

Imbler School District #11

640 Esther Ave • Imbler, Oregon 97841 | 541.534.5331 • Fax: 541.534.9560

EMPLOYMENT APPLICATION

Imbler School District complies with all state and federal rules and regulations and does not unlawfully discriminate on the basis of race, color, creed, religion, national origin, age, sex/gender, marital status, or the presence of any sensory, mental or physical disability.

Please fill out only that portion of this form that you feel pertinent to the position for which you are applying.

Full Name _____
Last First Middle

Mailing Address _____
Street City State Zip

Date of Availability _____ Previous or other surname(s) reflected on employment or educational records _____

Phone (____) _____ Msg. Phone (____) _____

Position applying for _____

Are you a U.S. citizen or otherwise legally authorized to work in the U.S.? Yes No

WORK EXPERIENCE

Beginning with your present or most recent job, describe your work experience during the past TEN years. In addition, list any other prior experience related to the duties of the position for which you are applying. Also include all non-paid or volunteer work.

Employer	Position	Supervisor
Address		Dates of Employment
Specific Duties		
If you are still employed here may we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employer	Position	Supervisor
Address		Dates of Employment
Specific Duties		
Employer	Position	Supervisor
Address		Dates of Employment
Specific Duties		
Employer	Position	Supervisor
Address		Dates of Employment
Specific Duties		

EDUCATIONAL BACKGROUND

High School, Colleges, Universities Name, City, State	Type of Degree Earned	Major & Minor (if any)
<i>High School</i>		
<i>Graduated?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>College/University</i>		
<i>If not a High School Graduate, do you have a certificate of equivalency (GED)?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		

REFERENCES

Give references (a minimum of three) who have first-hand knowledge of your character, experience or ability.

Name	Address	Business	Phone

AUTHORIZATION TO OBTAIN AND RELEASE INFORMATION

I authorize Imbler School District #11 for which I have completed an employment application to check my references, to obtain information from my prior employers and educational institutions, and to take other actions to investigate any information provided in my employment application, and to obtain information relevant to evaluating my qualifications and fitness for employment. I authorize my listed references, past employers and educational institutions, and anyone else who has information about my work history, education qualification or fitness, to provide such information. I release the school district and all persons providing information to the school district from any liability whatsoever for obtaining and providing that information, regardless of the results.

Signature of Applicant _____ Date _____

Use this space for additional details or clarification:

TO BE COMPLETED DAY EMPLOYMENT BEGINS

This information is needed for retirement, hospitalization insurance and affirmative action records, not for selection or hiring purposes.

Sex: Male Female Age _____ Date of Birth _____

Social Security Number _____ Are you a member of Oregon Public Retirement System? Yes No

If yes, retirement number _____

In case of an emergency notify _____

Name	Address	Phone
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Race or cultural group (check only one)

- | | |
|---|---|
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Asian/Pacific Islander |
| <input type="checkbox"/> White | <input type="checkbox"/> Black |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Other _____ |