

Harrisburg School District
 PO Box 208
 Harrisburg OR 97446-0208

CLASSIFIED EMPLOYMENT APPLICATION
 An Equal Opportunity Employer

Office Use Only

Please fill in all areas applicable to the position you are applying for

SECTION A – ALL APPLICANTS

Name: _____
Last First Middle Other names used

Social Security No.: _____

Address: _____
Street and Number City State Zip Code

Phone No. where you Can be reached: _____

Position applied for _____

Email: _____

Do you have a valid First Aid/CPR card? Yes No

Employment preference [skip this part if you are applying for transportation or coaching]: 12-month 10-month 8-hour day Less than 8-hour day

Date available: _____ Are you a veteran? Yes No If yes, Dates of Service: _____ to _____ Military duties or training: _____

Do you have any mental or physical condition that may interfere with your performance of the job responsibilities of the job(s) applied for? If so, please explain below:

Will you be able to work the hours/shift for the job(s) applied for? If not, please explain: _____

Prior experience which would be valuable in working with children: _____

EDUCATION

	Name and location of school	Circle last year attended	Degree/Diploma/Certificate	Major subject	No. Credits earned
High School		9 10 11 12			
College or University		1 2 3 4			
Seminars/Workshops		19____ or 20____			
Other		19____ or 20____			

According to Statute OAR 581-022-1730, any person hired into a position having direct, unsupervised contact with students and not requiring licensure under either ORS342.120 to 342.200 or 342.455 shall have a fingerprint background check with the Oregon State Police and FBI unless a former employer has on file evidence documenting a successfully completed Oregon and FBI criminal records check. Any applicant/employee who has been convicted or have made a false statement as to the conviction of any of the crimes prohibiting employment that are listed in section (9) of OAR 581-022-1730 shall be immediately terminated. Individuals may begin to carry out terms of a contract or employment on a probationary basis pending the return of the criminal record check by the Oregon police and FBI. Fingerprints or criminal history checks are not required prior to an offer of employment. Applicants who refuse to consent to the criminal records check or refuse to be fingerprinted shall not be hired or used for volunteering or will be terminated from employment, contract status or volunteering by the district. Applicants may appeal a determination which prevents their employment or eligibility to contract with the district as a contested case under ORS 183.413 to 183.470 to the Oregon Superintendent of Public Instruction. Contested case appeals may be informally resolved through procedures specified in ORS.

I have read and understand the above statement regarding criminal history checks: [Your signature] _____ Date: _____

Have you ever had your fingerprints taken? Yes No If yes, please fill out the attached permission form to send for your records.

CLASSIFIED EMPLOYMENT APPLICATION (Continued)

PREVIOUS WORK EXPERIENCE

(List current and former employers beginning with the most recent. Attach separate sheets, if necessary.)

Employer		Supervisor/Title	Duties	From Mo. Yr.	To Mo. Yr.	Reason for leaving
1. Name _____ Telephone # _____						
Address _____						
City, State, Zip _____						
2. Name _____ Telephone # _____						
Address _____						
City, State, Zip _____						
3. Name _____ Telephone # _____						
Address _____						
City, State, Zip _____						
4. Name _____ Telephone # _____						
Address _____						
City, State, Zip _____						

PERSONAL REFERENCES (Other than relatives and former employers)

Name _____

Name _____

Street _____ Telephone # _____

Street _____ Telephone # _____

City _____ State ___ Zip Code _____

City _____ State ___ Zip Code _____

Explain why you should be selected for employment in this position: _____

- 1) Have you been released from prison or been convicted of any offense that involved any form of the following: violence or threat of violence, assault, a sex-related crime involving force or minors, child abuse, child molesting, embezzlement, fraud, theft, robbery, extortion, blackmail, coercion, or any criminal activity which involved drugs or alcohol or any other conviction other than a minor traffic violation? Or any other felony not listed? No Yes If yes, explain nature of crime, place and date _____

- 2) Have you ever been discharged or asked to resign from any job? No Yes If yes, give details concerning this action: _____

- 3) Are you a citizen of the United States? Yes No If not, do you possess an Alien Registration Card? Yes No Number _____
- 4) Have you ever been a member of Public Employees Retirement systems? Yes No If yes, membership number _____
- 5) Have you ever been the subject of a substantiated report of child abuse or sexual misconduct (involving a K-12 student or minor child)? No Yes If yes, explain on back of application.
- 6) Are you currently the subject of an ongoing investigation related to a report of suspected child abuse or sexual misconduct (involving a K-12 student or child)? Yes No

I hereby authorize Harrisburg School District #7 to inquire as to my record with any or all of my former employers or references with no liability arising therefrom. I hereby guarantee the correctness of the above statements. The making of any false statement herein will be sufficient cause for dismissal. I also understand that all offers of employment are conditioned on the provision of satisfactory proof of an applicant's identity and legal authority to work in the United States.

Applicant's Signature: _____ Date: _____

Complete only the following sections that pertain to the job(s) for which you are applying

SECTION B – CLERICAL, SECRETARIAL, BUSINESS MANAGER, LIBRARY APPLICANTS

SKILL	TRAINING	EXPERIENCE	SKILL	TRAINING	EXPERIENCE
Typing [wpm _____]	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Typewriter	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bookkeeping	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Library skills	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Computer skills	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Book mending	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Word 2007	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	10-key calculator	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Excel 2007	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Copier	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Publisher	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other _____		
PowerPoint	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Special training, skills and experience: _____

SECTION C – INSTRUCTIONAL AIDES Please complete Section B also

With what grade level students have you worked? _____

What experience have you had working with handicapped children?

What training have you had in child development? _____

What abilities and experiences have you had working with individual students and groups of students in reading and mathematics? _____

In what areas? _____

Describe the handicapped conditions involved: _____

Are you capable of lifting a handicapped child? Yes No

Are you willing to feed and toilet handicapped students? Yes No

Have you worked with behaviorally aggressive students? Yes No

Describe talents you have that would be helpful in working with handicapped Students: _____

Describe your knowledge of community agencies and/or resources which are related To youth/human services: _____

SECTION D – TRANSPORTATION (Bus Driver)

Continued employment as a bus driver is contingent upon the applicant receiving the Oregon School Bus Driver's License from the State Department of Education and maintaining an acceptable driving record as verified by the Oregon Motor Vehicles Division.

What hours would you be available for driving? _____

Days available, including weekends? _____

Do you have a valid Oregon Driver's License Yes No OSBDL Yes No

Driver's License No.: _____ Expiration Date _____

State Issued: _____ Class # I II III IV

Would you be willing to attend a school bus driver's training course? Yes No

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

Explain _____

List any restrictions on bus driver's license _____

Have you received any citations for any moving violations during the last five years? Yes No Explain: _____

Has your driver's license ever been revoked? Yes No Explain (when, where, why) _____

SECTION E – CUSTODIAL/MAINTENANCE

SKILL	TRAINING	EXPERIENCE	SKILL	TRAINING	EXPERIENCE
Carpentry	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Carpet Cleaning	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Electrical	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Waxing	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Grounds	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Buffer	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Heating	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Burnisher	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Air Conditioning	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Scrubber Machine	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Plumbing	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other _____		
Floor maintenance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Special Training, skills and experience _____

Are you capable of and physically able to: Lift 75 points? Yes No Climb scaffolding? Yes No Climb ladders? Yes No

SECTION F – COACHING/STUDENT ACTIVITIES

Do you currently hold a valid Oregon Teaching Certificate (include substitute)? Yes No Expiration Date: _____

If you do not hold a valid Oregon Teaching Certificate, do you hold a valid Oregon Coaching Certificate? Yes No Expiration Date: _____

Interest	Participation							Coached			VOLUNTEER EXPERIENCE
	Assistant	Head	V	JV	Inter.	HS	Coll	HS	Inter.	Coll.	
Fall											_____
Cross Country.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Football.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Gymnastics.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Soccer.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Volleyball.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Winter.....											_____
Basketball.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Wrestling.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Spring											_____
Baseball.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Softball.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Track.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Student Activities											_____
Drama.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Rally.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Speech.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Student Gov't.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

PERSONAL COACHING REFERENCES
(Other than relatives and former employers)

Name _____
 Street _____
 City _____ Zip Code _____
 Phone Number _____

Name _____
 Street _____
 City _____ Zip Code _____
 Phone Number _____

Write a longhand paragraph explaining why you should be selected for employment in this position? (Include philosophy and strategies). _____

