

Gladstone School District 115

District Administration Office
17789 Webster Road
Gladstone, Oregon 97027
(503) 655-2777
(503) 655-5201 FAX

APPLICATION FOR

CLASSIFIED

EMPLOYMENT

For Office Use Only

- District Application
- Letter of Application
- Resume
- Autobiographical
- Letters of Reference
- Other Support Material
- Sub Card Issued

Check Area(s) of Interest:

- Secretarial/Clerical
- Custodial
- Grounds
- Food Service
- Educational Assistant
- Media/Library Assistant
- Special Education Assistant
- Substitute _____
Specify Area(s)
- Other _____
Specify

Date of Application _____

An Equal Opportunity Employer

Date of Availability _____

Please type or use ink in completing this form.

PERSONAL DATA

Name _____ Last _____ First _____ Middle _____ Soc. Sec. No. _____

Address _____ Number _____ Street _____ Apt. No. _____

City _____ State _____ Zip Code _____ Phone _____ Home _____ Business _____

Are you legally eligible for employment in the U.S.A.? Yes No

Are you available to work at any school in the District? Yes No

Would you work: Full-time Part-time Full year School year

Check time(s) available if part-time. Morning Afternoon Evening

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Have you previously filed an application with this School District? Yes No

Have you previously been employed with this School District? Yes No

If yes, what position? _____

If yes, under what name did you work? _____

Date available to begin employment? _____

Have you ever been convicted of a crime? No Yes Are you now charged with a crime? No Yes

If the answer to either of the above questions is Yes, please describe the nature and date of the crime or alleged crime, the court in which the conviction was rendered or the charge made, and any rehabilitative activities. Please attach information on additional page.

I hereby grant to the district, or its agents, permission to check civil or criminal records, previous employers and references to verify any statement made on this application, supporting materials and in any interview.

Signature

EMPLOYMENT BACKGROUND Complete this section even if you will be attaching a resume.

PREVIOUS WORK EXPERIENCE a. Company Name (list most recent employer first) b. Street c. City, State and Zip Code	Em- ployed	Position(s)	Duties	Supervisor(s) Name and Phone No.	Reason for Leaving or Wishing to Leave
a. _____ b. _____ c. _____	FROM MOYR TO MOYR				
a. _____ b. _____ c. _____	FROM MOYR TO MOYR				
a. _____ b. _____ c. _____	FROM MOYR TO MOYR				
a. _____ b. _____ c. _____	FROM MOYR TO MOYR				
a. _____ b. _____ c. _____	FROM MOYR TO MOYR				

Present Salary or Hourly Rate _____ Salary or Hourly Rate Expected _____

EDUCATIONAL BACKGROUND

CIRCLE LAST SCHOOL YEAR COMPLETED

1	2	3	4	5	6	7	8	9	10	11	12	(GED)	13	14	15	16	17	18	19	20			
Elementary School												High School				College				Graduate School			

Are you presently attending school? Yes No

If yes, list school(s) attending _____

GRADE OR HIGH SCHOOL LAST ATTENDED

Name of School	City	Location	State	From Mo./Yr.	To Mo./Yr.	Grade Completed

BUSINESS, CORRESPONDENCE, MILITARY, VOCATIONAL, OR TECHNICAL SCHOOL

Name of School and Location	Type of Course	From Mo./Yr.	To Mo./Yr.	Completed (Yes or No)	Certificate (Yes or No)

UNDERGRADUATE OR GRADUATE SCHOOL

Name of College or University	City	Location	State	From Mo./Yr.	To Mo./Yr.	Degree	Major	Minor

DRIVER TRAINING For Positions Requiring Driving Only

Type Course	Institution and Location	Hours	Date Completed	Certificate (Yes or No)
Oregon Basic Core				
Oregon Advanced				
Defensive Driving				
First Aid				
Behind-the-Wheel				

FOR POSITIONS REQUIRING SECRETARIAL CLERICAL SKILLS ONLY

OFFICE EXPERIENCE	How Long?	OFFICE EXPERIENCE	How Long?	OFFICE EXPERIENCE	How Long?
Accounting				Stockroom/Inventory	
Accounts Payable/Receivable					
Bookkeeping		Payroll		Printing	
Computer Operation				Typing	
Duplicating Machine Operation		Purchasing		Word Processing	
		Receptionist		Secretarial/Receptionist	
		Shorthand/Speed Writing		Other _____	

OFFICE SKILLS	Yes	No	SPEED	Yes	No	Word Processor	Yes	No
Typewriter	<input type="checkbox"/>	<input type="checkbox"/>	_____	Adding Machine (Touch)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shorthand	<input type="checkbox"/>	<input type="checkbox"/>	_____	Mini Computer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speedwriting	<input type="checkbox"/>	<input type="checkbox"/>	_____	Computer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						Dictating Machine	<input type="checkbox"/>	<input type="checkbox"/>

FOR POSITIONS REQUIRING DRIVING ONLY

How many years have you been driving? _____ Can you drive a vehicle with standard shift? Yes No

List all Driving Licenses held in last three years _____ Date of Birth (For checking driving record) _____

State	Chauffeur Number / Expiration	Operator Number / Expiration	School Bus Number / Expiration	Restrictions

List all Moving Traffic Violations, for which you have been convicted in the last three years

Date of Conviction	Crime, Infraction or Offense	Court Location	Date of Conviction	Crime, Infraction or Offense	Court Location

Has your license you have held in the last five years been suspended?
 Yes No Revoked? Yes No

When? _____ For how long? _____
 Why? _____ In what state? _____

How many chargeable accidents have you been involved in, regardless of severity? _____

Date	City and State	Brief Description of Accident
Last Accident		
Next Previous		
Next Previous		

List any safe driving awards you have received and from whom _____

FOR FOOD SERVICE AND AIDE APPLICANTS ONLY

FOOD SERVICE: Please describe any formal experience and/or training you have had in commercial or institutional food service. Include any supervisory experience you have in the area of food service.

AIDE: Please describe any formal and informal experience and/or training you have had in education or community work. Include any experience you have in the area of supervision and work with children and adults.

FOR CUSTODIAL AND SKILLED TRADE APPLICANTS ONLY

Check shift desired: Day Swing Any

Can you work safely from high places? Yes No

List machinery or equipment you can operate _____

Have you worked at a trade? Yes No If yes, describe _____

List other qualifications you have _____

PHYSICAL INFORMATION

Some of our positions have specific physical requirements. Additionally, we require a physical examination for particular positions within the District. You may be asked about your ability to meet these physical requirements or asked to demonstrate the performance of specific tasks. Such questions will be related to the potential position you are seeking.

Please indicate whether you are able to meet all of the physical requirements of the position you are seeking, as indicated on the job description and/or vacancy announcement. Please indicate any requirements you are not able to meet and any accommodation which would allow you to meet those requirements: _____

AFFIRMATIVE ACTION INFORMATION (OPTIONAL)

This information is to ensure equal employment opportunity and may not be used to discriminate against you. Your completion of this section is voluntary and refusal to give this information will not affect your opportunity for employment with our District.

Age _____ Sex _____ Race American Indian White Black Asian Hispanic Other

PERSONAL REFERENCES

Please list three adult persons you have known for at least two years. Do not list relatives or former employers.

Name	Address	Association	Telephone

APPLICANT'S CERTIFICATION AND AGREEMENT

I authorize the investigation of all matters which Gladstone School District deem relevant to my qualifications for employment, including all statements made in this application and in any attachments or supporting documents. I authorize you to request and receive such information and I release from all liability any person (such as former supervisors and managers) or employers supplying it. I also release Gladstone School District from all liability which might result from making the investigation.

I certify that the facts and information in this application, and in any attachments or supporting documents are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation or omission, as well as any misleading statements or omissions, will be cause for denial of employment or immediate termination, regardless or when or how discovered.

Signature of Applicant

Date

This application will remain in the district file for the calendar year (January to January), but not less than 90 days. All materials received by the district become the property of the district and will not be returned to the applicant.