



**SPRAY SCHOOL DISTRICT #1**

PO BOX 230, 303 Park Ave.

Spray, OR 97874

Phone: (541) 468-2226

FAX: (541) 468-2630

www.spray.k12.or.us/home

**AN EQUAL OPPORTUNITY EMPLOYER**

**APPLICATION FOR EMPLOYMENT – Classified**

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

Application Date: \_\_\_\_\_

PO Box or Street Address \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

Message Phone: (\_\_\_\_) \_\_\_\_\_

**Whether or not you submit a resume, please be sure that you answer all questions completely. Incomplete responses will result in your application not being processed.**

**TYPE OF WORK DESIRED**

- Custodial   
  Bus Driver   
  Food Service   
  Classroom Assistant   
  Other \_\_\_\_\_  
type of work desired

Are you applying for:   
 Full Time   
 Part Time   
 Substitute (on-call)  
 If part time, specify hours or days: \_\_\_\_\_

Are you presently employed?     Yes     No

Date available for work: \_\_\_\_\_

**PERSONAL HISTORY**

- | Yes                      | No                       |                                                                                                                                                                                                    |
|--------------------------|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been dismissed from a position?                                                                                                                                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been asked to resign from position?                                                                                                                                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been convicted, pled guilty or pled nolo contendere to a felony?                                                                                                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you currently the subject of an ongoing investigation related to a report of suspected child abuse or sexual misconduct involving a K-12 student or minor child? If yes, please explain. _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been the subject of a substantiated report of child abuse or sexual misconduct involving a K-12 student or minor child? If yes, please explain. _____                                |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you previously applied for employment here? If yes, when? _____                                                                                                                               |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you previously been employed by this school district? If yes, when? _____                                                                                                                     |

**GENERAL INFORMATION**

- | Yes                      | No                       |                                                                                                                                        |
|--------------------------|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Are you a Veteran? If yes, are you a disabled Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No                        |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have a valid Driver's license?                                                                                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you legally authorized to work in the United States?                                                                               |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you below the age of 18?                                                                                                           |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you Bilingual? If yes, list language(s) _____                                                                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been a member of the Public Employees Retirement System? If yes, when? _____                                             |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been fingerprinted for an Oregon School District?<br>If yes, approx. fingerprint date: _____ what School District? _____ |

## EDUCATIONAL INFORMATION

Name of High School:		City, State:	
Have you earned a High School Diploma or GED? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Colleges, Universities, Trade, Business, and/or Night School Name, City, State	Number of Years completed	Credits Earned	Degree, Major or Type of Course

## EMPLOYMENT HISTORY / EXPERIENCE

Please list your present and former employment with the most recent employer first. **Include any military experience.** Use additional paper if necessary. Please explain any gaps in employment.

Employer Address (Street or PO) City, State, Zip code	Job Title / Duties	Supervisor's Name / Title	Phone Number (including area code)	Dates Employed to / from (mo/yr) to (mo/year)
	Title:	Name:		to
	Duties:	Title:		
Reason for leaving:				
	Title:	Name:		to
	Duties:	Title:		
Reason for leaving:				
	Title:	Name:		to
	Duties:	Title:		
Reason for leaving:				
	Title:	Name:		to
	Duties:	Title:		
Reason for leaving:				
	Title:	Name:		to
	Duties:	Title:		
Reason for leaving:				

Yes  No Have you ever worked for an educational provider, other than what is listed above? If yes, please provide a list of **all** educational providers: \_\_\_\_\_

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**REFERENCES**

Please list references (no relatives) – at least three. List persons who are able to answer questions concerning your qualifications and work skills. Past or present supervisors are preferred.

Name / Relationship to you (co-worker, supervisor, friend)	Occupation	City/State	Work Phone	Home/Cell Phone

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**APPLICATIONS**

A personal interview is required before an applicant can be recommended for hire. Interviews are held only when there is an opening and only for those invited. Do not include letters of recommendation you wish returned, but attach copies instead.

**FINGERPRINT BASED CRIMINAL HISTORY VERIFICATION**

In accordance with OAR 581-021-0500 and Board policy, any person hired by a school district is subject to fingerprint based criminal history verification.

**PRE-EMPLOYMENT DRUG SCREENING**

If a job offer is made, the Spray School District requires, within 2 working days, successful completion of a pre-employment drug screen. The District bears the cost.

**AUTHORIZATION TO OBTAIN AND RELEASE INFORMATION**

I authorize the school district to check my references, to obtain information from my prior employers and educational institutions, and to take other actions to investigate any information provided in my employment application, and to obtain information relevant to evaluating my qualifications and fitness for a position.

I authorize my listed references, current and past employers and educational institutions, and anyone else who has information about my work history, education, qualifications, or fitness to provide such information to the school district for which I have completed an employment application. I release the school district and all persons providing this information to the school district, from any liability whatsoever for obtaining and providing that information, regardless of the results. Please indicate you have read and agree to these terms by signing and dating below.

I understand that any omissions on this application may prevent my application from being evaluated. I authorize the school district to obtain information about my criminal records. I authorize all governmental agencies to provide information about my criminal records to the school district. I verify that all information on this employment application is true and complete. I understand that any misrepresentation, falsification, or omission on this application or on other documents submitted to the school district will be sufficient cause for this application not to be considered by the school district or for discharge if I have been employed.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_