## ADMINISTRATIVE AND CONFIDENTIAL EMPLOYMENT APPLICATION Perrydale School District, No. 21

Complete each question fully and accurately.

Revised 03/18/18

PERSONAL IDENTIFICATION:								
Name	(Last)		(First)		MI)	Position Applied For		
Mailing Address(Street or PO Box) (City)		(Stat	e) (Zip Code)					
Permanent Addres	(Street)	(City)	(Stat	e) (Zip Code)				
Phone	Phone Phone				Last 4 Dígí	ts Only		
Email Address			Social Sec	urity Number XX	- XX			
Date of Application			Date of Availability					
EDUCATION:								
Last grade comple	ted for K-12:	Year	s of college	completed:				
Starting with high	school, list schoo	ls attended. E	nter dates a	s MM/YYYY (exa	ample 01/1999):			
School Name	Location	Dates Att	ended To	Degree	Course of		umber of ege Credits	
with this applicat	ion.		_	_	_	nscripts must be s		
Are you a "Veterar Are you a "Disable								
Are you fluent in s Other than English								
		Are you a PE	RS member	·				
Do you possess a	current first aid c	ard? 🛚 Yes	□ No	If yes, expiration	on date:			
Have you been fin two periods of time	gerprinted for and working in the c	other school di listrict?      Y	strict, and ha	ave not resided of If yes, where a	outside the state d nd when:	uring the interval be	tween the	

## **Employment History:** Give a complete account of your employment for the past ten years, even if you attach a resume. List your work experience with the most recent first. Include military and volunteer experience. Attach an additional sheet if necessary. Are you presently employed? ☐ Yes ☐ No If no, please explain: ◆Employer \_\_\_\_\_ Work Phone Number \_\_\_\_\_ Immediate Supervisor and Title Address Your Job Title \_\_\_\_\_ Type of Business \_\_\_\_\_ Description of Job Duties Number of Years From (month/year) \_\_\_\_\_ To (month/year) \_\_\_\_ Reason for leaving \_\_\_\_ May we contact employer for references? ☐ Yes ☐ No Work Phone Number \_\_\_\_\_ Immediate Supervisor and Title \_\_\_\_\_ Your Job Title Type of Business Description of Job Duties \_\_\_\_\_ Number of Years \_\_\_\_\_ From (month/year) \_\_\_\_\_ To (month/year) \_\_\_\_ Reason for leaving \_\_\_\_\_ May we contact employer for references? ☐ Yes ☐ No ◆Employer \_\_\_\_\_ Work Phone Number \_\_\_\_ Immediate Supervisor and Title Address Type of Business \_\_\_\_\_ Your Job Title \_\_\_\_\_ Description of Job Duties \_\_\_\_ Number of Years \_\_\_\_\_ From (month/year) \_\_\_\_\_ To (month/year) \_\_\_\_\_ Reason for leaving May we contact employer for references? ☐ Yes ☐ No **Federal Regulation** The Federal Immigration 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. Are you authorized to work in the United States? ☐ Yes ☐ No

Personal Information  A. Have you EVER been convicted of a sex-related crime? □ Yes □ No  If yes, was the conviction in Oregon or another state? (Please specify if another state.) State:  If yes, did the crime involve force or minors? □ Yes □ No
B. Have you <b>EVER</b> been convicted of a crime involving violence or threat of violence? ☐ Yes ☐ No If yes, was the conviction in Oregon or another state? (Please specify if another state.) State:
C. Have you <b>EVER</b> been convicted of a crime involving criminal activity in drugs or alcoholic beverages?
D. Have you <b>EVER</b> been convicted of any other crime except a minor traffic violation? (Includes Traffic Crimes) $\Box$ Yes $\Box$ No
E. Have you been arrested within the last three years for a crime for which there has not yet been an acquittal or dismissal? ☐ Yes ☐ No
F. Have you been convicted or been granted a diversion or conditional discharge by any court for any: (a) Felony; or (b) Misdemeanor; or (c) Major traffic violation including but not limited to: driving under the influence of intoxicants or drugs: reckless driving; fleeing from or attempting to elude a police officer; driving while your license was suspended, revoked or used in violation of any license restriction; or failure to perform the duties of a driver or witness at an accident?
☐ Yes ☐ No  If yes to any question above, please indicate charge and/or disposition:
Are you able to perform the essential functions of the position for which you are applying, with or without reasonable accommodations?   No
Applicant's Statement I hereby certify that this application contains no misrepresentation or falsifications and that the information given is true and complete to the best of my knowledge and belief. I understand that if employed, false statements on this application shall be considered sufficient cause for immediate dismissal. I understand that criminal history records checks and fingerprinting are required by law (ORS 326.603, ORS181.539) and by Board policy (GBEC).
Applicant SignatureDate
Note: Final employment is subject to criminal record clearance through fingerprinting/criminal background check, and subject to the successful passage of a district-required drug test, Board policy (GBED).
Scan and submit electronically this application and completed supplemental forms as required in job posting to:  Perrydale School District, No. 21  7445 Perrydale Road, Amity, Oregon 97101  emilburn@perrydale.k12.or.us
Thank you for your interest in employment with the Perrydale School District, No. 21
<b>Equal Opportunity</b> Perrydale School District, No. 21 does not discriminate on the basis of race, color, national origin, sex, religion, age or disability. Perrydale School District, No. 21 is an Equal Opportunity and Affirmative Action Employer committed to workforce diversity and compliance with the Americans With Disabilities Act.
<b>Drug-Free Workplace</b> The district is committed to maintain a drug-free workplace and strictly complies with the Drug-Free Workplace Act of 1988 and the Drug-Free Schools and Communities Act amendments of 1989.

## **Affirmative Action Information**

Date:					
It is the policy of the Perrydale School District Board of Education and School District that there will be no discrimination or harassment on the grounds of race, color, sex, marital status, religion, national origin, age or disability in any educational programs, activities or employment.					
This information is used only for our affirmative action plan and will not be used to discriminate against you. The information will not adversely affect your opportunities for employment.					
The requested information on this form is voluntary on the part of the applicant. This form is physically separated from your other application materials.					
Position applied for:					
Date of Birth: Gender: ☐ Female ☐ Male					
Disability: ☐ No ☐ Yes (Please specify):					
Question #1 (required): ETHNICITY — Am I Hispanic or Latino? ☐ Yes ☐ No					
All persons of Latino, Hispanic or Spanish origin (descended from a Central or South American, Mexican, Cuban, Puerto Rican, Dominican, or other Spanish-speaking country of origin, regardless of race or original language) should answer "Yes." All persons answering "Yes" to this first question will be recorded as Hispanic/Latino. Continue to Question #2.					
Question #2 (required): RACE — Please mark all that apply.					
You must mark at least one category. Those who choose more than one category will be reported as multiracial only.					
➤ American Indian or Alaska Native:					
☐ U.S. A person having origins in any of the indigenous peoples of the continental U.S. or Alaska. Tribal affiliation, if known:					
□ Latin America and Canada A person having origins in any of the indigenous peoples of Canada, Mexico, Central America, South America, or the Caribbean.					
□ <b>Asian</b> A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent.					
□ Black or African American A person having origins in any of the original peoples of the Black racial groups of Africa.					
□ Native Hawaiian or Other Pacific Islander A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.					
□ White A person having origins in any of the original peoples of Europe, the Middle East or North Africa.					
Printed Name					
SignatureDate					