

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 Address c. City, State, and Zip Code	Dates of Employment	Position(s) Held	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				

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)	13	14	15	16	17	18	19	20			
Elementary School												High School				College				Graduate School			

Are you presently attending school? Yes No

If yes, list school(s) attending: _____

GRADE OR HIGH SCHOOL LAST ATTENDED:

Name of School	Location City State	From Month/Year	To Month/Year	Grade Completed

BUSINESS, CORREONDENCE, MILITARY, VOCATIONAL, OR TECHNICAL SCHOOL:

Name of School and Location	Type of Course	From Month/Year	To Month/Year	Completed Yes or No	Certificate Yes or No

UNDERGRADUATE OR GRADUATE SCHOOL

Name of College or University	Location City / State	From Month/Year	To Month/Year	Degree Earned	Major	Minor

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 Operations		Programming		Typing	
Photocopy/Printing		Purchasing		Word Processing	
Filing Clerk		Receptionist		Secretarial	
Data Entry Clerk		Dictation/Speed Writing		Other	

OFFICE SKILLS: Yes No SPEED Yes No Yes No
 Typewriter _____ Adding Machine (Touch) Word Processor
 Dictation _____ Computers Other Software

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 (3) years below: Date of Birth (for verifying driving record) _____

State Issuing License	Chauffeur Number / Expiration	Operator Number / Expiration	School Bus Licensure Number / Expiration	Restrictions

List all moving traffic violations in the last three (3) 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 (5) 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 of last accident: _____ Location: _____ Brief Description: _____

Previous accident: _____ Location: _____ Brief Description: _____

List any safe driving awards 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 APPLICANT ONLY

Check desired shift: 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 pertinent 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.

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

Name	Address	Association	Telephone/Contact Number

PERSONAL INFORMATION (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 prior to being hired will not affect your opportunity for employment with our district. If hired, you will be asked to provide us this information, if not already listed below.

Age _____ Sex _____ Date of Birth _____ 1. Ethnicity: Are you Latino or Hispanic Yes No

2. Race: American Indian or Alaska Native _____ Asian _____ Black _____

Pacific Islander _____ White _____

APPLICANT'S CERTIFICATION 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 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 it was received.

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 Number: _____

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 of 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 identification 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: _____

Are you a "Veteran" as defined under Oregon law (ORS 408.225(e))? Yes No

Are you a "Disabled Veteran" as defined under Oregon law (ORS 408.225(c))? Yes No

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?

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: _____