

# VALE SCHOOL DISTRICT NO. 84

403 "E" Street West  
Vale, OR 97918-1305  
(541) 473-0201  
(541) 473-3294 (Fax)

## CLASSIFIED APPLICATION

Applicants are considered without regard to race, color, religion, sex, national origin, age, marital status, or the presence of a non-job related condition or handicap.

(PLEASE TYPE OR PRINT)

Date of application \_\_\_\_\_

Position(s) Applied for \_\_\_\_\_

Referral Source:  Advertisement  Friend  Relative  Employment Agency  Walk-in

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Number Street City State Zip

Telephone (\_\_\_\_) \_\_\_\_\_

Have you applied here before?  Yes  No If Yes, give date \_\_\_\_\_

Have you been employed here before?  Yes  No If Yes, give date \_\_\_\_\_

Are you employed now?  Yes  No May we contact your employer? \_\_\_\_\_

On what date would you be available to work? \_\_\_\_\_

List professional, trade, business or civic activities and offices held.

(Exclude those which indicate race, color, religion, sex or national origin):

\_\_\_\_\_

\_\_\_\_\_

Give name, address and telephone number of three references who are not related to you and are not previous employers.

\_\_\_\_\_

\_\_\_\_\_

### Affirmative Action Information

This information is to ensure equal employment opportunity under an affirmative action program. To assist in this program please provide the following information:

1. Race or Cultural Group: ( ) American Indian ( ) Black ( ) White ( ) Asian  
( ) Spanish American ( ) Other \_\_\_\_\_
2. Sex: ( ) Female ( ) Male Are you a Veteran ( ) Disabled Veteran ( )

AN EQUAL OPPORTUNITY EMPLOYER

# Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex, or national origin.

Employer	Dates Employed		Work Performed
	From	To	
Address			
Job Title	Hourly Rate/Salary		
	Starting	Final	
Supervisor			
Reason for Leaving			
Employer	Dates Employed		Work Performed
	From	To	
Address			
Job Title	Hourly Rate/Salary		
	Starting	Final	
Supervisor			
Reason for Leaving			
Employer	Dates Employed		Work Performed
	From	To	
Address			
Job Title	Hourly Rate/Salary		
	Starting	Final	
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Reason for Leaving			
Employer	Dates Employed		Work Performed
	From	To	
Address			
Job Title	Hourly Rate/Salary		
	Starting	Final	
Supervisor			
Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

## Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience \_\_\_\_\_

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## Education

	Elementary	High School	College/University	Graduate/ Professional
School Name				
Years Completed: (circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course Of Study:				
Describe Specialized Training, Apprenticeship, Skills, and Extra-Curricular Activities				

Honors Received: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Agreement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not intended to be a contract of employment.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the company.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

### For Personnel Department Use Only

Arrange Interview  Yes  No

Remarks \_\_\_\_\_

\_\_\_\_\_

Employed  Yes  No

\_\_\_\_\_  
Interviewer

Date of Employment \_\_\_\_\_

\_\_\_\_\_  
Date

Job Title \_\_\_\_\_

Hourly Rate/Salary \_\_\_\_\_ Department \_\_\_\_\_

By \_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Date

## 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 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.*

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? [ ] 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: \_\_\_\_\_