



Classified Employment Application

1920 Long Street, Sweet Home, OR 97386

Phone: 541-367-7113 Fax: 541-367-7104

Please type or print in ink plainly.

Date of Application: _____

NAME _____
Last First Middle

Check one or both as applicable: I am applying for Regular Employment Substituting

Position(s) Desired _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE Home _____ Message _____

EMAIL ADDRESS _____

SOCIAL SECURITY # _____

May we contact you at work? Yes No Work Phone _____

Best time to call: At work _____ At home _____

Are you 18 years of age or older? Yes No Date available to begin employment: _____

Are you currently substituting in the District? Yes No Position(s): _____

Have you previously been employed by the District? Yes No

Have you ever been convicted, pled guilty or No Contest, or forfeited bond or bail for any crime other than traffic violations? Yes No If yes, please explain (conviction does not necessarily disqualify you from employment).

JOB-RELATED CERTIFICATES & LICENSES

List below certificates, licenses, or endorsements held (do not include Class 2 or Bus Driver licenses):

Type	Number	Date of Expiration
<input type="checkbox"/> Oregon Driver License	_____	_____
<input type="checkbox"/> Oregon Commercial Driver License	_____	_____
<input type="checkbox"/> Food Handlers Card	_____	_____
<input type="checkbox"/> First Aid Card	_____	_____
<input type="checkbox"/> Other (please specify) _____	_____	_____

EMPLOYMENT EXPERIENCE

BEGINNING WITH THE MOST RECENT, list jobs held in the last ten years. Include any other experience related to the position for which you are applying including volunteer work or military experience. Attach additional sheets if more space is needed. Résumés are optional, but completion of this section is required.

Job Title _____ Start date _____ End date _____
Employer _____ Hours worked per week _____
Address _____
Phone _____ May we contact this employer? Yes No
Direct Supervisor _____ Starting wage _____ Ending wage _____
Reason for leaving _____
Duties and responsibilities: _____

Job Title _____ Start date _____ End date _____
Employer _____ Hours worked per week _____
Address _____
Phone _____ May we contact this employer? Yes No
Direct Supervisor _____ Starting wage _____ Ending wage _____
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Direct Supervisor _____ Starting wage _____ Ending wage _____
Reason for leaving _____
Duties and responsibilities: _____

Job Title _____ Start date _____ End date _____
Employer _____ Hours worked per week _____
Address _____
Phone _____ May we contact this employer? Yes No
Direct Supervisor _____ Starting wage _____ Ending wage _____
Reason for leaving _____
Duties and responsibilities: _____

EDUCATIONAL BACKGROUND

Do you have a high school diploma? Yes No GED? Yes No

List last three college, business, or trade schools or programs attended, starting with the most recent:

School/Program Attended	Course of Study	Years/Hrs. Completed	Degree/Certification Earned

SKILLS and QUALIFICATIONS

Do you operate computers? Yes No

What software are you familiar with? _____

List any special training, certificates, machine skills, office equipment, languages, or other special skills you may have that is pertinent to obtaining a position:

IF APPLYING FOR A SCHOOL BUS DRIVER OR MECHANIC POSITION:

	<u>License No.</u>	<u>Expiration Date</u>	<u>Years of Driving Experience</u>
Class 2 License			
School Bus License			
Has your driver's license ever been revoked or suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____			
<u>Moving Traffic Violations – Last 5 Years</u>		<u>Accidents</u>	
<u>Date</u>	<u>Citation</u>	<u>Date</u>	<u>Involving</u>

REFERENCES

Please list three references whom have first-hand knowledge of your ability, character, and personality.

Name	Telephone	Years Known

EMPLOYMENT PROCEDURE

- If a license or certification is required for the assignment, a copy must be on file in the Business Office before an employment offer can be finalized.
- Proof of employment eligibility for compliance with the United States Immigration Control and Reform Act of 1986 is required prior to employment.
- Previous members of Oregon Public Employees Retirement System (PERS) must clarify their status with PERS.
- In the event of your employment, the information given on this application will become part of your personal record in the Business Office.

CERTIFICATION of INFORMATION/RELEASE

BY MY SIGNATURE BELOW, I:

- Authorize the District to contact my former employers to obtain information related to my work experience, work skills, reliability, disciplinary record, honesty, reputation and attitude toward my work and my employer.
- Waive any right to receive copies of replies given by the above employers and/or personal references, whether in letter or other written form, including notes of telephone conversations made by the District.
- Waive and release the employers and their employees, officers, directors and representatives from and against any and all liability and all claims I may now have or hereafter acquire, arising from or related to their acts or omissions in providing relevant information and opinions to the District concerning the reference checks.
- Understand that I may be put to work before all replies are received by the District, but that any such employment is subject to the condition of the receipt, review and approval of such replies by the District.
- Certify that the facts and information given in this application, in any attachment or supporting documents, and in any interviews are (or will be) true and complete to the best of my knowledge. I understand that any falsification, misrepresentation or omission, as well as any misleading statements or omissions, generally will result in denial of employment or immediate termination, regardless of when and how discovered.
- Certify that I possess the physical and mental ability to regularly attend work and fulfill the essential functions of the position applied for with or without reasonable accommodation.
- Understand that, if selected for a position, I may be required to take a medical examination if appropriate to the position for which I am applying.

Signature of Applicant

Date

Applications will remain active for six months from the application date.

SWEET HOME SCHOOL DISTRICT NO. 55
1920 Long Street, Sweet Home, OR 97386-2195

AFFIRMATIVE ACTION INFORMATION

Name (Type or print)

Position applied for

Sweet Home School District No. 55 endorses the concept of equal employment opportunity. To effect a condition of equal opportunity in employment, the District has instituted an Affirmative Action Program. As part of Sweet Home School District's Affirmative Action Program, it is necessary for the District to be able to determine statistics regarding sex, ethnic background, age and/or handicap of job applicants.

The information requested below is optional and, if provided, will be used only for monitoring the District's Affirmative Action Program. Your decision to provide or not provide the requested information will have no effect on your application for employment with the District. Responses to the questions below will be used only for statistical purposes and will not be available to supervisors. Thank you for your cooperation.

SWEET HOME SCHOOL DISTRICT NO. 55

I prefer *not* to provide the information requested below.

Signature

Date

- OR -
Continue Below

I. Date of Birth: _____ Social Security No.: _____

II. Sex: Male Female

III. Racial or ethnic group:

White Black Asian or Pacific Islander Hispanic (Spanish-American)

Native American or Alaskan Native Other (specify) _____

IV. Do you have any physical or mental limitations, which may affect your ability to perform significant functions of the job/position for which you are applying? _____

V. Are you a Veteran? Yes No

Date and type of discharge: _____

VI. Please describe any factors which you feel have prevented you from keeping or finding employment elsewhere: _____

Signature

Date

SWEET HOME SCHOOL DISTRICT NO. 55

1920 Long Street, Sweet Home, OR 97386-2195

AUTHORIZATION FOR REFERENCE INQUIRY

I have applied for employment with Sweet Home School District No. 55 and have completed the references section(s) of the District's employment form.

In consideration of the opportunity for employment, I hereby authorize the District to contact my former employers to obtain information related to my work experience, work skills, reliability, disciplinary record, honesty, reputation and attitude toward my work and my employer.

I also hereby waive any right to receive copies of replies given by the above employers and/or personal references, whether in letter or other written form, including notes of telephone conversations made by the District.

I also hereby waive and release the employers and their employees, officers, directors and representatives from and against any and all liability and all claims I may now have or hereafter acquire, arising from or related to their act or omissions in providing relevant information and opinions to the District concerning the reference checks.

I understand that I may be put to work before all replies are received by the District, but that any such employment is subject to the condition of the receipt, review and approval of such replies by the District.

Date: _____

Applicant for Employment (Signature): _____

Print Name:

Witness (Signature): _____

Print Name:

SWEET HOME SCHOOL DISTRICT NO. 55
1920 Long Street, Sweet Home, OR 97386-2195

CRIMINAL HISTORY RECORDS CHECK
and/or
FINGERPRINTING

I understand that a criminal history records check and/or fingerprinting are required by law and School Board Policy. Employment shall be offered prior to fingerprint collection. Upon notification by the State Superintendent of Public Instruction or designee or State Board of Education that an individual has been convicted or has made a false statement as to conviction of any crimes prohibiting employment or contract status with the District, the Superintendent shall terminate the employment or contract status immediately.

I understand that an individual so terminated may appeal action taken by the District as a result of such checks in accordance with procedures established by law or School Board Policy. Applicable appeal rights will be provided by the District upon such termination from District employment or contract status.

Any fees associated with a criminal history records check and fingerprinting, not to exceed actual costs, shall be the responsibility of the individual.

Should I refuse to consent to a criminal history records check or refuse to be fingerprinted, I shall be terminated from employment or contract status by the Superintendent immediately. I understand that individuals who have successfully completed an Oregon and FBI criminal history records check by a previous employer and have not since resided outside Oregon may be exempt from this requirement. It is the responsibility of the individual to inform the District of the existence of such records.

Signature

Date

.....
AGREEMENT

Name: _____

Social Security #: _____

Fingerprinting Fee: _____

I hereby authorize Sweet Home School District No. 55 to deduct from my first paycheck the amount specified above for the mandated fingerprinting fee.

Signature

Date