve in all cases where criminal history is discovered.

No Criminal Record Criminal Record Approved Denied

Reviewed by FUM: _____

LEDS Check Completed By: _____ Date: _____

**** I understand by submitting this application & LEDS form via email, I attest to the accuracy of all information provided.**