

FOR OFFICE USE ONLY

Received by _____

Date _____

Superintendent Signature

ADRIAN SCHOOL DISTRICT NO. 61

P.O. Box 108
Adrian, Oregon 97901
(541)-372-2335

Social Security Number _____ Date _____

Name: _____
Last First Middle

Address: _____
Street or Box number City State Zip

Phone _____ Message Phone: _____

In case of emergency whom shall we notify? _____
Name Phone

Indicate positions for which you are applying in order of preferences (use 1,2,3)

Instructional Assistant _____ Cafeteria _____ Maintenance _____ Custodian _____

Transportation _____ Office _____ Coaching _____

What date will you be available? _____

EDUCATIONAL TRAINING

	Name of School	Location	Dates Inclusive	Degree or Diploma
High School				
College or Bus. College				
Other Schooling				

PREVIOUS EMPLOYMENT

List most recent first				
Dates	Firm/Address of former Employer	Position	Supervisor	Telephone No.

Is there any reason we cannot contact the above employers? If yes, please explain.

Do you have any computer skills? _____

Do you have a CDL License? _____ If so what is the number _____

List additional machines or equipment you operate: _____

Health: Is your physical/mental health condition such that you can fulfill the essential job functions of the work for which you are applying (either with or without reasonable accommodations)? Yes ___ No ___

The Adrian School District is an Equal Opportunity Employer. Reasonable accommodations for the application and interview process will be provided upon request and as required in accordance with the Americans with Disabilities Act of 1990. Individuals with disabilities may contact the superintendent at (541) 372-2335 for additional information or assistance. Speech/Hearing impaired persons may contact the district for assistance through the Oregon Telecommunications Relay Service at 1-800-735-2900.

Give short resume as to your job experience for the position for which you are applying:

APPLICATIONS

Applications will remain active at that district for one year. The district will normally keep the application on file for three years. Contact the district to reactivate an application that is more than one year old.

I understand that any omissions on this application may prevent my application from being evaluated. I verify that all information on this employment application is true and complete. I understand that any misrepresentation, falsification, or omission on this application or on other documents submitted to the school district will be sufficient cause for this application not to be considered by the school district or for discharge if I have been employed.

AUTHORIZATION TO OBTAIN AND RELEASE INFORMATION:

I authorize the Adrian School District 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 the position. 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 to any school district for which I have completed an employment application. 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

Date

CRIMINAL HISTORY VERIFICATION OF APPLICANTS

Please type or print clearly.

As Appears on License

Name: _____ Date of Birth: _____ Sex: _____
(Last Name) (First Name) (Middle Name) MM/DD/YY

List Other Names Previously Used: _____
(includes Maiden Name)

Social Security No.: _____ Driver License/Identification Card No.: _____

Providing your social security number on this form is voluntary. If you choose not to disclose the social security number, this will not be a basis for denial of employment or any rights, services or benefits to which you are otherwise entitled. If you do provide the number the Oregon State Police will use it as an additional identifier to search for any criminal record you may have. Your social security number will be used as stated above. State and federal laws protect the privacy of your records.

Mailing Address: _____
Full Street Address/Post Office Box

City: _____ State: _____ Zip + 4: _____

A. Have you **EVER** been convicted of a sex-related crime? Yes No

If yes, was the conviction in Oregon or another state? (Please specify if another state.) State: _____

If yes, did the crime involve force or minors? Yes No

B. Have you **EVER** been convicted of a crime involving violence or threat of violence? Yes No

If yes, was the conviction in Oregon or another state? (Please specify if another state.) State: _____

C. Have you **EVER** been convicted of a crime involving criminal activity in drugs or alcoholic beverages? Yes No

If yes, was the conviction in Oregon or another state? (Please specify if another state.) State: _____

D. Have you **EVER** been convicted of any other crime except a minor traffic violation?(Includes Traffic Crimes) Yes No

E. Have you been arrested within the last three years for a crime for which there has not yet been an acquittal or dismissal? Yes No

Advisory: A check of the applicant's criminal history will be made by the Oregon Department of Education to verify the responses to the preceding questions.

I hereby grant to the Oregon Department of Education permission to check civil or criminal records to verify any statement made on this form. Regardless of whether the applicant grants consent, the Oregon Department of Education will conduct a criminal offender record check of applicants for the position of school bus driver, volunteer, or other prospective school employees working with or around children. The applicant is entitled to review his/her criminal history for inaccurate or incomplete information. Discrimination by an employer on the basis of arrest records alone may violate federal civil rights law. The applicant may obtain further information concerning the applicant's rights by contacting the Bureau of Labor and Industries, Civil Rights Division, State Office Building, Suite 1070, Portland, Oregon 97232, telephone (503) 731-4075.

I acknowledge reading and the receipt of this notice.

Applicant's Signature: _____ Date: _____

ADRIAN SCHOOL DISTRICT
P.O. Box 108 Adrian, OR 97901
AN EQUAL OPPORTUNITY EMPLOYER

EQUAL OPPORTUNITY INFORMATION

Oregon school districts are equal opportunity employers and comply with all applicable state and federal statutes and regulations in employment and school district programs.

Drug-free Workplace

Oregon school districts are committed to maintaining drug-free workplaces and comply strictly with all applicable state and federal statutes and regulations in employment and school district programs.

Name _____

Position for which you are applying _____

If you prefer not to provide the information requested below, please sign and date.

Signature

Date

VOLUNTARY INFORMATION

This information is voluntary and is collected only for Equal Employment Opportunity reporting purposes. This form will be physically separated from your other application materials and will not affect the application process in any manner. Should you prefer not provide this information, there will be no effect on your application.

Sex ___Female ___Male

Date of Birth _____

Race or Cultural Group (Check one only)

- American Indian Black Caucasian Asian Hispanic
 Other