



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

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Click this button

Click this button to reset page.

**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		

☐ Yes ☐ 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

☐ Yes ☐ 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.

☐ Yes ☐ 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.

☐ 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.

<input type="checkbox"/> Yes <input type="checkbox"/> No – Have you ever been arrested or charged with any moving violation or traffic related crime? If Yes, please describe on a separate page the general circumstances for each incident.
<input type="checkbox"/> Yes <input type="checkbox"/> No – Have you ever been arrested or charged with any non-traffic related violation or crime? If Yes, please describe on a separate page the general circumstances for each incident.

**Important:** This form is required of all applicants for consideration of employment with the District Attorney's Office. Disclose all the history of convictions and arrests. This includes felonies and misdemeanors. If you fail to list any part of your conviction or arrest history, including but not limited to omission, intentional falsification or any failure to disclose for any reason, your application for employment may be disqualified. If you gain employment and it is later found that you failed to disclose a criminal conviction or arrest for any reason as part of making an application for employment, your employment may be terminated at any time.

Serious traffic offenses such as “Reckless Driving,” “Driving Under the Influence of Intoxicants” (DUI), “Criminal Driving While Suspended,” “Failing to Perform the Duties of a Driver” or “Attempting to Elude a Police Officer” must be listed if it resulted in a conviction.

If you have a history that you believe is “expunged” or removed from your record, but you do not have documentation that it was removed, you should list it. A conviction or arrest is not removed from your record until you complete the formal process to have it removed.

Convictions and arrests are evaluated for each position and the existence of a criminal record is not necessarily disqualifying. Your disclosure may be verified- A Criminal History Records Check may be conducted on any applicant under consideration for employment with the District Attorney’s Office. If your disclosure of criminal convictions or arrests is incomplete or false you may be denied employment consideration.

**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)
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