



# 2CJ PORT ORFORD-LANGLLOIS SCHOOL DISTRICT 2CJ

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

## APPLICATION FOR EMPLOYMENT

### An Equal Opportunity Employer

School District 2CJ is an Equal Opportunity Employer and is dedicated to a policy of nondiscrimination in 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.

**Please submit completed application and resume.**

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

**Position(s) applied for:** \_\_\_\_\_

### PERSONAL INFORMATION

**FULL NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
First Middle Last

**ADDRESS:** \_\_\_\_\_  
Mailing Address/PO Box Number Apt/Suite

\_\_\_\_\_ Physical Address

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

**E-MAIL:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**DATE AVAILABLE:** \_\_\_\_\_

**Have you ever been employed with us before?** Yes No

**If yes: Month and Year** \_\_\_\_\_ **Position**

**How did you hear about the position(s)?** \_\_\_\_\_

# CLASSIFIED EMPLOYMENT APPLICATION

## EMPLOYMENT ELIGIBILITY

ARE YOU A U.S. CITIZEN?  YES  NO\*

\*IF NO, ARE YOU ALLOWED TO WORK IN THE U.S.? YES NO

## EDUCATION

Name of School and Location <small>Indicate High School, College, Graduate Work, and Business/Trade/Technical</small>	Date	Time Spent	Term Hours Credit	Degree or Diploma	Areas of Study

Did you graduate? Yes \_\_\_ No \_\_\_

Did you receive a GED? Yes \_\_\_ No \_\_\_

## PREVIOUS 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)

Name of Employer \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Dates Employed: \_\_\_\_\_ - \_\_\_\_\_

Description of duties: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_



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Have you ever been dismissed from a position?      Yes      No

Have you ever been asked to resign from a position?      Yes      No

If any are marked yes, please explain: \_\_\_\_\_

\_\_\_\_\_

## MILITARY SERVICE

Veterans Preference Eligible (VPE): Former military personnel that have been verified as a "veteran" under Oregon law (ORS 408.225) will receive an interview if they meet the minimum competency factors of the position. The service record should be reflected in the "Work Experience" section of the application. The veterans' preference laws do not guarantee the veteran a job. Positions are filled with the best qualified candidate as determined by the hiring manager.

Are you a veteran as defined by ORS 408.225?      Yes \_\_\_\_      No \_\_\_\_

## FINGERPRINTING/BACKGROUND CHECK

Oregon Department of Education requires fingerprint background checks for newly hired non-certified school district employees as authorized in ORS 326.603.

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

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