



State Of Oregon Employment Application

Online Form PD100 – .pdf
Updated December 2002



An equal opportunity and affirmative action employer.

**In Oregon,
opportunity means
a variety of
careers available statewide,
competitive salaries,
and
great benefits.**



Please help save a tree by only printing necessary pages.

GENERAL INSTRUCTIONS

Your application materials (including any required skill code supplements, test answers, college transcripts, etc.) must be received by the recruiting agency (**at the address listed in the “How to Apply” section of the recruitment announcement**) by the date and time stated.

1. **Obtain a recruitment announcement from:**
 - a. the State's Jobs Page at: www.oregonjobs.org;
 - b. local Oregon Employment Department field offices,
 - c. most state agency personnel offices, or
 - d. kiosk sites which are located in public places (such as malls, libraries, grocery stores, etc.) throughout the state. Local Employment Department offices can advise on kiosk locations.
2. **Complete a separate application for each job** you apply for unless the announcement gives different instructions. Legible photocopies are acceptable.
3. **Signature:**
 - a. By electronically submitting your application, you agree to the conditions stated in the certification and signature section of the application, which is enforceable as if you had signed.
 - b. **If submitting in hard copy format**, type or print clearly in dark ink and **sign your application in ink.**
4. To complete the “**Geographic Availability**” section, refer to the listing of city and metropolitan area codes on the last page.
5. **Submit only the application materials requested** on the recruitment announcement. **Do not include** work examples, or the cover, instruction, or Geographic Reference Sheet with your application materials.
6. **Need to list more than 10 jobs?** Copy a “Work History” page and number added jobs 11, 12, etc.
NOTE:
 - b. This document is protected to allow the form fields to work. If need to unlock the document, the password is “PD100”.
 - c. Some versions may cause you to loose existing keyed data when unprotecting a document. If you need to add additional jobs, we suggest you either unlock and copy for additional jobs prior to keying any data, or use a second application.
7. **Incomplete or illegible applications** (including faxed applications) will not be accepted. The State of Oregon is not responsible for applications that are misdirected, lost in the mail, or lost as a result of transmitting by fax or email.
8. **Please provide your SOCIAL SECURITY NUMBER.** The state will use it for recruitment identification and tracking as authorized by OAR 105-040-0001. If you are hired, your social security number will be used for employee records, payroll, and insurance purposes pursuant to OAR 105-040-0001(1)(b)(A).

Providing your social security number is voluntary. If you fail to do so, we will assign an identification number to process your application. You will be required to provide the number if you request an update of your application records.

Please keep a copy of your application materials.

Copies will not be provided.

PERSONS WITH DISABILITIES H.I.R.E. SYSTEM

You are encouraged to apply through the open competitive process.

If you need additional assistance to become employed, you may qualify for the H.I.R.E. System (Hiring Individuals Ready for Employment).

H.I.R.E. is a state system to help individuals with disabilities become employed in state government. Contact your local Vocational Rehabilitation Division (VRD) or Oregon Commission for the Blind (OCB) office to discuss ways they can assist you. Upon meeting the H.I.R.E. System criteria, a VRD or OCB counselor may refer you to the H.I.R.E.

System for additional assistance to become employed in state government.

Individuals with disabilities can only be referred to the H.I.R.E. System from a **VRD counselor** or **OCB counselor**. You must be an active client with VRD or OCB to be referred to the H.I.R.E. System. You can contact VRD at (503) 945-5880 and OCB at (503) 731-3221 for additional information on becoming a client.

If you would like more information about the H.I.R.E. System, visit the H.I.R.E. System website at:

www.hr.das.state.or.us/hire/hire.htm

VETERANS' PREFERENCE

Per ORS 408.230 and 408.235 relating to Veterans' Preference for public employment, to obtain veterans' preference points when applying with the State of Oregon, you must meet ALL of the following criteria:

5 points (Veteran):

1. You must have served in the Armed Forces for a period of more than 180 consecutive days unless you were discharged because of a service-connected disability.
2. You must have been discharged or released from service within the last 15 years. (No time limit if you are an eligible disabled veteran).
3. You must have been released or discharged with other than dishonorable discharge.
4. **You must attach a copy of your DD214/DD215 to your application (form PD100).**

10 points (Disabled Veteran):

1. You must have served in the Armed Forces for a period of more than 180 consecutive days unless you were discharged because of a service-connected disability.
2. You must have been released or discharged with other than dishonorable discharge.
3. **You must attach the following to your State Application Form (PD100):**
 - a. A copy of your DD214/DD215 form; and
 - b. A copy of your veterans' disability preference letter from the Department of Veterans' Affairs.

Once you have used preference to attain regular employee status with the State of Oregon, you may not use the preference again. This limitation does not apply to certain disabled veterans.

For additional information on Veterans' Preference eligibility, including definition of the terms "veteran" and "disabled veteran," contact the Oregon Department of Veterans' Affairs at 1-800-692-9666.

WORK HISTORY INSTRUCTIONS

The information you provide in the "Work History" section will be used to evaluate whether you meet the minimum qualifications listed in the "To Qualify" section of the recruitment announcement. Starting with your **current or most recent job**, list all your jobs (paid or volunteer) for the last ten years. You may wish to include qualifying experience gained more than 10 years ago, if it helps you qualify for the job.

1. **Critical:** If you held more than one position within the same company, **list each position as a separate job** in the "Work History" section. Provide your duties as well as beginning and ending dates and hours worked per week for each position.
2. **Critical:** Clearly describe all your duties. If your description of work in the "Work History" section is too brief and/or insufficient to determine if you meet the qualifications for the job, your application may not be accepted.
3. **Critical:** Credit for work that is less than full-time is pro-rated based on a 40-hour week. If you worked more than 40 hours a week, you will be given credit for 40 hours.
4. **Critical:** If your hours vary, indicate the average number of hours worked per week. Do not give a range of time such as "20-30 hours" or "varies." No credit will be given for jobs when hours worked are not specific.
5. **Critical:** If qualifying duties were not the main focus of the job, **provide the percentage of time** you spent doing the duties that qualify you for the recruitment. (See the "To Qualify" section of the recruitment announcement)
6. **Examples:** Bookkeeping 4 hours out of a 40 hour week = 10%; or 5 hours out of a 20 hour week = 25%.
7. **Critical:** To receive credit for experience mentioned in any test answers, the experience must be listed in the "Work History" section of your application.

A RESUME WILL NOT SUBSTITUTE FOR COMPLETION OF THE WORK HISTORY SECTION.

Complete each box - If you do not provide all the information in the "Work History" section, no credit will be given for that job.

NOTE: When no credit is given for a job, test scores may also be affected.

RECRUITMENT TRACKING INFORMATION
PLEASE COMPLETE THE FOLLOWING INFORMATION:

Job Applied For:

Classification Number:

Announcement Number:

HOW DID YOU LEARN ABOUT THIS POSITION?

Newspaper (List Publication)

State Jobs Page (www.oregonjobs.org)

Employment Office

State Agency website

Other website (List website)

Employee Referral

Friend

State Agency Recorded Jobline

Other:

VOLUNTARY INFORMATION

The information you provide below is voluntary.

Affirmative Action

The State of Oregon has an Affirmative Action Policy. If you choose to provide this information, it will help us evaluate the effectiveness of our affirmative action programs. This will also be used for research and statistical purposes.

Ethnic Background (check only one)

- (A) **Asian or Pacific Islander:** Persons having origins in any of the peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.
- (B) **African American (not of Hispanic origin):** Persons having origins in any of the black ethnic groups.
- (H) **Hispanic:** Persons having origins in any of the Mexican, Puerto Rican, Cuban, Central or South American or other Spanish cultures, regardless of ethnicity.
- (I) **Native American or Alaskan Native:** Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- (W) **Caucasian (not of Hispanic origin):** Persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

Gender: MALE FEMALE

Disabled: YES NO

(Checking the "yes" box has no effect on an employer's obligation to provide reasonable accommodation under state and federal disability laws.)

ATTENTION

**Attach this page to your application materials
even if you do not provide the voluntary information.**

STATE OF OREGON EMPLOYMENT APPLICATION

An Equal Opportunity Employer

TYPE or PRINT in INK Please complete the application by typing or clearly printing in dark ink. Submit a separate application (photocopy acceptable) for each recruitment announcement. If your application materials do not clearly show you meet the qualifications of the job for which you are applying, your application will not be accepted

JOB APPLIED FOR (Listed on the recruitment announcement):	SOCIAL SECURITY NUMBER: - -
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CLASSIFICATION NUMBER:	ANNOUNCEMENT NUMBER:	DRIVER'S LICENSE NUMBER:	STATE OF ISSUE:
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NAME AND ADDRESS			
NAME (LAST, FIRST, M.I.):		HOME TELEPHONE (include area code):	
MAILING ADDRESS:		WORK TELEPHONE (Provide only one including area code):	
CITY	STATE	ZIP CODE:	OTHER (include area code):
EMAIL ADDRESS:		PAGER	CELL PHONE MESSAGE

PRESENT EMPLOYER	LAST EMPLOYER (Check one):	May We Contact? Yes No	CITY AND STATE:
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VETERANS' PREFERENCE - To Receive Credit Attach a Copy of Your DD214/DD215

POINTS (Check One): 5 10	DATE OF ENTRY (M-D-Y):	DATE OF DISCHARGE (M-D-Y):	BRANCH OF SERVICE:
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WORK SCHEDULE AVAILABILITY

Check Only One: PERMANENT (P) SEASONAL (S)	Check Only One: FULL TIME (F) PART TIME (P)	FULL OR PART TIME (E) INTERMITTENT (I)	JOB SHARE (J) ANY (B)	Date You Can Report For Work:
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Are you also willing to work for the State of Oregon in a temporary position? (Check one) YES NO

GEOGRAPHIC AVAILABILITY - Check where you are willing to work. You may choose up to 40 locations. If you check more than 40, only the first 40 will be recorded. If you check EMA, PMA, SMA, do not check the individual cities within those areas. (Refer to the **Geographic Reference Sheet** found on last page to identify city codes.)

EMA	03G	08A	12B	17A	21A	24L	29D	34B
SMA	03H	08B	12E	17B	21B	24M	29F	34C
PMA	03I	08C	12G	18B	21D	24N	30F	34D
	03L	09A	13A	18C	22A	24P	30G	34E
01A	04A	09B	13E	18D	22E	24Q	30H	34F
01C	04C	09C	14A	18E	22F	24R	30K	34H
01D	05A	10A	14B	19A	22H	25A	31A	34I
01G	05B	10B	15A	19B	23A	25B	31B	34J
01H	05F	10C	15C	19C	23B	25C	31D	35A
02A	05G	10F	15E	20B	23D	26B	31E	35B
02C	06A	10G	15F	20C	24C	26C	31F	36E
03B	06B	10I	15G	20D	24E	26D	31H	36F
03C	06C	10J	15I	20E	24F	27A	32A	36G
03D	06H	11A	16A	20F	24G	27C	32B	Other:
03E	06K	11B	16B	20G	24H	27D	33G	
03F	07A	12A	16C	20H	24J	28B	34A	

OFFICE USE ONLY

SKILL CODES:	DATE STAMP	<input type="checkbox"/> ACCEPTED <input type="checkbox"/> NOT ACCEPTED _____ (Reason Code)
REVIEWER'S INITIALS / DATE:		

Original Test Date:	Test Date:	Expiration Date:	Original Batch Code:
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TEST NUMBER	RAW SCORE						V.P.	S.C.	FINAL
	1	2	3	4	5	6			

EDUCATION / TRAINING HISTORY

List colleges, military, trade, business or other schools attended.

Do you have a high school diploma or a GED certificate? (Check one) YES NO

Table with 5 columns: Name and Location Of School, College, or University; Course of Study (List Major); Credits Earned Check One & Indicate Hours (Quarter, Semester, Clock); Did You Graduate? (Yes / No); Degree or Certificate Received (AA, BA, BS, MA, PhD). Rows A, B, C.

LICENSE / REGISTRATION / CERTIFICATE

List any required professional license, registration, certificate, Oregon Commercial Driver's License (CDL), etc.

Table with 4 columns: Description; State; Number; Expiration.

SPECIALIZED SKILLS AND KNOWLEDGE

List skills or knowledge that show your ability to perform the job for which you are applying (such as typing speed, computer languages or software programs, foreign languages, etc.). Attach additional pages as needed.

WORK HISTORY

JOB NUMBER 1 (current or most recent position)

Form fields for Job Number 1: NAME OF EMPLOYER, EMPLOYER'S ADDRESS and PHONE NUMBER, KIND OF BUSINESS, SUPERVISOR'S NAME and PHONE NUMBER, YOUR JOB TITLE, SUPERVISION / LEADWORK CHECK AREAS YOU WERE RESPONSIBLE FOR: Assigning and Reviewing work, Handling Disciplinary problems, Rating Work Performance, Responding to Grievances, Hiring or Recommending Hiring, Not Responsible for Any of Above. Includes fields for FROM (MONTH - YEAR), TO (MONTH - YEAR), TOTAL TIME IN CURRENT OR LAST POSITION, and HOURS WORKED PER WEEK (Average).

DUTIES (List all duties you performed. No credit will be given if this section is not completed.):

Reason for leaving this position:

WORK HISTORY

JOB NUMBER 2								
NAME OF EMPLOYER		EMPLOYER'S ADDRESS and PHONE NUMBER						
KIND OF BUSINESS		SUPERVISOR'S NAME and PHONE NUMBER						
YOUR JOB TITLE		SUPERVISION / LEADWORK CHECK AREAS YOU WERE RESPONSIBLE FOR:						
FROM (MONTH - YEAR)	TO (MONTH - YEAR)	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Assigning and Reviewing work</td> <td style="width: 50%;">Handling Disciplinary problems</td> </tr> <tr> <td>Rating Work Performance</td> <td>Responding to Grievances</td> </tr> <tr> <td>Hiring or Recommending Hiring</td> <td>Not Responsible for Any of Above</td> </tr> </table>	Assigning and Reviewing work	Handling Disciplinary problems	Rating Work Performance	Responding to Grievances	Hiring or Recommending Hiring	Not Responsible for Any of Above
Assigning and Reviewing work	Handling Disciplinary problems							
Rating Work Performance	Responding to Grievances							
Hiring or Recommending Hiring	Not Responsible for Any of Above							
TOTAL TIME IN POSITION:	HOURS WORKED PER WEEK (Average)	If you checked any of these boxes, list the number of employees and their job titles:						
DUTIES (List all duties you performed. No credit will be given if this section is not completed.):								
Reason for leaving this position:								

JOB NUMBER 3								
NAME OF EMPLOYER		EMPLOYER'S ADDRESS and PHONE NUMBER						
KIND OF BUSINESS		SUPERVISOR'S NAME and PHONE NUMBER						
YOUR JOB TITLE		SUPERVISION / LEADWORK CHECK AREAS YOU WERE RESPONSIBLE FOR:						
FROM (MONTH - YEAR)	TO (MONTH - YEAR)	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Assigning and Reviewing work</td> <td style="width: 50%;">Handling Disciplinary problems</td> </tr> <tr> <td>Rating Work Performance</td> <td>Responding to Grievances</td> </tr> <tr> <td>Hiring or Recommending Hiring</td> <td>Not Responsible for Any of Above</td> </tr> </table>	Assigning and Reviewing work	Handling Disciplinary problems	Rating Work Performance	Responding to Grievances	Hiring or Recommending Hiring	Not Responsible for Any of Above
Assigning and Reviewing work	Handling Disciplinary problems							
Rating Work Performance	Responding to Grievances							
Hiring or Recommending Hiring	Not Responsible for Any of Above							
TOTAL TIME IN POSITION:	HOURS WORKED PER WEEK (Average)	If you checked any of these boxes, list the number of employees and their job titles:						
DUTIES (List all duties you performed. No credit will be given if this section is not completed.):								
Reason for leaving this position:								

WORK HISTORY

JOB NUMBER 4

NAME OF EMPLOYER		EMPLOYER'S ADDRESS and PHONE NUMBER	
KIND OF BUSINESS		SUPERVISOR'S NAME and PHONE NUMBER	
YOUR JOB TITLE		SUPERVISION / LEADWORK CHECK AREAS YOU WERE RESPONSIBLE FOR: Assigning and Reviewing work Handling Disciplinary problems Rating Work Performance Responding to Grievances Hiring or Recommending Hiring Not Responsible for Any of Above If you checked any of these boxes, list the number of employees and their job titles:	
FROM (MONTH - YEAR)	TO (MONTH - YEAR)		
TOTAL TIME IN POSITION:	HOURS WORKED PER WEEK (Average)		

DUTIES (List all duties you performed. No credit will be given if this section is not completed.):

Reason for leaving this position:

JOB NUMBER 5

NAME OF EMPLOYER		EMPLOYER'S ADDRESS and PHONE NUMBER	
KIND OF BUSINESS		SUPERVISOR'S NAME and PHONE NUMBER	
YOUR JOB TITLE		SUPERVISION / LEADWORK CHECK AREAS YOU WERE RESPONSIBLE FOR: Assigning and Reviewing work Handling Disciplinary problems Rating Work Performance Responding to Grievances Hiring or Recommending Hiring Not Responsible for Any of Above If you checked any of these boxes, list the number of employees and their job titles:	
FROM (MONTH - YEAR)	TO (MONTH - YEAR)		
TOTAL TIME IN POSITION:	HOURS WORKED PER WEEK (Average)		

DUTIES (List all duties you performed. No credit will be given if this section is not completed.):

Reason for leaving this position:

WORK HISTORY

JOB NUMBER 8

NAME OF EMPLOYER		EMPLOYER'S ADDRESS and PHONE NUMBER
KIND OF BUSINESS		SUPERVISOR'S NAME and PHONE NUMBER
YOUR JOB TITLE		SUPERVISION / LEADWORK CHECK AREAS YOU WERE RESPONSIBLE FOR: Assigning and Reviewing work Handling Disciplinary problems Rating Work Performance Responding to Grievances Hiring or Recommending Hiring Not Responsible for Any of Above If you checked any of these boxes, list the number of employees and their job titles:
FROM (MONTH - YEAR)	TO (MONTH - YEAR)	
TOTAL TIME IN POSITION:	HOURS WORKED PER WEEK (Average)	

DUTIES (List all duties you performed. No credit will be given if this section is not completed.):

Reason for leaving this position:

JOB NUMBER 9

NAME OF EMPLOYER		EMPLOYER'S ADDRESS and PHONE NUMBER
KIND OF BUSINESS		SUPERVISOR'S NAME and PHONE NUMBER
YOUR JOB TITLE		SUPERVISION / LEADWORK CHECK AREAS YOU WERE RESPONSIBLE FOR: Assigning and Reviewing work Handling Disciplinary problems Rating Work Performance Responding to Grievances Hiring or Recommending Hiring Not Responsible for Any of Above If you checked any of these boxes, list the number of employees and their job titles:
FROM (MONTH - YEAR)	TO (MONTH - YEAR)	
TOTAL TIME IN POSITION:	HOURS WORKED PER WEEK (Average)	

DUTIES (List all duties you performed. No credit will be given if this section is not completed.):

Reason for leaving this position:

WORK HISTORY

JOB NUMBER 10			
NAME OF EMPLOYER		EMPLOYER'S ADDRESS and PHONE NUMBER	
KIND OF BUSINESS		SUPERVISOR'S NAME and PHONE NUMBER	
YOUR JOB TITLE		SUPERVISION / LEADWORK CHECK AREAS YOU WERE RESPONSIBLE FOR:	
FROM (MONTH - YEAR)	TO (MONTH - YEAR)	Assigning and Reviewing work	Handling Disciplinary problems
		Rating Work Performance	Responding to Grievances
		Hiring or Recommending Hiring	Not Responsible for Any of Above
TOTAL TIME IN POSITION:	HOURS WORKED PER WEEK (Average)	If you checked any of these boxes, list the number of employees and their job titles:	
DUTIES (List all duties you performed. No credit will be given if this section is not completed.):			
Reason for leaving this position:			

CERTIFICATION AND SIGNATURE

I understand that any verbal or written statement that is false, fraudulent or misleading that is contained in this application or attached materials, or made in the course of any related employment process, whether made by me or by others at my request, will result in rejection of my application, denial of employment, or dismissal from state service if discovered after employment, and under some circumstances, may result in prosecution for a crime.

- ♦ I certify that all statements contained herein are true and complete whether made by me or others at my request.
- ♦ I understand that if hired, I must prove that I am legally authorized to work in the United States.
- ♦ I authorize the State of Oregon to check employment references and verify education information provided on this employment application and as disclosed in the interview process.
- ♦ I authorize the State of Oregon to check my driving record if the position for which I am applying requires driving.
- ♦ You may be asked to submit to a pre-employment drug test, a credit history check and/or criminal history background check as a condition of employment.
- ♦ I release the State of Oregon and all providers of information from any liability as a result of furnishing and receiving any information related to the State of Oregon's hiring process.

By electronically submitting my application materials, I agree to the conditions stated in this "Certification and Signature" section, and this section is enforceable as if I had signed below.

SIGNATURE (Must signed **IN INK** if submitting hard copy):

DATE:

KEEP A COPY OF YOUR APPLICATION FOR INTERVIEWS. COPIES WILL NOT BE PROVIDED.

Your application materials (PD100, skill code supplements, test answers, college transcripts, etc) **must be received at the address listed on the recruitment announcement by the close date** or it may not be accepted.

THANK YOU FOR YOUR INTEREST IN EMPLOYMENT WITH THE STATE OF OREGON

GEOGRAPHIC REFERENCE SHEET

Use this list to identify the “Geographic Availability” codes you wish to select on your PD100 employment application.
Do not select individual cities that are included in a selected metropolitan area (EMA, PMA, or SMA).
 For assistance in identifying where cities are located, see the Oregon county map on the next page.

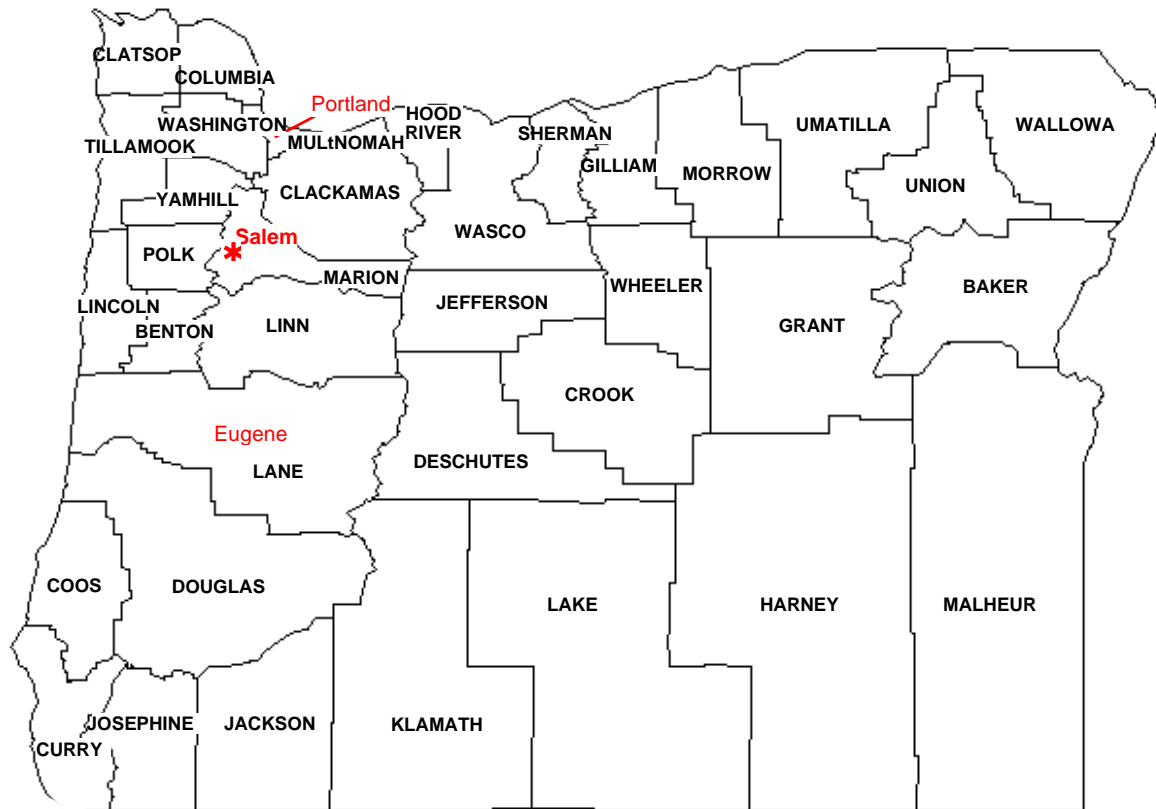
METROPOLITAN AREAS

<u>EMA – Eugene Metro Area</u>	<u>PMA – Portland Metro Area</u>	<u>SMA – Salem Metro Area</u>
Includes: Cottage Grove, Eugene, Springfield, Sweet Home	Includes: Beaverton, Clackamas, Gresham, Hillsboro, Lake Oswego, Milwaukie, Oregon City, Portland, Tigard, Troutdale	Includes: Albany, Dallas, McMinnville, Monmouth/ Independence, Sublimity, Salem/Keizer, Woodburn

CITY CODES

22A	Albany	32A	Enterprise	21A	Lincoln City	22F	Scio
11A	Arlington	03C	Estacada	16B	Madras	24N	Scotts Mills
15A	Ashland	20D	Eugene	18D	Malin	34H	Sherwood
04A	Astoria	20E	Florence	33D	Maupin	19C	Silver Lake
12A	Austin	34D	Forest Grove	36F	McMinnville	24O	Silverton
01A	Baker City	35A	Fossil	15G	Medford	09C	Sisters
06A	Bandon	34E	Gaston	18E	Merrill	20H	Springfield
34A	Banks	24E	Gates	16C	Metolius	05F	St. Helens
34B	Beaverton	24F	Gervais	24J	Mill City	24L	St. Paul
09A	Bend	03D	Gladstone	30G	Milton-Freewater	24P	Stayton
25A	Boardman	08B	Gold Beach	03E	Milwaukie	24Q	Sublimity
08A	Brookings	15E	Gold Hill	35B	Mitchell	01H	Sumpter
13A	Burns	17B	Grants Pass	03F	Molalla	10J	Sutherlin
03B	Canby	26B	Gresham	27D	Monmouth	22H	Sweet Home
12B	Canyon City	01D	Haines	12G	Monument	33G	The Dalles
10A	Canyonville	04C	Hammond	28B	Moro	34J	Tigard
14A	Cascade Locks	25B	Hardman	29D	Nehalem	29F	Tillamook
17A	Cave Junction	25C	Heppner	36G	Newberg	21D	Toledo
15C	Central Point	30F	Hermiston	21B	Newport	26D	Troutdale
06K	Charleston	34F	Hillsboro	06H	North Bend	34I	Tualatin
18B	Chiloquin	13E	Hines	31F	North Powder	24R	Turner
03L	Clackamas	14B	Hood River	10F	Oakland	30K	Umatilla
05A	Clatskanie	24G	Hubbard	20G	Oakridge	31H	Union
05B	Columbia City	01F	Huntington	23D	Ontario	23E	Vale
11B	Condon	24H	Idanha	03G	Oregon City	32D	Wallowa
06B	Coos Bay	27C	Independence	19B	Paisley	21E	Waldport
06C	Coquille	31D	Island City	30H	Pendleton	04E	Warrenton
34C	Cornelius	15F	Jacksonville	02C	Philomath	03J	West Linn
01C	Cornucopia	12E	John Day	08C	Port Orford	27E	Willamina
02A	Corvallis	23A	Jordan Valley	26C	Portland	03K	Wilsonville
20B	Cottage Grove	32B	Joseph	07A	Prineville	24S	Woodburn
31A	Cove	20F	Junction City	09B	Redmond	26E	Wood Village
20C	Creswell	23B	Juntura	10G	Reedsport	36I	Yamhill
16A	Culver	18C	Klamath Falls	01G	Richland	10K	Yoncalla
27A	Dallas	36E	Lafayette	10I	Roseburg	03I	Sandy
24C	Detroit	31E	LaGrande	15I	Rogue River	05G	Scappoose
10B	Drain	03H	Lake Oswego	24M	Salem/Keizer		
31B	Elgin	19A	Lakeview	03I	Sandy		
10C	Elkton	22E	Lebanon	05G	Scappoose		

STATE OF OREGON COUNTY MAP



COUNTY CODE LISTING

The first two digits of the city codes listed in the "Geographic Availability" section identifies the county in which the city is located. Following are Oregon's Counties and their codes.

01	BAKER	13	HARNEY	25	MORROW
02	BENTON	14	HOOD RIVER	26	MULTNOMAH
03	CLACKAMAS	15	JACKSON	27	POLK
04	CLATSOP	16	JEFFERSON	28	SHERMAN
05	COLUMBIA	17	JOSEPHINE	29	TILLAMOOK
06	COOS	18	KLAMATH	30	UMATILLA
07	CROOK	19	LAKE	31	UNION
08	CURRY	20	LANE	32	WALLOWA
09	DESCHUTES	21	LINCOLN	33	WASCO
10	DOUGLAS	22	LINN	34	WASHINGTON
11	GILLIAM	23	MALHEUR	35	WHEELER
12	GRANT	24	MARION	36	YAMHILL