CLASSIFIED APPLICATION FOR 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.



Oregon City School District #62 1417 Twelfth St. -- PO Box 2110 Oregon City, OR 97045-0032 Human Resources: 503-785-8427

Fax: 503-657-2492 www.orecity.k12.or.us

Check Area(s) of Interest:						
	Secretary/Clerical					
	Custodial/Maintenance					
	Bus Driver					
	Grounds					
	Computer Technician					
	Instructional Assistant					
	Coach					
	Trades					
	Skill Areas					
	Substitute					
	Specify					
	Other					
	Specify					

PERSONAL INFORMATION		(A.14)					
NameLast First	Middle		Social Securi	ty Number			
Address Street			Apartment 1	Number			
City	State		Zip Code				
Phone Numbers Home	Business	Mess	sage	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: ☐ Fulltime ☐ 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 held? 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)?							
Date available to begin employment							
Have you ever been convicted of a crime?	□ Yes	□ No					
If the answer to the above question is "yes", please describe the nature and the 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				

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PREVIOUS WORK EXPERIENCE:							_	
a. Company Name (list most recent employer first)	Dates of	Desition(s) Hold	Dution		Supervisor			n for Leaving
b. Street Address	Employment	Position(s) Held	Duties		and Phone	No.	Leave	shing to
c. City, State, and Zip Code	Employment						Leave	
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EMPLOYMENT BACKGOUND Complete this section even if you will be attaching a resume

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		444	Other		
OFFICE SKILLS: Yes Typewriter □	remains and a second			Yes No □ □	Yes Word Processor □		
Dictation		Adding Machine (Touch) Computers			Word Processor U Other Software		
FOR POSITIONS REQUI	RING DRIVIN	GONLY				20 22 1500 of 1000 of	
How many years have you b	oeen driving?		Can yo	u drive a vehi	icle with standard shift? Yes] No П	
List all driving licenses hel					rifying driving record)		
State Issuing License	Chauf	feur	Opera	tor	School Bus Licensure		
	Number /			Expiration	Number / Expiration	Restrictions	
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List all moving traffic viols	ations in the last	three (3) year	•••	or the state of th	эт оборон бөгөө бөгөө байгайн айн айн айн айн айн айн айн айн айн		
Date of			Da	ate of			
Result Crime, Infraction or Offenso		Court Location cor		nviction C	Crime, Infraction or Offense	Court Location	
Has any license you have held in the last five (5) years been suspended? Yes \(\sigma\) No \(\sigma\) Revoked? Yes \(\sigma\) No \(\sigma\)							
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 SK	H.LED TRADE APPLICA	NT ONLY		Alterior	135
Check desired shift: Da	ay 🗆 Swing 🗆 Any	Can y	ou work safely from	high places? Yes □	No □
List machinery or equipment	you can operate			ONE OF THE PROPERTY AND ADMINISTRATION OF THE PROPE	
Have you worked at a trade:	Yes □ No □ If yes	, describe			
List other pertinent qualifica	tions you have				
					AND ADD ALL TO THE
PHYSICAL INFORMATION	No. 1 Table 1			a all season seasons	FF TE
Some of our positions have spe within our district. For these po- potential performance for the p	ositions you may be asked q	or limitations. Addi uestions regarding y	tionally, we require a rour physical capabilit	physical examination for ties. Such questions mu	or particular positions st be related to your
Please identify any physical lin	nitations which may prevent	you from performin	ig your job in a safe a	nd satisfactory manner.	
AAAMA			THE COUNTY OF TH	THE RESIDENCE OF THE PROPERTY	The second secon
PÉRSONAL REFERENCES	Please list three adult ners	ons vou have know	n for at least two years	Do not list relatives o	ur amnlovers
Name	Address	one you have known			
Name	Address		Association	Telephone/Con	tact Number
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PERSONAL INFORMATIO	N (AFFIRMATIVE ACT)	ON INFORMATI	ON, OPTIONAL)		200 (0.00)
This information is to ensure ecvoluntary and refusal to give th will be asked to provide us this	is information prior to being	hired will not affect	ed to discriminate aga t your opportunity for	ninst you. Your complet employment with our c	ion of this section is listrict. If hired, you
AgeSex	Date of Birth	1.	Ethnicity: Are you	ı Latino or Hispanic - Y	'es □ No □
2. Race: American Indian or /	Alaska Native	Asian	Bla	ek	
Pacific Islander	White				
APPLICANT'S CEREUFICA	TION AGREEMENT		i iu iu	The state of the s	
I authorize the investigation of statements made in this applica I release from all liability any p Schools from liability which mi	tion and in any attachments erson (such as former super-	or supporting docun visors and managers	nents. I authorize you	to request and receive s	such information and
I certify that the facts and informy knowledge. I understand the cause for denial of employment	hat any falsification, misrepr	esentation or omissi	ion, as well as any mis	ments, are true and comp sleading statements or o	plete to the best of missions will be
Signature of Applicant			Date		

This application will remain in the district file for one year after the date it was received.

Revised 07/10

Oregon Department of Education Public Service Building 255 Capitol St. NE Salem, OR 97310-0203

Form 581-2282-M (rev. 5/2012)

Pupil Transportation & Fingerprinting (503) 378-3600 FAX 378-5258

This Form may be reproduced locally without charge

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. 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: ___