



**John D. Wentworth, Clackamas County District Attorney**

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**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 Number / /	Height	Weight
	Driver's License Number, Expiration Date, and State Issued		
<input type="checkbox"/> Yes <input type="checkbox"/> No - Are you a U.S. Citizen? If your answer is "No", provide a copy of naturalization documents such as a green card and accompanying documentation.			
Home Address	Home Phone ( ) -		
Work Address	Work Phone ( ) -		
Date Available for Work			
<input type="checkbox"/> Yes <input type="checkbox"/> No – Have you or any immediate family member been arrested 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, child(ren), 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.			
<input type="checkbox"/> Yes <input type="checkbox"/> 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

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

# Application for Employment Clackamas County Deputy District Attorney

## Employment History - List current and last five employers, including the dates of employment.

EMPLOYER		FROM (month/year) /
ADDRESS		TO: (month/year) /
YOUR JOB TITLE		LENGTH OF EMPLOYMENT
FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/>	HOURS PER WEEK (if varied, indicate average)	LAST SALARY (OPTIONAL)
REASON FOR LEAVING		
SUPERVISOR'S NAME AND TELEPHONE NUMBER		May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>

EMPLOYER		FROM (month/year) /
ADDRESS		TO: (month/year) /
YOUR JOB TITLE		LENGTH OF EMPLOYMENT
FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/>	HOURS PER WEEK (if varied, indicate average)	LAST SALARY (OPTIONAL)
REASON FOR LEAVING		
SUPERVISOR'S NAME AND TELEPHONE NUMBER		May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>

EMPLOYER		FROM (month/year) /
ADDRESS		TO: (month/year) /
YOUR JOB TITLE		LENGTH OF EMPLOYMENT
FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/>	HOURS PER WEEK (if varied, indicate average)	LAST SALARY (OPTIONAL)
REASON FOR LEAVING		
SUPERVISOR'S NAME AND TELEPHONE NUMBER		May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>

EMPLOYER		FROM (month/year) /
ADDRESS		TO: (month/year) /
YOUR JOB TITLE		LENGTH OF EMPLOYMENT

## Application for Employment Clackamas County Deputy District Attorney

FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/>	HOURS PER WEEK (if varied, indicate average)	LAST SALARY (OPTIONAL)
REASON FOR LEAVING		
SUPERVISOR'S NAME AND TELEPHONE NUMBER		May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>

EMPLOYER	FROM (month/year) /
ADDRESS	TO: (month/year) /
YOUR JOB TITLE	LENGTH OF EMPLOYMENT
FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/>	HOURS PER WEEK (if varied, indicate average)
LAST SALARY (OPTIONAL)	
REASON FOR LEAVING	
SUPERVISOR'S NAME AND TELEPHONE NUMBER	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>

### Authorization

I authorize the Clackamas County District Attorney's Office to inquire into my background with regard to my character and qualifications. I specifically authorize Clackamas County to conduct a thorough 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 drug screen may be a condition of employment. As part of the final reference check, I agree to have a drug test and to authorize the result of that test to be released to the Clackamas County District Attorney.

Further, 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 investigating information provided in the application materials.

I hereby certify that all statements made in my application are true and complete, and I understand that falsification or misrepresentation may result in disqualification from employment consideration and/or termination of employment.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Applicant