

# Monroe School District #1J

365 North 5<sup>th</sup> Street  
 Monroe, OR 97456  
 541-847-6292 fax 541-847-6290  
 www.monroe.k12.or.us

## Employment Application

Position Applied for: \_\_\_\_\_

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #  
 \_\_\_\_\_  
City State ZIP Code

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

	YES	NO		YES	NO
Are you a citizen of the United States?	<input type="checkbox"/>	<input type="checkbox"/>	If no, are you authorized to work in the U.S.?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever worked for this District?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, when?		
Are you a "Veteran" as defined under ORS 408.225	<input type="checkbox"/>	<input type="checkbox"/>	If yes, your service record should be reflected in the Work Experience section of your application.		
Are you a "Disabled Veteran" as defined under ORS 408.225	<input type="checkbox"/>	<input type="checkbox"/>	If yes, your service record should be reflected in the Work Experience section of your application.		
Have you been dismissed from any position?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, please explain:		
Have you been asked to resign from any position?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, please explain:		
Have you been refused continuing employment?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, please explain:		
Have you had a report of child abuse or sexual activities involving a K-12 student or minor filed against you with a school district, children services division, a police agency, or in court?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, please explain:		

### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

### References

Please list three professional references.

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Previous Employment**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
May we contact your previous supervisor for a reference? YES NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
YES NO  
May we contact your previous supervisor for a reference?

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
YES NO  
May we contact your previous supervisor for a reference?

**Military Service**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain:


## Certification and Signature

Monroe School District #1J does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups. The following person has been designated to handle inquiries regarding the non-discrimination policies: Superintendent, Monroe School District #1J, 365 North 5<sup>th</sup> Street, Monroe, OR 97456, 541-847-6292. For further information on notice of non-discrimination, visit <http://wdcrobcolp01.ed.gov/CFAPPS/OCR/contactus.cfm> for the address and phone number of the office that serves your area, or call 1-800-421-3481.

**NOTIFICATION TO INDIVIDUALS SUBJECT TO CRIMINAL HISTORY RECORDS CHECKS AND FINGERPRINTING AS REQUIRED BY LAW:** I understand that criminal history records checks and/or fingerprinting are required by law and/or Board policy. Employment shall be offered prior to fingerprint collection. Upon notification by the superintendent of Public Instruction or designee or State Board of Education that an individual has been convicted or has made a 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 and fingerprinting, not to exceed actual costs, shall be the responsibility of the individual.*

Should I refuse to consent to criminal history records checks 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.

I understand that any omissions on this application may prevent my application from being evaluated. I authorize Monroe School District #1J to obtain information about my criminal records. I authorize all government agencies to provide information about my criminal records to Monroe School District #1J. I understand that any misrepresentation, falsification, or omission on this application or on other documents submitted to the school district will be sufficient cause for this application not to be considered by the school district, or for discharge if I have been employed.

I authorize Monroe School District #1J to check my references, to obtain information from my prior employers and educational institutions, and to take other actions to investigate any information provided in my employment application, and to obtain information relevant to evaluating my qualifications and fitness for employment. I authorize my listed references, past employers and educational institutions, and anyone else who has information about my work history, education qualification or fitness, to provide such information to Monroe School District #1J.

I certify that all statements contained herein are true and complete whether made by me or others at my request.

I understand that if hired, I must prove that I am legally authorized to work in the United States.

I release the school district and all persons providing information to the school district from any liability whatsoever for obtaining and providing that information, regardless of the results.

By electronically submitting my application materials, I agree to the conditions stated in this Certification and Signature section and this section is enforceable as if I had signed below.

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

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