

Harper School District 2987 Harper/Westfall Rd Harper, Or. 97906 541-358-2473 541-358-2488 fax 541-358-2460 fax

CLASSIFIED APPLICATION

Applicants are considered without regard to race, color, religion, sex, national origin, age, marital status, or the presence of a non-job related condition or handicap. (PLEASE TYPE OR PRINT) Date of application _____ Position(s) Applied for _____ Referral Source: ☐ Advertisement Friend □ Relative ☐ Employment Agency ☐ Walk-in Name First Middle Address State City Telephone (_____) Social Security Number_____ Have you applied here before? □ No If Yes, give date Yes ☐ No Have you been employed here before? If Yes, give date_____ Yes May we contact your employer? Are you employed now?
☐ Yes ☐ No On what date would you be available to work? List professional, trade, business or civic activities and offices held. (Exclude those which indicate race, color, religion, sex or national origin): Give name, address and telephone number of three references who are not related to you and are not previous employers.

This informat	action Information ion is to ensure equa the following infor-		under an affirm	ative action progra	am. To assist in this program					
1. Race	or Cultural Group:	() American Indian() Spanish American	() Black () Other	()White	() Asian					
2. Sex:	() Female	() Male	() Other							
3. Date	of Birth:									
AN EQUAL OPPORTUNITY EMPLOYER										

Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex, or national origin.

Employer	Dates E		Work Performed			
	From	То				
Address						
Job Title	Hourly Ra					
	Starting	Final				
Supervisor						
Reason for Leaving						
Employer	Dates E	mployed	Work Performed			
	From	То				
Address						
Job Title	Hourly Ra	ate/Salary				
	Starting	Final				
Supervisor						
Reason for Leaving						
Employer	Dates E	mployed	Work Performed			
	From	То				
Address						
Job Title	Hourly Ra					
	Starting	Final				
Supervisor						
Reason for Leaving						
Employer	Dates F	mnloved	Work Performed			
Employer	Dates E		Work Performed			
	Dates E From	mployed To	Work Performed			
Employer Address			Work Performed			
	From	То	Work Performed			
Address		То	Work Performed			
Address	From Hourly Ra	To To ate/Salary	Work Performed			
Address Job Title	From Hourly Ra	To To ate/Salary	Work Performed			
Address Job Title	From Hourly Ra	To To ate/Salary	Work Performed			

If you need additional space, please continue on a separate sheet of paper.

Special	CIVILIC	α	()!!?	ロナロへつか	IOOO
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Summarize special skills and qualifications acquired from employment or other experience

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Education																			
	Elementary						High	Co	llege	nive	ersity		Graduate/ Professional						
School Name																			
Years Completed: (circle)	4	. 5	6	7	8	9	10	11	12	1	2	2	3	4	1		2	3	4
Diploma/Degree										<u> </u>									
Describe Course Of Study:																			
Describe Specialized Training, Apprenticeship, Skills, and Extra-Curricular Activities																			
Honors Received:																		<u> </u>	
I certify that answers I authorize investigati arriving at an employ employment. In the event of emplo interview(s) may resu of the company.	on of ment ymen	all s deci	state ision unde	eme n. I ersta	ents co under and tha	and co ontaine rstand at fals	ed in t d that t se or r	te to t this ap this ap mislea	the best pplicat pplicat ading in	tion for tion is informa	r em not i atior	iplo inte	oymo ende iven	ent as ed to n in m	be a co	ontr cati	ract ion (of or	·
Signature of Applicant				_									D	ate		_			
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Arrange Interview Remarks																			-
Employed	□ Y€	es =] No	1		Inter	rviewer D	Date o	f Emp	oloyme	 nt _			-	Date	<u> </u>			-
Job Title							H	Iourly	/ Rate/	/Salary	/			_ Dep	artmen	t			=
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	Nar	ne and	l Title								Ι	Date							

Oregon Department of Education Public Service Building 255 Capitol Street NE Salem, OR 97310-0203

Please type or print clearly.

Office of Educational Support Services
Pupil Transportation & Fingerprinting
(503) 378-3600
FAX 378-5258

CRIMINAL HISTORY VERIFICATION OF APPLICANTS

As Appears on License Name: Last/First/Full Middle List Other Names Previously Used:____ Oregon Driver License/Identification Card No.: Social Security 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 of employment or any rights, services or benefits to which you are otherwise entitled. If you do provide the number the Oregon State Police will use it as an additional identifier to search for any criminal record you may have. Your social security number will be used as stated above. State and federal laws protect the privacy or your records. Address:___ 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: A check of the applicant's criminal history will be made by the Oregon Department of Education to verify the responses to the preceding questions. I hereby grant to the Oregon Department of Education permission to check civil or criminal records to verify any statement made on this form. Regardless of whether the applicant grants consent, the Oregon Department of Education will conduct a criminal offender record check of applicants for the position of school bus driver, volunteer, or other prospective school employees working with or around children. The applicant is entitled to review his/her criminal history for inaccurate or incomplete information. Discrimination by an employer on the basis of arrest records alone may violate federal civil rights law. The applicant may obtain further information concerning the applicant's rights by contacting the Bureau of Labor and Industries, Civil Rights Division, State Office Building, Suite 1070, Portland, Oregon 97232, telephone 503-731-4075. I acknowledge reading and the receipt of this notice. Applicant's Signature:____ Date: