

Cove School District #15

**P.O. Box 68
Cove, OR 97824**

Employment Application

“We are equal an Equal Opportunity/Affirmative Action employer. We are dedicated to a policy of non-discrimination in employment on the basis of race, color, religion, sex, national origin, age mental health or physical disability.”

(Print or use type) If additional space is needed use bottom half of page three.
Please fill out only that portion of this form that you feel pertinent to the position for which you are applying.

1. Position applying for _____ Date: _____

2. Name _____
Last First Middle

3. Mailing Address: _____
Street City

_____ State Zip

Contact info _____

4. Education Record- if now in school, include present term

_____ Y__ N__
Name and location of High School Date Left Graduated?

If not in High School, do you have a certificate of equivalency (GED)? Y__N__
If yes, Date: _____

Schools Attended after High School

Or special training received

Name and Location	From	To	Full Time/ Part time	Field of Study	No. of credits rcvd	Certificate or degree rcvd

5. List any special training, licenses, certificates, machine skills, office equipment, languages, or other special skills you may have that are pertinent to the position to which you are applying.

6. **References:** List the names of three persons other than former employers and relatives having knowledge of your character, experience, or abilities.

Name	Address	Business	Phone number
1.			
2.			
3.			

7. **Employment History:** Beginning with your present or most recent job, describe your work experience during the past **TEN** years. In addition, list any other prior experience related to the duties of the position for which you are applying. **Also include all non-paid or volunteer work.**

Present Employer:

Company Name	Address	Phone Number
---------------------	----------------	---------------------

Your Job Title	Supervisors Name and Title	Employed from/to
-----------------------	-----------------------------------	-------------------------

Please list your specific duties:

If you still work here, may we contact this employer? yes no

Company Name	Address	Phone Number
---------------------	----------------	---------------------

Your Job Title	Supervisors Name and Title	Employed from/to
-----------------------	-----------------------------------	-------------------------

Please list your specific duties:

Company Name	Address	Phone Number
---------------------	----------------	---------------------

Your Job Title	Supervisors Name and Title	Employed from/to
-----------------------	-----------------------------------	-------------------------

Please list your specific duties:

Company Name	Address	Phone Number
--------------	---------	--------------

Your Job Title	Supervisors Name and Title	Employed from/to
----------------	----------------------------	------------------

Please list your specific duties:

Company Name	Address	Phone Number
--------------	---------	--------------

Your Job Title	Supervisors Name and Title	Employed from/to
----------------	----------------------------	------------------

Please list your specific duties:

8. **Health-** To insure that you are not placed in a position, which might be a hazard to you or to others, a physical examination prior to appointment to a position may be required. Final appointment for those specific positions will be contingent upon the physical examination.

I hereby certify that this application contains no misrepresentations of falsifications and that the information given is true and complete to the best of my knowledge and belief. I understand that misrepresentation or omission of facts called for in this application is cause for cancellation of the application. I authorize this employer _____ to make any necessary and appropriate investigations to verify the information contained herein.

Date

Signature

Please submit additional information on a separate piece of paper and attach to application.

To be completed day employment begins- This information is needed for retirement and hospitalization insurance and affirmative action records, not for selection or hiring purposes.

Sex : Male Female Age: _____ Date of Birth: _____
Month Day Year

Social Security Number: _____ - _____ - _____ Are you a member of Oregon Retirement System? yes no

In case of an emergency, notify: _____
Name Address Phone number

Race or cultural group: Please check appropriate box

- | | |
|--|------------------------------------|
| <input type="checkbox"/> Black | <input type="checkbox"/> Caucasion |
| <input type="checkbox"/> Native American | <input type="checkbox"/> Oriental |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Other |

(Space below for office use only)

Received by _____ Reviewed by _____

Applicant accepted Yes No Date of appointment: _____

Applicant rejected Yes No Check reasons for rejection below

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Education | <input type="checkbox"/> Work History |
| <input type="checkbox"/> Experience | <input type="checkbox"/> Incomplete Application |
| <input type="checkbox"/> Test Scores | <input type="checkbox"/> Interview |
| <input type="checkbox"/> Licenses | <input type="checkbox"/> Qualified for some jobs, but no vacancies at time of application |
| <input type="checkbox"/> Certificates | <input type="checkbox"/> References |
| <input type="checkbox"/> Physical | |
| <input type="checkbox"/> Other | |