

CLASSIFIED PERSONNEL EMPLOYMENT APPLICATION

Stanfield School District #61R

1120 N Main

Stanfield, OR 97875

Phone: (541) 449-8766

Fax: (541) 449-8768

An Equal Opportunity Employer

Name: _____ Social Security #: _____

Present Address: _____

Home Phone: _____ Work Phone: _____

Street or PO Box

City

State

Zip

Bilingual? Yes No _____ Sign Language Yes No
(Languages)

Job title of position for which you are applying: _____

Type of position(s) you are applying: Secretarial Classroom Aide Media Spec.
 Custodial/Maint Food Service Substitute List

Are you presently employed? Yes No May we contact your present employer? Yes No

Have you applied with this district before? Yes No Approximate Date _____

Do you prefer to work: FULL TIME PART TIME Date available for employment: _____

Please indicate day(s), time(s) and date(s) most convenient for us to schedule an interview with you:

Please include name, address and phone number of a person who could contact you most of the time:

APPLICATION PROCEDURE

1. Applications must be complete and will not be accepted without a signature.
2. A resume is preferred.
3. Letter of Application is preferred.
4. Current letters of recommendation.
5. Supplemental material of your choice.
6. Finalists for employment will be contacted for a personal interview.

REQUIRED PERSONAL INFORMATION

Have you ever been convicted of:

- | | | |
|--|------------------------------|-----------------------------|
| 1. A sex related crime, which involved minors or use of force? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. A crime involving violence or the threat of violence? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. A crime involving criminal activity in drugs/alcoholic beverages? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Any other crime other than a minor traffic violation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If yes, conviction occurred: _____
Date Country State

*Have you completed the fingerprinting procedure through Oregon Dept. Of Ed? Yes No

If yes, which school district would have record of the process? _____

Date you were fingerprinted: _____

The applicant who is offered and accepts employment will be required to undergo pre-employment fingerprinting for criminal history check in compliance with OAR 581-22-1730.

EDUCATION

School (Name, City, State)	Major Areas of Study	Degree/Year
High School:		
College:		
Business/Other:		

PREVIOUS EMPLOYMENT (List most recent experience first.)

From:	To:	Employer Name/Address	Position	Reason for Leaving	Salary

REFERENCES: List those persons who are able to answer questions concerning your qualifications for the position you seek. [Current or previous employers]

Name	Agency/Position	Years Known	Telephone Number

GENERAL INFORMATION

- Are you a current member of the Oregon Public Retirement System (PERS)? Yes No
If yes, Retirement Number _____
- Do you have a first aid card? Yes No
- Do you hold a valid Oregon drivers license? Yes No
- Is the condition of your health such that you can carry a full time assignment? Yes No
If no please explain: _____

I hereby certify that the information herein is a true and complete statement of my personal record to date. I understand that if employed, false statements on this application shall be considered sufficient cause for immediate dismissal. I hereby grant the district or its agent permission to check civil and/or criminal records to verify any statement made on this application.

Applicant Signature

Date