

# WASCO COUNTY SCHOOL DISTRICT #29

802 NE 5<sup>th</sup> Street

Telephone: (541)467-2509

Dufur, Oregon 97021

Fax: (541)467-2589

Equal Opportunity Employer

## **APPLICATION FOR EMPLOYMENT**

**Classified**

*Please Print or Type*

### **PERSONAL INFORMATION**

Social Security Number: \_\_\_\_\_ Date: \_\_\_\_\_

Full Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
No. Street City State Zip Code

Home Phone: ( ) \_\_\_\_\_ Message Phone: ( ) \_\_\_\_\_

**List position titles for which you are applying, in order of preference.**

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

**Work schedule preferred:** Full-Time: \_\_\_\_\_ Part-Time: \_\_\_\_\_

**In case of emergency notify:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

**EDUCATION**  
HIGH SCHOOL

Name of High School: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Did you graduate? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have a GED? \_\_\_\_\_ Yes \_\_\_\_\_ No      If yes, please list the date received \_\_\_\_\_

COLLEGE, BUSINESS, OR TRADE SCHOOL

Name of School: \_\_\_\_\_ Years Attended: \_\_\_\_\_

Address of School: \_\_\_\_\_

List your college degree and/or additional training which has prepared you for the position for which you are applying: \_\_\_\_\_  
\_\_\_\_\_

List Special Certificates or Licenses held (Include date of issue and expiration date): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List machines or equipment you can operate: \_\_\_\_\_  
\_\_\_\_\_

Typing Speed: \_\_\_\_\_ Shorthand: \_\_\_\_\_

Indicate any experience with public agencies, voluntary groups, etc. which you feel would be applicable to the position for which you are applying: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special interests or hobbies: \_\_\_\_\_  
\_\_\_\_\_

Do you hold a valid First Aid Card? \_\_\_\_\_ Yes \_\_\_\_\_ No      Can you operate a computer? \_\_\_\_\_ Yes \_\_\_\_\_ No

List computer programs you are comfortable operating: \_\_\_\_\_  
\_\_\_\_\_

## **WORK HISTORY**

List most recent employers including present employer.

Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Date Started: \_\_\_\_\_

Address: \_\_\_\_\_ Date Left: \_\_\_\_\_

Position: \_\_\_\_\_ Full Time: \_\_\_\_\_

Duties: \_\_\_\_\_ Part Time: \_\_\_\_\_

\_\_\_\_\_ Final Pay Rate: \_\_\_\_\_

\_\_\_\_\_ May we contact this Employer?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Reason for Leaving: \_\_\_\_\_

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Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Date Started: \_\_\_\_\_

Address: \_\_\_\_\_ Date Left: \_\_\_\_\_

Position: \_\_\_\_\_ Full Time: \_\_\_\_\_

Duties: \_\_\_\_\_ Part Time: \_\_\_\_\_

\_\_\_\_\_ Final Pay Rate: \_\_\_\_\_

\_\_\_\_\_ May we contact this Employer?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Reason for Leaving: \_\_\_\_\_

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Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Date Started: \_\_\_\_\_

Address: \_\_\_\_\_ Date Left: \_\_\_\_\_

Position: \_\_\_\_\_ Full Time: \_\_\_\_\_

Duties: \_\_\_\_\_ Part Time: \_\_\_\_\_

\_\_\_\_\_ Final Pay Rate: \_\_\_\_\_

\_\_\_\_\_ May we contact this Employer?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Reason for Leaving: \_\_\_\_\_

## **PHYSICAL INFORMATION**

Some of our positions have specific physical requirements or limitations. For these positions you may be asked questions regarding your physical capabilities. Such questions must be related to your potential performance for the position you are seeking. Please identify any physical limitations which may prevent you from performing your job in a safe and satisfactory manner.

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## **CRIMINAL CONVICTION**

Some positions in this district may not be held by persons convicted of certain crimes. If you are applying for such a position, our staff may ask you if you have been convicted of a crime that would disqualify you from the position you are seeking. The existence of a criminal record is not an automatic bar to employment with the district. Our staff may not ask you if you have ever been arrested or held for a crime for which you were not convicted. **Have you ever been convicted of any crime other than a minor traffic violation?** Yes \_\_\_ No \_\_\_

## **CHARACTER REFERENCES**

(Do not list relatives)

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Military Service? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, Branch: \_\_\_\_\_ Dates: \_\_\_\_\_  
from/to

You may use this space for any additional comments or information you wish to provide:

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I authorize full investigation of all statements contained on this application for determination of fitness for employment. I understand that misrepresentation or omission of facts may constitute grounds for rejection or dismissal.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_