

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: _____
Street or PO Box City State Zip

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

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

Race/Ethnic Background: ☐ American Indian or Alaska Native ☐ Asian
☐ Black or African American ☐ Hispanic or Latino
☐ Native Hawaiian or Pacific Islander ☐ Two or More Races
☐ White ☐ Other (Please Specify)

Job title of position for which you are applying: _____

Type of position(s) you are applying: ☐ Secretarial ☐ Classroom ☐ Maintenance
☐ Custodial ☐ 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? ☐ Yes ☐ No
2. A crime involving violence or the threat of violence? ☐ Yes ☐ No
3. A crime involving criminal activity in drugs/alcoholic beverages? ☐ Yes ☐ No
4. Any other crime other than a minor traffic violation? ☐ Yes ☐ 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/Diploma-GED | | |
| | | |
| College: | | |
| | | |
| Business/Other: | | |
| | | |

PREVIOUS EMPLOYMENT (List most recent experience first.)

| From: | To: | Employer Name/Address | Position | Reason for Leaving |
|-------|-----|-----------------------|----------|--------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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

1. Are you a current member of the Oregon Public Retirement System (PERS)? ___Yes ___No

If yes, Retirement Number _____

2. Do you have a first aid card? ___Yes ___No

3. Do you hold a valid Oregon drivers license? ___Yes ___No

4. 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

U:Personnel/Master Apps