



North Lake School District No. 14

57566 Fort Rock Road, Silver Lake, OR 97638 ♦ 541-576-2121 ♦ FAX 541-576-2705

Employment Application (Non-Licensed)

GENERAL INFORMATION

Name (Last)	(First)	(Middle Initial)	Home Telephone () -
Address (Mailing Address)	(City)	(State)	(Zip) Other Telephone () -
E-Mail Address		Are you legally entitled to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	

POSITION

Position Or Type Of Employment Desired	Will Accept: <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary <input type="checkbox"/> On-Call (Sub)	Have you ever been fired or asked to resign by an employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Reason for desiring this position:		
North Lake School is a smoke free campus. Will you abstain from smoking on campus?	Date Available	

EDUCATION AND TRAINING

High School Graduate Or General Education (GED) Test Passed? <input type="checkbox"/> Yes <input type="checkbox"/> No						
College, Business School, Military (Most recent first)						
Name and Location	Dates Attended Month/Year	Credits Earned		Graduate	Degree & Year	Major or Subject
		Quarter (90 for 2-yr equivalent)	Semester (60 for 2-yr equivalent)			
	From			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	To					
	From			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	To					
	From			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	To					
CBEST or Work-Keys Scores (Accepted as the equivalent of a 2-year degree for Educational Assistant positions)		Reading Score		Writing Score		Math Score
Occupational License, Certificate or Registration		Number		Where Issued		Expiration Date
Languages Read, Written or Spoken Fluently Other Than English						

VETERAN INFORMATION (Most recent)

Branch of Service	Date of Entry	Date of Discharge
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SPECIAL SKILLS (List all pertinent skills and equipment that you can operate)

(Maximum 1000 characters)

WORK EXPERIENCE (Most Recent First) (Include voluntary work and military experience)

Employer	Telephone Number () -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 1000 characters)		Hours Per Week
		Last Salary
		Supervisor
Reason For Leaving		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Telephone Number () -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 1000 characters)		Hours Per Week
		Last Salary
		Supervisor
Reason For Leaving		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 1000 characters)		Hours Per Week
		Last Salary
		Supervisor
Reason For Leaving		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

REFERENCES:

NAME	ADDRESS & PHONE	YOUR RELATIONSHIP/ ASSOCIATION TO THIS INDIVIDUAL
A.		
B.		
C.		
D.		

For coaching positions complete below:

Driver's license number: _____ **Expiration date:** _____

Do you have a CDL? Yes No

State in which issued: _____ **Restrictions, if any:** _____

Have you had a vehicle accident of any type within the last five years? Yes No

If yes, give dates and circumstances: _____

Has your driver's license ever been revoked Yes No **If yes, when?** _____

Where? _____ **Why?** _____

Are you NFHS Certified (www.osaa.org) ? Yes No

DISCLAIMERS:

A. I understand that consideration for employment is contingent on the results of a reference/background check, and the screening/interview process which may include pre-employment testing. I authorize North Lake School District No. 14 to investigate the truthfulness of all statements made on this application and to contact my former employers, other listed references or any other persons who can verify information. I release all employers and persons named herein from all liability for any damages on account of their furnishing such information.

Signature: _____ **Date:** _____

B. I certify that the information contained in this application is correct to the best of my knowledge, and I understand that falsifications and/or omissions in any detail are grounds for disqualification from employment consideration; or if hired, for dismissal from employment. I further understand that if hired, my employment will be on a probationary status for 180 days (except for extra duty positions). I further understand that no recruiter or interviewer or other representative of North Lake School District other than the Superintendent and the Board of Directors has any authority to enter into an agreement for employment for any specified period of time. I certify that I have read, understand, and agree to the entire application. This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Signature: _____ **Date:** _____

QUESTIONS	Answer Yes or No	
1. Are you a U.S. citizen or otherwise legally authorized to work in the U.S.?	Yes	No
2. Is your physical/mental health condition such that you can fulfill the essential job functions of the classified/extra-curricular work for which you are applying (either with or without reasonable accommodations)?	Yes	No
3. Have you ever left any educational or school-related employment, voluntarily or involuntarily, while the subject of an inquiry, review or investigation of alleged misconduct or alleged violation of professional standards of conduct or when you had reason to believe such investigation was imminent?	Yes	No
4. Are you currently the subject of an inquiry, review or investigation for alleged misconduct or alleged violation of professional standard of conduct?	Yes	No
5. Have you ever failed to complete a contract for educational services in any educational or school-related position, or for any alleged misconduct or alleged violation of professional standards of conduct?	Yes	No
6. Have you ever had a professional certificate, credential or license (of any kind) revoked or suspended or have you been placed on probationary status for any alleged misconduct or alleged violation of professional standards of conduct?	Yes	No
7. Have you ever been denied a professional license for which you applied or granted a professional license on a conditional or probationary basis for any alleged misconduct or alleged violation of professional standards of conduct?	Yes	No
8. Have you ever surrendered a professional license of any kind before its expiration?	Yes	No
9. Have you ever been disciplined by any public agency responsible for licensure of any kind, including but not limited to educational licensure?	Yes	No
10. Have you ever been convicted or been granted conditional discharge by any court for: (a) any felony, (b) misdemeanor, or (c) any major traffic violation, such as; 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
11. Have you ever been arrested or cited for any offense listed in the question above which is still pending in court?	Yes	No
12. Have you ever entered a plea of guilty or No Contest relative to any charge for an offense listed in the question two above?	Yes	No
13. Have you ever had any civil judgment or other court order entered against you resulting from abuse, assault, battery, harassment, intimidation, neglect, stalking or other threatening behavior toward other persons?	Yes	No
14. I authorize my listed references, current and 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 completed and 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 placing both your INITIALS and DATE in the text box.		
15. Have you EVER been the subject of a substantiated report of child abuse or sexual conduct (involving a K-12 student or minor child)? If yes, please explain.	Yes	No
16. Are you currently the subject of an ongoing investigation related to a report of suspected child abuse or sexual conduct (involving a K-12 student or minor child)? If yes, please explain.	Yes	No
17. Have you listed ALL current and former employees who are education providers in the experience section of this application?	Yes	No
18. Did you answer yes to any question (3-18)? If yes, please explain why in detail on separate sheet of paper.	Yes	No

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To electronically submit your form, you will need to **DOWNLOAD** the form to your computer before submitting. You will need a digital ID to digitally sign. If you do not wish to create a digital ID you may print off the document and sign by hand.

CRIMINAL HISTORY VERIFICATION OF APPLICANTS

THIS FORM MUST BE ENCLOSED WITH THE 581-2281-N CRIMINAL HISTORY VERIFICATION FOR PRE-EMPLOYMENT AND VOLUNTEERS COVER FORM, ALONG WITH A SCHOOL CHECK IN THE AMOUNT OF \$5.00 PER APPLICANT. ALL DOCUMENTS MUST BE MAILED TOGETHER TO THE OREGON DEPARTMENT OF EDUCATION, OTHERWISE THEY WILL BE RETURNED.

Please type or print clearly.

As Appears on License

Name: _____ Date of Birth: _____ Sex: _____
(Last Name) (First Name) (Middle Name) MM/DD/YY

List Other Names Previously Used: _____
(includes Maiden Name)

Social Security No.: _____ Driver License/Identification Card No.: _____
Providing your social security number on this form is voluntary. If you choose not to disclose the social security number, this will not be a basis for denial. If you do provide the number, the Oregon Department of Education will use it as an additional identifier to search for any criminal record you may have within the State of Oregon. Your social security number will be used as stated above. State and federal laws protect the privacy of your records.

Mailing Address: _____
Full Street Address/Post Office Box

City: _____ State: _____ Zip + 4: _____

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 **EVER** 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 **EVER** been convicted of a crime involving criminal activity in drugs or alcoholic beverages? Yes No

If yes, was the conviction in Oregon or another state? (Please specify if another state.) State: _____

D. Have you **EVER** been convicted of any other crime except a minor traffic violation?(Includes Traffic Crimes) Yes 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

Advisory: An in-state check of the applicant's criminal history will be made by the Oregon Department of Education to verify the responses to the preceding questions. If you answer no to any of the questions above, and a criminal conviction exists, this will result in a "No" determination by ODE.

The applicant is entitled to inspect and challenge the accuracy of their Oregon criminal record through the Oregon State Police procedures by contacting Oregon State Police directly under ORS 181A.230(3) and OAR 257-10-0035.

I hereby grant to the Oregon Department of Education permission to check civil or criminal records to verify any statement made on this form for the purpose of pre-employment and/or volunteering purposes at an Oregon school and/or institution.

I acknowledge reading and the receipt of this notice.

Applicant's Signature: _____ Date: _____