

Port Orford-Langlois School District 2CJ

P.O. Box 8
 45525 Highway 101
 Port Orford, OR 97465

APPLICATION FOR CLASSIFIED EMPLOYMENT

Please submit completed application and resume.

If you need special accommodations to complete this application, please let us know.

School District 2CJ is an Equal Opportunity Employer and is dedicated to a policy of nondiscrimination employment on any basis including race, religion, color, age, sex, national origin, disability, marital status or status within any other protected group. This holds true for all district employment opportunities.

Position(s) applied for:

P E R S O N A L	Last Name			First	Middle	Date of birth
	Mailing Address					Home Telephone
	City, State, Zip					Business Telephone
	Have you ever applied for employment with us? ___ Yes ___ No If yes: Month and Year _____ Location _____					Date of availability:
	How did you learn about the position(s)?					

E D U C A T I O N	SCHOOL	NAME & ADDRESS	AREAS OF STUDY	CREDITS EARNED	DEGREE RECEIVED
	College				
	Business/Trade/Technical				
	High School				

Did you graduate? Yes No Did you receive a GED? Yes No

EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

THIS PAGE MUST BE COMPLETED IN FULL (Use additional paper if necessary)

1	Name of Employer:	Telephone:
	Address:	Employed (Month/Year) From: To:
	Name of Supervisor:	Hourly pay: Start: Last:
	Description of duties:	Reason for leaving:

2	Name of Employer:	Telephone:
	Address:	Employed (Month/Year) From: To:
	Name of Supervisor:	Hourly pay: Start: Last:
	Description of duties:	Reason for leaving:

3	Name of Employer:	Telephone:
	Address:	Employed (Month/Year) From: To:
	Name of Supervisor:	Yearly pay: Start: Last:
	Description of duties:	Reason for leaving:

4	Name of Employer:	Telephone:
	Address:	Employed (Month/Year) From: To:
	Name of Supervisor:	Hourly pay: Start: Last:
	Description of duties:	Reason for leaving:

We may contact the employers listed above unless indicated otherwise

DO NOT CONTACT	
Employer Number(s) _____	Reason _____
_____	_____

Training which supports your application (i.e., word-processing, computers, classroom experience, etc.)

REFERENCES
 List three or four references including people who have first hand knowledge of your professional skills, ability, character, personality and scholarship.

Name and Address	Current Phone Number(s)		Official Position
	Home	Business	

Please tell us briefly why you are interested in this position.

Personal History

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

- Have you ever:
- been dismissed from a position?
 - been asked to resign from a position?
 - been convicted, pled guilty, or pled nolo contendere to a felony?
 - been convicted, pled guilty, or pled nolo contendere to a crime involving child abuse or sexual abuse?

If any are marked yes, please explain: _____

(Oregon law requires all newly hired employees who have direct, unsupervised contact with children to provide fingerprints for a nationwide crime background check. Persons convicted of certain crimes will be precluded from employment.)

- | | |
|---|--|
| • Are you legally permitted to work in the United States?
<i>(Employment will be contingent on providing proof of citizenship or work authorization)</i> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| • Are you less than 18 years old?
<i>(Proof of age may be required after job offer)</i> | Yes <input type="checkbox"/> No <input type="checkbox"/> |

- Have you been known by or used any other name(s) that we may need in order to verify your education and employment records as furnished in this application?
If yes, identify name(s):

Yes No

PLEASE BE SURE TO READ AND ANSWER THE FOLLOWING STATEMENTS CAREFULLY
AND TO SIGN THIS APPLICATION

I certify that all the information I have provided on this application is true and complete to the best of my knowledge. I understand that omitting requested information or giving false information on my application, in my interview(s) or in the process of my pre-employment evaluation may result in rejection of my application or termination, if I am hired.

I understand that if employed, I will be required to abide by all company policies, standards, and regulations.

I understand that this application does not represent an offer of, or contract for, employment. I understand that employment with this school district is "at will" and that no guarantee of job exists. If employed, I may terminate employment at any time for any reason; and the district may terminate my employment at any time, subject to negotiated contract, if applicable.

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, past employers and educational institutions, and anyone else who has information about my work history, education qualification 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 information to the school district from any liability whatsoever for obtaining and providing that information, regardless of the results.

I hereby acknowledge that I have read the above statements and understand the same.

Applicant's Signature

Date