



# Clackamas County Juvenile Department Juvenile Services Specialist Temporary/On-Call Application

**Please Print Clearly**

Full Name:	<input type="text"/>	Date:	<input type="text"/>		
Address:	<input type="text"/>	City:	<input type="text"/>	Zip:	<input type="text"/>
Telephone: Home:	<input type="text"/>	Work:	<input type="text"/>	Cell:	<input type="text"/>
Email:	<input type="text"/>				
Present employer:	<input type="text"/>	Title:	<input type="text"/>		
From:	<input type="text"/>	To:	<input type="text"/>	Ph. #:	<input type="text"/>
Supervisor:	<input type="text"/>	Job Duties:	<input type="text"/>		
Previous Employer:	<input type="text"/>	Title:	<input type="text"/>		
From:	<input type="text"/>	To:	<input type="text"/>	Ph. #:	<input type="text"/>
Supervisor:	<input type="text"/>	Job Duties:	<input type="text"/>		
College attended/completed:	<input type="text"/>	Highest Degree Received/Date:	<input type="text"/>		
<p>All information on this application is true to the best of my knowledge. I understand that falsification or misrepresentation may result in disqualification from employment consideration. I understand that all information used in my role as an employee is confidential and I will respect that confidentiality. I understand that a thorough background &amp; criminal history check will be conducted by the Juvenile Department.</p>					
_____ Applicant Signature Required				<input type="text"/> Date	

***(Please use another page if needed)***

What interests you about this position and how does it fit into your career goals?

Please provide information regarding your educational background and focus of your studies.

Explain your experience working with at risk youth.

What strengths do you bring to a team?

**RETURN THIS APPLICATION TO:**  
**Kelli Russell, Juvenile Services Manager**  
**Clackamas County Juvenile Department**  
**2121 Kaen Road**  
**Oregon City, OR 97045**  
**Phone: 503-722-6614 • Fax: 503-655-8448**  
**[krussell2@clackamas.us](mailto:krussell2@clackamas.us)**



# Authorization for Criminal Records Check

To: Applicant

***Please complete this information sheet and submit it with your application with the Clackamas County Juvenile Department. The existence of a criminal record will not necessarily disqualify you for work. Any criminal record will be individually considered on the basis of how it relates to the work which you would prefer for the Department.***

**Name:**     
Last First Full Middle Name

**Address:**     
Address City State - Zip

## SECTION 1:

Have you resided outside of the State of Oregon in the past 10 years?  No  Yes

If yes, list states in which you have resided:

Have you ever been convicted of a crime?  No  Yes

If "yes", crime(s) convicted of or charged with:

## SECTION 2:

The following questions are related to the Prison Rape Elimination Act (PREA) standards.

- 1) Have you engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?  No  Yes
- 2) Have you been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?  No  Yes
- 3) Have you been civilly or administratively adjudicated to have engaged in the activity described above in question number five?  No  Yes

*If the answer to any of the above questions is "yes", explain below. You can use additional pages if necessary.*

## SECTION 3:

*In signing, I verify that the information provided herein is true and complete to the best of my knowledge. I understand that an investigation of my criminal history may be made by the Clackamas County Juvenile Department or its agent. I further understand that misrepresentation or omission on this addendum to the application form may be cause for disqualification of the application or dismissal from my work.*

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date