CROW-APPLEGATE-LORANE SCHOOL DISTRICT #66
85955 Territorial Road, Eugene, Oregon 97402
541/935-2100 Fax 541/935-6107

ADMINISTRATIVE APPLICATION

Last Name	First Name	M.I.	SS#

Home Address	City	State	Zip	Home Phone

Office Address	City	State	Zip	Office Phone

EMPLOYMENT HISTORY

Position	School District	Years	Enrollment	Salary

Education (Undergraduate and graduate)

Institution	Dates Attended	Major	Degree

REFERENCES:

NAME POSITION PRESENT ADDRESS OFFICE PHONE HOME PHONE

May we contact references, both listed and others, upon receipt of this application? _____yes _____no

Comments:_____
_____
_____

Are you currently certified as an administrator in Oregon: _____yes_____no

If no, are you eligible? _____yes_____no

Please send placement file directly to District Office. Applications and all required documents become the property of Crow School District upon receipt by the personnel office.

Have you ever been convicted of a sex-related crime _____yes_____no
Which involved force or minors?

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

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 in another state)_____

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 in another state)_____

Advisory: A check of applicant's criminal history may be made to verify the response to the preceding questions.

The fact se forth on this application for employment are true and complete to the best of my knowledge. I understand that, if employed, false statements on this application shall be considered sufficient cause for dismissal. I hereby grant to the district or its agent permission to check civil or criminal records to verify any statement made on this application.

_____
Signature Date