

PILOT ROCK SCHOOL DISTRICT 2R
 PO BOX BB, 101 NE CHERRY ST.
 PILOT ROCK, OR 97868
 "AN EQUAL OPPORTUNITY EMPLOYER"

Please type or print plainly

Date _____

Name _____ Social Security# _____
 Last First Middle

Address _____
 PO Box/Street City State Zip

Telephone # _____ Birth Date(optional) _____

Have you ever been convicted of a crime? _____ If yes, describe: _____

Position applying for: _____

Other position(s) qualified for: _____

If your application is considered favorably, on what date would you be available for work?

PERSONAL REFERENCES

Name _____ Occupation _____ Address _____ Phone # _____

RECORD OF EDUCATION

Level	Name/address of school	Years Attending	Graduate	Diploma/Degree
Elementary	_____	_____	_____	_____
High School	_____	_____	_____	_____
College/ Other	_____	_____	_____	_____

LIST BELOW ALL PRESENT AND PAST EMPLOYMENT, BEGINNING WITH MOST RECENT:

Name/Address of Company	Position	Starting Salary	Ending Salary	Reason for leaving	From year	to year
+++++	+++++	+++++	+++++	+++++	+++++	+++++
+++++	+++++	+++++	+++++	+++++	+++++	+++++
+++++	+++++	+++++	+++++	+++++	+++++	+++++
+++++	+++++	+++++	+++++	+++++	+++++	+++++

Would you work full-time ___ Part Time ___ Specify days/hours if part time _____

Are there any experiences, skills, or qualifications which you feel would especially qualify you for this position?

May we contact the employers listed above? _____ If not, indicate which one(s) you do not wish us to contact.

THE FACTS SET FORTH ABOVE IN MY APPLICATION FOR EMPLOYMENT ARE TRUE AND COMPLETE. I UNDERSTAND THAT IF EMPLOYED, FALSE STATEMENTS ON THIS APPLICATION SHALL BE CONSIDERED SUFFICIENT CAUSE FOR DISMISSAL.

SIGNATURE OF APPLICANT

American Disabilities Act Information:

"The Pilot Rock School District, in support of employment practices free of barriers to disabled persons and in compliance with the American with Disabilities Act of 1990, provides reasonable accommodations necessary upon request and appropriate notice. For further information or assistance, _____ at (541) 443-8291. Speech/Hearing impaired persons may reach the district through the OR Telecommunications Relay Service by dialing 1-800-735-2900." "You are not required to disclose information about physical or mental limitations that you believe will not interfere with your ability to do the job. If, however, you want the employer to consider special arrangements to accommodate a physical or mental impairment, you may identify that impairment in the space provided and suggest the kind of accommodation which you believe would be appropriate." Applicant may be requested to provide documentation verifying the need for reasonable accommodation.

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Pilot Rock School District 2R is an equal opportunity employer and educator and does not discriminate on the basis of race, color, sex, religion, age, disability, marital status or national origin.

For further information or assistance,

541-443-8291

AUTHORIZATION TO CHECK WORK HISTORY AND RELEASE OF PRIOR EMPLOYERS

I authorize Pilot Rock School District to check my references and to investigate any information provided in my application for employment. I further authorize my past employers or anyone with information about my work history, education or qualifications to provide such information to Pilot Rock School District in response to their inquiry. I agree to hold harmless from any liability (suit, claim or other action) regardless of all other agreements, of any form or content, that previously restricted or pertained to the release of information, or a prohibition thereof anyone supplying such information to Pilot Rock School District.

Signed:

Date