

# Elkton School District

739 River Road  
PO Box 390  
Elkton OR 97436  
Phone 541-584-2228  
FAX 541-584-2227

NAME

(Last)

(First)

(Middle)

DATE

## APPLICATION FOR CLASSIFIED EMPLOYMENT

Check Area(s) of Interest: <input type="checkbox"/> Secretarial/Clerical <input type="checkbox"/> Custodial <input type="checkbox"/> Maintenance <input type="checkbox"/> Grounds <input type="checkbox"/> Instructional Assistant <input type="checkbox"/> Library Technician <input type="checkbox"/> Special Education Assistant <input type="checkbox"/> Other _____
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\_\_\_\_\_ Date of Application

\_\_\_\_\_ Date of Availability

Please type or use ink in completing this form.

An Equal Opportunity Employer

**PERSONAL DATA**

Name \_\_\_\_\_ OR Drivers License # \_\_\_\_\_  
Last      First      Middle

Phone \_\_\_\_\_ Social Security # \_\_\_\_\_  
Home      Business

Address \_\_\_\_\_  
Street, PO Box, Apt. Number      City      State      Zip

Are you a member of the Oregon State Retirement System \_\_\_ Yes \_\_\_ No Retirement # \_\_\_\_\_

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

If yes, what position \_\_\_\_\_

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

Would you work:      \_\_\_ Full-time      \_\_\_ Part-time      \_\_\_ Full Year      \_\_\_ School Year

**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												College				Graduate School			
						Secondary													

**BUSINESS, MILITARY, VOCATIONAL, OR TECHNICAL SCHOOL**

Name of School	Type of course	From Mo./Yr. to Mo./Yr.	Completed (Yes-No)	Certificate (Yes - No)

**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 From: M/Y to M/Y	Position(s)	Duties Heating, plumbing, electrical, grounds, carpentry, painting	Supervisor(s) Name and Phone No.	Reason for leaving or wishing to leave
a. _____ b. _____ c. _____					
a. _____ b. _____ c. _____					
a. _____ b. _____ c. _____					
a. _____ b. _____ c. _____					

Present Salary or Hourly Rate \_\_\_\_\_ Salary or Hourly Rate Expected \_\_\_\_\_

**SECRETARIAL CLERICAL (if applicable)****INTERESTS, SKILLS AND EXPERIENCE**

List subjects of interest for an Instructional Assistant. (Reading, math, science, library, etc.)

<b>OFFICE SKILLS</b> Keyboarding ___ Yes ___ No _____ Speed  Computer Programs (please list) _____ _____
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OFFICE EXPERIENCE	LOW LONG?	OFFICE EXPERIENCE	HOW LONG?
Accounting		Payroll	
Accounts Payable/Receivable		Purchasing	
Bookkeeping		Receptionist	
Computer Skills		Secretary	
Keyboarding		Other	

**REFERENCES**

NAME	ADDRESS	PHONE
_____	_____	_____
_____	_____	_____

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.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

# CRIMINAL HISTORY VERIFICATION OF APPLICANTS

THIS FORM MUST BE ENCLOSED WITH THE 581-2281-N SCHOOL/DISTRICT COVER FORM AND A CHECK FOR \$5.00 PER APPLICANT.  
ALL DOCUMENTS MUST BE MAILED TOGETHER TO THE DEPARTMENT OF EDUCATION.

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



*"Excellence in Education"*

## **Elkton School District #34**

Elkton High School  
739 River Road  
Elkton, OR 97436  
Ext. #1  
Fax: (541) 584-2227



739 River Road  
P.O. Box 390  
Elkton, OR 97436  
Phone (541) 584-2228  
Fax (541) 584-2227

Elkton Grade School  
15656 St. Hwy. 38  
Elkton, OR 97436  
Ext. #2  
Fax: (541) 584-2113

Andy Boe, Supt./Principal - Ext. 202 - 302

Edwina Miller, Business Manager- Ext. 213

Individuals will be required to complete the following form as a part of the application for employment or contract process:

I understand that criminal history record checks and/or fingerprinting are required by law and/or Board policy. Employment shall be offered prior to fingerprinting collection. Upon notification by the Superintendent or Public Instruction or designee or State Board of Education that an individual has been convicted or has made false statement as to conviction of any crimes prohibiting employment or contract status with the district, the Superintendent shall terminate that employment or contract status immediately.

I understand that an individual so terminated may appeal action taken by the district as a result of such checks in accordance with procedures established by law or by Board policy. Applicable appeal rights will be provided by the district upon such termination from district employment or contract status.

Any fees associated with criminal history records checks will be paid by the school district and any cost associated with fingerprinting shall be the responsibility of the individual. The District will pay the fee for criminal history record checks for those persons holding a classified position that does not include benefits.

Should I refuse to consent to criminal history records check or refuse to be fingerprinted, I shall be terminated from employment or contract status by the Superintendent immediately. I understand that individuals who have successfully completed an Oregon and FBI criminal history records check by a previous employer and have not since resided outside Oregon may be exempt from this requirement. It is the responsibility of the individual to inform the district of the existence of such records.

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Signature

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Date

