

APPLICATION FOR EMPLOYMENT

SANTIAM CANYON SCHOOL DISTRICT 129J

150 SW Evergreen Street PO Box 197
 Mill City, Oregon 97360 www.santiam.k12.or.us
 Phone: (503) 897-2321 Fax: (503) 897-4004

CLASSIFIED STAFF POSITION

*Serving the Communities of
 Mill City, Gates, Detroit and Idanha*

Santiam Canyon School District 129J is an **Equal Opportunity Employer**. We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status. We comply with all Americans with Disabilities Act requirements.

(PLEASE TYPE OR PRINT)

| | | | | | | | | | |
|--------------------------|--|------|--------------------------------------|--------|------|------------------------------|--|-------|----------|
| LAST NAME | | | FIRST NAME | | | MIDDLE NAME | | | |
| ADDRESS: PO Box | | | | Street | | City | | State | Zip Code |
| Daytime Phone Number(s) | | | Cell Phone/Alternate Phone Number(s) | | | SSN: | | | |
| Area Code | | Ext. | Area Code | | Ext. | | | | |
| Area Code | | Ext. | Area Code | | Ext. | Driver's License/I.D Number: | | | |
| POSITION(S) APPLIED FOR: | | | | | | DATE OF APPLICATION: | | | |

Have you ever been employed with SCSD before? Yes No

If yes, last date of employment: _____ Position held: _____

Are you currently employed? Yes No

Are you currently on "Lay-off" status? Yes No

If yes, are you subject to recall? Yes No

What date are you available to begin work? _____

Are you available to work: Full Time Part Time Temporary Substitute

Have you been fingerprinted for working with children in Oregon schools? Yes No

If yes, which school district: _____

Are you PERS eligible? (Mark No if you have never worked for the State of Oregon or Oregon Schools) Yes No

Office Use Only

Date Received: _____ Letter of Intent Resume Application Transcripts Other Documentation

Highly Qualified (for applicable position(s)): Yes No Arrange Interview: Yes No Date: _____ Time: _____

Background Check Complete: Date: _____ Admin. Initials: _____ Fingerprints on File: Date: _____ Admin. Initials: _____

Work Experience

List all applicable work history. Begin with current or most recent employment and list in reverse chronological order. Include all military and volunteer service significant to the position applied for.

| | | | | | |
|---|---------------------|------------|---------------------|-------|------------------------------|
| 1 | EMPLOYER | | DATES EMPLOYED | | <u>WORK PERFORMED</u> |
| | | | From | To | |
| | ADDRESS | | | | |
| | TELEPHONE NUMBER(S) | | HOURLY RATES/SALARY | | |
| | | | Starting | Final | |
| | JOB TITLE | SUPERVISOR | | | |
| | REASON FOR LEAVING | | | | |
| 2 | EMPLOYER | | DATES EMPLOYED | | <u>WORK PERFORMED</u> |
| | . | | From | To | |
| | ADDRESS | | | | |
| | TELEPHONE NUMBER(S) | | HOURLY RATES/SALARY | | |
| | | | Starting | Final | |
| | JOB TITLE | SUPERVISOR | | | |
| | REASON FOR LEAVING | | | | |
| 3 | EMPLOYER | | DATES EMPLOYED | | <u>WORK PERFORMED</u> |
| | . | | From | To | |
| | ADDRESS | | | | |
| | TELEPHONE NUMBER(S) | | HOURLY RATES/SALARY | | |
| | | | Starting | Final | |
| | JOB TITLE | SUPERVISOR | | | |
| | REASON FOR LEAVING | | | | |
| 4 | EMPLOYER | | DATES EMPLOYED | | <u>WORK PERFORMED</u> |
| | . | | From | To | |
| | ADDRESS | | | | |
| | TELEPHONE NUMBER(S) | | HOURLY RATES/SALARY | | |
| | | | Starting | Final | |
| | JOB TITLE | SUPERVISOR | | | |
| | REASON FOR LEAVING | | | | |

| | | | | | |
|--------------------|---------------------|------------|---------------------|-------|------------------------------|
| 5 | EMPLOYER . | | DATES EMPLOYED | | <u>WORK PERFORMED</u> |
| | | | From | To | |
| | ADDRESS | | | | |
| | TELEPHONE NUMBER(S) | | HOURLY RATES/SALARY | | |
| | | | Starting | Final | |
| JOB TITLE | | SUPERVISOR | | | |
| REASON FOR LEAVING | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 6 | EMPLOYER . | | DATES EMPLOYED | | <u>WORK PERFORMED</u> |
| | | | From | To | |
| | ADDRESS | | | | |
| | TELEPHONE NUMBER(S) | | HOURLY RATES/SALARY | | |
| | | | Starting | Final | |
| | JOB TITLE | | SUPERVISOR | | |
| | REASON FOR LEAVING | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Work Experience (continued)

If additional space is necessary, please continue on a separate sheet of paper.

Specialized Skills

| Languages | Speak | Read | Write |
|-----------|---|---|---|
| | <input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair | <input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair | <input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair |
| | <input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair | <input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair | <input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair |
| | <input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair | <input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair | <input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair |
| | <input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair | <input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair | <input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair |

Computer Skills

| | | | | | |
|-------------------------------|---|--|-------------------------------------|---------------------------------|--------------------------------|
| Programs | <input type="checkbox"/> Word | Excel | <input type="checkbox"/> PowerPoint | <input type="checkbox"/> Access | <input type="checkbox"/> Other |
| List Others | | | | | |
| Internet | <input type="checkbox"/> Webpage Construction | <input type="checkbox"/> Webpage Maintenance | <input type="checkbox"/> Browsing | <input type="checkbox"/> E-mail | |
| Other Knowledge Areas: | | | | | |

Additional Qualifications

Summarize additional job -related skills and qualifications acquired from employment or other experience.

Activities

List professional, trade, business or civic activities and offices held. (You may exclude those which reveal race, creed, color, origin, sex, age, religion or disability.)

Education

| <u>HIGH SCHOOL</u> | <u>TECHNICAL SCHOOL</u> | <u>COLLEGE OR UNIVERSITY</u> |
|---|---|--|
| <input type="checkbox"/> Graduate <input type="checkbox"/> GED <input type="checkbox"/> Other (specify): _____ School: _____ | <input type="checkbox"/> Trade School <input type="checkbox"/> Business School Institution: _____ Field of Study: _____ Degree: _____ | <input type="checkbox"/> Some College _____ Hrs. Completed <input type="checkbox"/> College Graduate _____ Hrs. Completed <input type="checkbox"/> Graduate School _____ Hrs. Completed Institution: _____ Field of Study: _____ Degree: _____ |
| List Certifications you hold (Technical, Military, etc.). | | |
| Describe any specialized training: apprenticeship(s), classes, and/or skills. | | |

List any honors you have received.

References

| | | | | | | | |
|-----------|-----------------------------|------|--------------------------------------|--|---------------------------|---|----------|
| 1 | NAME | | | | | | |
| | ADDRESS: PO Box Street | | | | City | State | Zip Code |
| | Daytime Phone Number(s) | | Cell Phone/Alternate Phone Number(s) | | RELATIONSHIP TO APPLICANT | | |
| Area Code | | Ext. | Area Code | | Ext. | <input type="checkbox"/> Friend <input type="checkbox"/> Co-Worker <input type="checkbox"/> Other | |
| Area Code | | Ext. | Area Code | | Ext. | | |
| | | | | | | | |
| 2 | NAME | | | | | | |
| | ADDRESS: PO Box Street | | | | City | State | Zip Code |
| | Daytime Phone Number(s) | | Cell Phone/Alternate Phone Number(s) | | RELATIONSHIP TO APPLICANT | | |
| Area Code | | Ext. | Area Code | | Ext. | <input type="checkbox"/> Friend <input type="checkbox"/> Co-Worker <input type="checkbox"/> Other | |
| Area Code | | Ext. | Area Code | | Ext. | | |
| | | | | | | | |
| 3 | NAME | | | | | | |
| | ADDRESS: PO Box Street | | | | City | State | Zip Code |
| | Daytime Phone Number(s) | | Cell Phone/Alternate Phone Number(s) | | RELATIONSHIP TO APPLICANT | | |
| Area Code | | Ext. | Area Code | | Ext. | <input type="checkbox"/> Friend <input type="checkbox"/> Co-Worker <input type="checkbox"/> Other | |
| Area Code | | Ext. | Area Code | | Ext. | | |
| | | | | | | | |

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Fingerprinting Process

Oregon State requires all newly-hired school employees who have unsupervised, direct contact with students to undergo a Criminal Background Check and provide Fingerprints in order to be employed by Oregon public schools.

The employee will be responsible for paying the Oregon State Police fingerprinting and district processing fees.

I have read and understand the procedures above.

Signature of Applicant

Date

Applicant's Statement of Authorization

I hereby authorize Santiam Canyon School District 129J, for whom I have completed an employment application, to check my references, to verify my educational background and to contact my previous employers to investigate the information provided. I also authorize my references, educational institutions and former employers to release my information to the verifying agent for Santiam Canyon School District 129J.

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements that are necessary for an employment decision. Furthermore, I understand that, in the event of employment, any false or misleading information contained in my application may result in discharge. I also understand that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

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Affirmative Action Information

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The information acquired from this form is to be used for statistical reasons only. This information is voluntary and separate from the employment application. All information gathered through the affirmative action efforts is strictly confidential and will be kept separate from employment records.

| | |
|-----------------------|------|
| NAME | DATE |
| POSITION APPLIED FOR: | |

PLEASE CHECK ALL APPROPRIATE ITEMS:

Sex: Male Female

Date of Birth: _____

Race, Ethnic or Cultural Group:

- American Indian/Alaskan Native
- Asian
- Pacific Islander
- White
- Black or African American
- Hispanic or Latino
- Other

Veteran/Military Status:

- Non-Veteran
- Pre-Vietnam Veteran
- Pre-Vietnam Veteran with service incurred disability
- Vietnam Veteran
- Vietnam Veteran with service incurred disability
- Post Vietnam Veteran
- Post Vietnam Veteran with service incurred disability
- Active National Guard or Reservist

Disabilities:

- No Disability
- Developmentally Disabled
- Mentally Disabled
- Hearing Impaired
- Visually Impaired
- Physically Disabled (no facility modifications or adaptations)
- Physically Disabled (facility modifications or adaptations)