



OREGON DEPARTMENT OF CORRECTIONS

CORRECTIONAL OFFICER SUPPLEMENTAL FORM

June 2011

This form **MUST** be typewritten or printed legibly in **DARK INK ONLY**. All questions must be answered completely and accurately. If a question does not apply to you, print or check "DNA" (does not apply) in the space provided for the answer. **Omission** of or **falsification** of information discovered at any time during the pre-screening process that would reflect on your honesty or ability to perform the job will result in the **immediate termination** of your background investigation. The information you provide in this Correctional Officer Supplemental Form will be used in the investigation into your background to assist in determining your suitability for employment with the Oregon Department of Corrections.

Legal Last Name:	First Name:	Preferred First Name:
Suffix:	Middle Name:	

A. PERSONAL REFERENCES

List five (5) people who have been acquainted with you for **FIVE (5) years** or more. Do not include anyone related by blood or marriage. Do not list employers or supervisors. You must list at least three (3) or your application will be disqualified.

1.

Complete Name:	Home Phone Number (include area code):
Complete Street Address:	Mailing Street Address, if different:
City, State, Zip Code:	Mailing City, State, Zip Code:
Employer:	Work Phone Number (include area code):
Number of Years Known:	Daytime Phone Number (include area code):

2.

Complete Name:	Home Phone Number (include area code):
Complete Street Address:	Mailing Street Address, if different:
City, State, Zip Code:	Mailing City, State, Zip Code:
Employer:	Work Phone Number (include area code):
Number of Years Known:	Daytime Phone Number (include area code):

3.

Complete Name:		Home Phone Number (include area code):
Complete Street Address:		Mailing Street Address, if different:
City, State, Zip Code:		Mailing City, State, Zip Code:
Employer:		Work Phone Number (include area code):
Number of Years Known:		Daytime Phone Number (include area code):

4.

Complete Name:		Home Phone Number (include area code):
Complete Street Address:		Mailing Street Address, if different:
City, State, Zip Code:		Mailing City, State, Zip Code:
Employer:		Work Phone Number (include area code):
Number of Years Known:		Daytime Phone Number (include area code):

5.

Complete Name:		Home Phone Number (include area code):
Complete Street Address:		Mailing Street Address, if different:
City, State, Zip Code:		Mailing City, State, Zip Code:
Employer:		Work Phone Number (include area code):
Number of Years Known:		Daytime Phone Number (include area code):

B. OREGON DEPARTMENT OF CORRECTIONS REFERENCES

Is there any Oregon Department of Corrections person who could provide a reference on your behalf?
 Yes No If YES, list below:

First Name, Last Name	#of yrs known	Relationship	Institution Reference Works At	Daytime Telephone Numbers (include area code)
a.				
b.				
c.				
d.				

C.**RESIDENCES**

List all residences for the last 5 years beginning with your current residence. Do not list any residences prior to your 16th birthday.

Address (Include City, State, and Zip Code)	Dates		Rent <input type="checkbox"/> Own <input type="checkbox"/> In the Military <input type="checkbox"/> Resided with someone else <input type="checkbox"/>
	From	To	
			Rent <input type="checkbox"/> Own <input type="checkbox"/> In the Military <input type="checkbox"/> Resided with someone else <input type="checkbox"/>
			Rent <input type="checkbox"/> Own <input type="checkbox"/> In the Military <input type="checkbox"/> Resided with someone else <input type="checkbox"/>
			Rent <input type="checkbox"/> Own <input type="checkbox"/> In the Military <input type="checkbox"/> Resided with someone else <input type="checkbox"/>
			Rent <input type="checkbox"/> Own <input type="checkbox"/> In the Military <input type="checkbox"/> Resided with someone else <input type="checkbox"/>
			Rent <input type="checkbox"/> Own <input type="checkbox"/> In the Military <input type="checkbox"/> Resided with someone else <input type="checkbox"/>
			Rent <input type="checkbox"/> Own <input type="checkbox"/> In the Military <input type="checkbox"/> Resided with someone else <input type="checkbox"/>
			Rent <input type="checkbox"/> Own <input type="checkbox"/> In the Military <input type="checkbox"/> Resided with someone else <input type="checkbox"/>

D.**APPLICANT HISTORY**

1. Have you ever applied for Correctional Officer with the Oregon Department of Corrections? Yes No

	Date Applied			Results
1.				
2.				
3.				
4.				

2. Have you ever applied for any other positions with the Oregon Department of Corrections? Yes No

	Position	Location-Facility	Date Applied	Results
1.				
2.				
3.				
4.				

3. Have you ever interviewed for any positions with the Oregon Department of Corrections? Yes No

	Position	Location-Facility	Date Interviewed	Results
1.				
2.				
3.				
4.				

4. Have you ever applied for any positions with the State of Oregon?

Yes No

	Position	Location-Facility	Date Interviewed	Results
1.				
2.				
3.				
4.				

E. CAREER GOALS

1.

When did your interest in Public Safety, as a Correctional Officer begin?

2.

When did you begin to prepare yourself for a career on Corrections? What steps have you taken?

3.

What personal attributes do you possess that would establish your fitness for service as a Correctional Officer with the Oregon Department of Corrections?

4.

What are your reasons for wanting to be a Correctional Officer?

5.

What are your reasons for applying for Correctional Officer with the Oregon Department of Corrections?

F.

APPLICANT CERTIFICATION

Print-Type, **First Name:**

Print-Type, **Middle Name:**

Print-Type, **Last Name:**

Signature:

Date:

An electronic submission containing a typed or electronic signature or a photocopy or FAX reproduction of this authorization and release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

Revised:6/22/11

This form must be attached to your application before you submit your online NEOGOV application.