

**Crow-Applegate-Lorane School District**

**Classified Employment Application**

Social Security Number ____ - ____ - _____	<b>Position Applied For</b> Title _____ School/Department _____ _____ _____ _____
Name (Last) (First) (MI)	
Mailing Address	
City State Zip	
Telephone Numbers (Home) (Business) (Message)	

**Employment History**

By signing this form, I authorize a thorough investigation of my past employment and activities, agree to cooperate with such investigation and release from all liability and responsibility all persons or corporations requesting or supplying information as part of such investigation.

Employer	Immediate Supervisor
Address	Phone
Job Title	From: Mo ____ Yr ____ Ending Salary/Hourly Rate May we contact employer for references? To: Mo. ____ Yr ____ Yes ____ No ____
Description of Duties	
Reasons for Leaving	

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<b>Education</b>	
Circle last grade completed: 1 2 3 4 5 6 7 8 9 10 11 12    College 1 2 3 4 5 6 7 8	
Starting with high school, list schools attended and their location.    Dates Attended    Degree    Course of Study	

	From	To
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List any school course, training, licenses, certifications or other qualifications which bear on your suitability for this position.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**For Clerical and Computer-related Positions Only**

Word Process speed \_\_\_\_\_ wpm

Used Computer Terminal or personal computer? \_\_\_\_\_

Software used: \_\_\_\_\_

\_\_\_\_\_

Other office equipment: \_\_\_\_\_

\_\_\_\_\_

Transcription skills: Yes \_\_\_\_\_ No \_\_\_\_\_  
Yes \_\_\_\_\_ No \_\_\_\_\_

**Other Information**

1. Do you possess a current Oregon Teaching License? Yes \_\_\_\_\_ No \_\_\_\_\_

2. Do you know sign language for the hearing impaired? Yes \_\_\_\_\_ No \_\_\_\_\_

3. Foreign language(s) spoken: \_\_\_\_\_

4. Do you possess a valid driver's license? Yes \_\_\_\_\_ No \_\_\_\_\_ State \_\_\_\_\_

<b>Additional References</b> (Other than those listed under the Employment History section)				
Name	Address/Zip	Phone	Position	Relationship

**Federal Regulations**

The Federal Reform and Control Act requires individuals to provide to an employer documented proof that they are authorized to work in the United States. This proof must be provided to and verified by employers at the time of hire or no later than three days after the hire.

Are you authorized to work in the United States?

Yes \_\_\_\_ No \_\_\_\_

**Convictions**

Have you ever been convicted of a crime other than a minor traffic violation? Yes \_\_\_\_ No \_\_\_\_

If yes: Date \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

Type of Offense \_\_\_\_\_

Explanation \_\_\_\_\_

**Applicant's Statement**

The facts set forth in 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 immediate dismissal. I authorize Crow-Applegate-Lorane School District to check criminal records by my signature on the appropriate forms.

I further agree to hold Crow-Applegate-Lorane School District and any persons or corporations responding to my employment history investigation harmless from any legal action based on such investigation. I also agree to participate in an employment physical examination, if required, by Crow-Applegate-Lorane School District's medical representatives following a conditional offer of employment. (All results of medical exams are used only in accordance with regulations issued under ADA and are kept confidential.) I understand that if I am the successful candidate, I will be required at my own expense to submit fingerprints and will be subject to State Police and FBI criminal records checks.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

"Reasonable accommodations for the application and interview process will be provided upon request and as required in accordance with the Americans with Disabilities Act of 1990. Disabled persons may contact the superintendent at 1-541-935-2100 for additional information or assistance. Speech/Hearing impaired persons may contact the district for assistance through the Oregon Relay Service by dialing 1-800-735-2900."

**For Office Use Only**

Date Reviewed \_\_\_\_\_ Reviewed by \_\_\_\_\_

Skills/Licenses/Certification \_\_\_\_\_

Notes \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_