



Oregon City School District 62

Human Resources Department

1417 12th Street · P.O. Box 2110

Oregon City, OR 97045-5010

503 785-8427

Fax 503-657-2492

www.orecity.k12.or.us

**APPLICATION FOR
CLASSIFIED
EMPLOYMENT**

An Equal Opportunity Employer

*We hire and promote without regard to
race, color gender, national origin, religion,
age, mental or physical handicap unrelated
to job performance.*

Check Area(s) of Interest

- Secretary/Clerical
- Custodial
- Bus Driver
- Food Service
- Grounds
- Computer Technician
- Instructional Assistant
- Media Assistant
- Coach
- Trades _____
Skill Area
- Substitute _____
Specify
- Other _____
Specify

PERSONAL DATA

Name _____ Social Security Number _____
Last First Middle

Address _____ Apartment Number _____
Number Street

City State Zip Code

Phone Numbers _____
Home Business Message Cell

Are you legally eligible for employment in the USA? Yes No

Are you available to work at any school in the District? Yes No

Would you work Full-Time Part-Time Full Year School Year

Check time(s) available if part-time. Morning Afternoon Evening

Monday Tuesday Wednesday Thursday Friday

Have you previously been employed with this District? Yes No

If yes, what position? _____ Date(s) _____

If yes, under what name did you work? _____

Are you now or have you ever been a member of the Public Employees Retirement System (PERS)? Yes No

Date available to begin employment: _____

Have you ever been convicted of a crime? No Yes

If the answer to the above question is Yes, please describe the nature and date of the crime, the court in which the conviction was rendered, and any rehabilitative activities. Please attach information on additional page.

I hereby grant to the district, or its agents, permission to check civil or criminal records, previous employers and references to verify any statement made on this application, supporting materials and in any interview.

Signature

EMPLOYMENT BACKGROUND

Complete this section even if you will be attaching a resume

PREVIOUS WORK EXPERIENCE a. Company Name (list most recent employer first) b. Street c. City, State and Zip Code	Em- ployed	Position(s)	Duties	Supervisor(s) Name and Phone No.	Reason for Leaving or Wishing to Leave
a. _____ b. _____ c. _____	FROM MO/YR TO MO/YR				
a. _____ b. _____ c. _____	FROM MO/YR TO MO/YR				
a. _____ b. _____ c. _____	FROM MO/YR TO MO/YR				
a. _____ b. _____ c. _____	FROM MO/YR TO MO/YR				
a. _____ b. _____ c. _____	FROM MO/YR TO MO/YR				
Present Salary or Hourly Rate _____		Salary or Hourly Rate Expected _____			

EDUCATIONAL BACKGROUND

CIRCLE LAST SCHOOL YEAR COMPLETED

1	2	3	4	5	6	7	8	9	10	11	12	(GED)
Elementary School											High School	

13	14	15	16
College			

17	18	19	20
Graduate School			

Are you presently attending school? Yes No

If yes, list school(s) attending _____

GRADE OR HIGH SCHOOL LAST ATTENDED

Name of School	City	Location	State	From Mo./Yr.	To Mo./Yr.	Grade Completed

BUSINESS, CORRESPONDENCE, MILITARY, VOCATIONAL, OR TECHNICAL SCHOOL

Name of School and Location	Type of Course	From Mo./Yr.	To Mo./Yr.	Completed (Yes or No)	Certificate (Yes or No)

UNDERGRADUATE OR GRADUATE SCHOOL

Name of College or University	City	Location	State	From Mo./Yr.	To Mo./Yr.	Degree	Major	Minor

DRIVER TRAINING *For Positions Requiring Driving Only*

Type Course	Institution and Location	Hours	Date Completed	Certificate (Yes or No)
Oregon Basic Core				
Oregon Advanced				
Defensive Driving				
First Aid				
Behind-the-Wheel				

FOR POSITIONS REQUIRING SECRETARIAL/CLERICAL SKILLS ONLY

OFFICE EXPERIENCE	How Long?	OFFICE EXPERIENCE	How Long?	OFFICE EXPERIENCE	How Long?
Accounting		Mail Clerk		Stockroom/Inventory	
Accounts Payable/Receivable		Office Supervisor		Switchboard Operator	
Bookkeeping		Payroll		Printing	
Computer Operation		Programming		Typing	
Photocopy		Purchasing		Word Processing	
Filing Clerk		Receptionist		Secretarial	
Key Punch Operation		Shorthand/Speed Writing		Other _____	

OFFICE SKILLS	Yes	No	SPEED	Yes	No	Word Processor	Yes	No
Typewriter	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	Dictating Machine	<input type="checkbox"/>	<input type="checkbox"/>
Shorthand	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	Other Software	<input type="checkbox"/>	<input type="checkbox"/>
Speedwriting	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>			

FOR POSITIONS REQUIRING DRIVING ONLY

How many years have you been driving? _____ Can you drive a vehicle with standard shift? Yes No

List all driving licenses held in last three years _____ Date of Birth (For checking driving record) _____

State	Chauffeur Number / Expiration	Operator Number / Expiration	School Bus Number / Expiration	Restrictions

List all moving traffic violations in the last three years.

Date of Result	Crime, Infraction or Offense	Court Location	Date of Conviction	Crime, Infraction or Offense	Court Location

Has any license you have held in the last five years been suspended? Yes No Revoked? Yes No

When? _____ Why? _____ For how long? _____ In what state? _____

How many chargeable accidents have you been involved in, regardless of severity? _____

	Date	City and State	Brief Description of Accident
Last Accident			
Next Previous			
Next Previous			

List any safe driving awards you have received and from whom _____

FOR FOOD SERVICE AND INSTRUCTIONAL ASSISTANT APPLICANTS ONLY

FOOD SERVICE: Please describe any formal experience and/or training you have had in commercial or institutional food service. Include any supervisory experience you have in the area of food service.

INSTRUCTIONAL ASSISTANT: Please describe any formal and informal experience and/or training you have had in education or community work. Include any experience you have in the area of supervision and work with children and adults.

FOR CUSTODIAL AND SKILLED TRADE APPLICANTS ONLY

Check shift desired: Day Swing Any

Can you work safely from high places? Yes No

List machinery or equipment you can operate _____

Have you worked at a trade? Yes No If yes, describe _____

List other qualifications you have _____

PHYSICAL INFORMATION

Some of our positions have specific physical requirements or limitations. Additionally, we require a physical examination for particular positions within our District. For these positions you may be asked questions regarding your physical capabilities. Such questions must be related to your potential performance for the position you are seeking.

Please identify any physical limitations which may prevent you from performing your job in a safe and satisfactory manner.

AFFIRMATIVE ACTION INFORMATION (OPTIONAL)

This information is to ensure equal employment opportunity and may not be used to discriminate against you. Your completion of this section is voluntary and refusal to give this information will not affect your opportunity for employment with our District.

Age _____ Sex _____ Race American Indian or Alaskan Native White Black Asian or Pacific Islander Hispanic Other

Birthdate _____

If you have a handicap or condition and would like to be considered under IDEA, please tell us. This information will be kept confidential except that (1) supervisors and managers may be informed regarding work restrictions or accommodations and (2) First Aid people will be informed regarding possible emergency treatment.

PERSONAL REFERENCES

Please list three adult persons you have known for at least two years. Do not list relatives or former employers.

Name	Address	Association	Telephone

APPLICANT'S CERTIFICATION AND AGREEMENT

I authorize the investigation of all matters which Oregon City Public Schools deem relevant to my qualifications for employment, including all statements made in this application and in any attachments or supporting documents. I authorize you to request and receive such information and I release from all liability any person (such as former supervisors and managers) or employers supplying it. I also release Oregon City Public Schools from all liability which might result from making the investigation.

I certify that the facts and information in this application, and in any attachments or supporting documents are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation or omission, as well as any misleading statements or omissions, will be cause for denial of employment or immediate termination, regardless of when or how discovered.

Signature of Applicant _____

Date _____

This application will remain in the district file for one year after the date of application.

Revised 2/02

CRIMINAL HISTORY VERIFICATION OF APPLICANTS

Please type or print clearly.

As Appears on License

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

List Other Names Previously Used: _____

Social Security No.: _____ Oregon 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 identified 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.

Address: _____
Full Street Address

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?

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: _____