

APPLICATION FOR EMPLOYMENT CLASSIFIED POSITIONS



Together we will reach, teach and inspire each student to excellence

DISTRICT OFFICE: 4640 BARGER DR., EUGENE, OR 97402 **PHONE:** 541-689-3280 **FAX:** 541-689-0719

NAME: (for office use only)

Dear Applicant:

Thank you for applying with the Bethel School District! Please complete this application fully in blue or black ink. Your application may not be considered if it is incomplete or if you have failed to submit the requested information. Your completed application and any supporting documentation must be submitted to the district office.

I am applying for the following position(s):

- Custodian
 Educational Assistant
 Maintenance
 Nutrition Services
 Secretarial
 Special Needs Driver
 Other: _____

APPLICANT INFORMATION

LEGAL NAME:	_____		_____
	(LAST, FIRST, MIDDLE)		(PREVIOUS)
CURRENT STREET ADDRESS:	_____		
	(NO. & STREET, CITY, STATE, ZIPCODE)		
CURRENT MAILING ADDRESS:	_____		
	(NO. & STREET, CITY, STATE, ZIPCODE)		
PHONE:	HOME #: _____	CELL #: _____	OTHER #: _____
EMAIL ADDRESS:	_____		
EMPLOYMENT AUTHORIZATION:	CAN YOU PROVIDE PROOF OF YOUR LEGAL RIGHT TO REMAIN AND WORK IN THE UNITED STATES?		YES: <input type="checkbox"/> NO: <input type="checkbox"/>
PREVIOUSLY EMPLOYED BY BETHEL?:	YES: <input type="checkbox"/> NO: <input type="checkbox"/> IF YES, JOB TITLE? _____	NAME OF SUPERVISOR: _____	DATES EMPLOYED: _____
BILINGUAL?:	YES: <input type="checkbox"/> NO: <input type="checkbox"/> IF YES, LANGUAGE(S)? _____		

EDUCATIONAL EXPERIENCE

SCHOOLS ATTENDED	CLICK HIGHEST GRADE COMPLETED	LIST ANY JOB RELATED COURSES	DIPLOMA OR EQUIVALENT?	
LAST HIGH SCHOOL:	9 10 11 12		YES <input type="checkbox"/>	NO <input type="checkbox"/>
(City) _____ (State) _____				
COLLEGE/UNIVERSITY OR TECHNICAL/TRADE SCHOOLS ATTENDED <small>(Include Military, and use additional sheets if necessary)</small>	MAJOR	MINOR	DEGREE OR NO. CREDITS	
NAME: _____				
(City) _____ (State) _____				
NAME: _____				
(City) _____ (State) _____				

EMPLOYMENT HISTORY

LIST BELOW YOUR WORK EXPERIENCE, PAID OR UNPAID, BEGINNING WITH YOUR CURRENT OR MOST RECENT JOB. DESCRIBE EACH JOB SEPARATELY, EMPHASIZING YOUR SPECIFIC TASKS AND SUPERVISORY, TECHNICAL OR OTHER RESPONSIBILITIES. IF YOU NEED MORE SPACE, PLEASE ATTACH ADDITIONAL SHEETS.

#1	DATE(s) EMPLOYED: MO / YR MO / YR <small>(FROM) (TO)</small>	SALARY (hourly): _____	TYPE OF BUSINESS: _____
COMPANY / ORGANIZATION INFORMATION		Name _____ Supervisor Name & Title / Contact _____ Complete Address _____ Phone # _____	
JOB TITLE / DUTIES PERFORMED		_____	
REASON FOR LEAVING		_____	

#2	DATE(s) EMPLOYED: MO / YR MO / YR <small>(FROM) (TO)</small>	SALARY (hourly): _____	TYPE OF BUSINESS: _____
COMPANY / ORGANIZATION INFORMATION		Name _____ Supervisor Name & Title / Contact _____ Complete Address _____ Phone # _____	
JOB TITLE / DUTIES PERFORMED		_____	
REASON FOR LEAVING		_____	

#3	DATE(s) EMPLOYED: MO / YR MO / YR <small>(FROM) (TO)</small>	SALARY (hourly): _____	TYPE OF BUSINESS: _____
COMPANY / ORGANIZATION INFORMATION		Name _____ Supervisor Name & Title / Contact _____ Complete Address _____ Phone # _____	
JOB TITLE / DUTIES PERFORMED		_____	
REASON FOR LEAVING		_____	

#4	DATE(s) EMPLOYED: MO / YR MO / YR <small>(FROM) (TO)</small>	SALARY (hourly): _____	TYPE OF BUSINESS: _____
COMPANY / ORGANIZATION INFORMATION		Name _____ Supervisor Name & Title / Contact _____ Complete Address _____ Phone # _____	
JOB TITLE / DUTIES PERFORMED		_____	
REASON FOR LEAVING		_____	

SKILLS, ABILITIES AND INTERESTS

WHAT RELEVANT EXPERIENCES HAVE YOU HAD WITH STUDENTS OTHER THAN WHAT HAS BEEN PREVIOUSLY LISTED?

CAREER AIMS/GOALS:

TECHNICAL/OCCUPATIONAL SKILLS:

ADDITIONAL COMMENTS:

REFERENCES

PLEASE LIST THE NAMES OF THREE PERSONS WE MAY CONTACT (*other than former employers or relatives*) THAT HAVE KNOWLEDGE OF YOUR CHARACTER, EXPERIENCE, AND/OR ABILITIES. **PLEASE ATTACH ANY LETTERS OF RECOMMENDATION TO THIS APPLICATION.**

NAME:	
ADDRESS/LOCATION:	
CONTACT PHONE #:	
EMAIL ADDRESS:	
RELATIONSHIP:	

NAME:	
ADDRESS/LOCATION:	
CONTACT PHONE #:	
EMAIL ADDRESS:	
RELATIONSHIP:	

NAME:	
ADDRESS/LOCATION:	
CONTACT PHONE #:	
EMAIL ADDRESS:	
RELATIONSHIP:	

NAME:	
ADDRESS/LOCATION:	
CONTACT PHONE #:	
EMAIL ADDRESS:	
RELATIONSHIP:	

CRIMINAL HISTORY VERIFICATION

NOTICE:

THE OREGON DEPARTMENT OF EDUCATION WILL CONDUCT A CRIMINAL OFFENDER RECORD CHECK OF APPLICANTS FOR THE POSITION OF SCHOOL BUS DRIVER OR OTHER PROSPECTIVE SCHOOL EMPLOYEES WORKING WITH OR AROUND CHILDREN. THE APPLICANT IS ENTITLED TO REVIEW HIS/HER CRIMINAL HISTORY FOR INACCURATE OR INCOMPLETE INFORMATION. DISCRIMINATION BY AN EMPLOYER ON THE BASIS OF ARREST RECORDS ALONE MAY VIOLATE FEDERAL CIVIL RIGHTS LAW. THE APPLICANT MAY OBTAIN FURTHER INFORMATION CONCERNING THE APPLICANT'S RIGHTS BY CONTACTING THE BUREAU OF LABOR AND INDUSTRIES, CIVIL RIGHTS DIVISION, STATE OFFICE BUILDING, 4TH FLOOR, PORTLAND, OREGON, 97201, PHONE 503-229-6600.

HAVE YOU EVER BEEN CONVICTED OF ANY FELONY OR MISDEMEANOR OTHER THAN MINOR TRAFFIC VIOLATIONS? YES: NO:

IF THE ANSWER IS YES, PLEASE ATTACH A STATEMENT GIVING A FULL EXPLANATION, INCLUDING DATES, PLACES, CHARGES AND DISPOSITION OF ALL CASES. FAILURE TO ACCOUNT FOR ALL CONVICTIONS SHALL DISQUALIFY YOU FROM EMPLOYMENT BY THE BETHEL SCHOOL DISTRICT (CONVICTIONS WILL NOT DISQUALIFY YOU FROM EMPLOYMENT, BUT INFORMATION WILL BE CONSIDERED IN RELATION TO SPECIFIC JOB FUNCTIONS).

HAVE YOU EVER BEEN CONVICTED OF A SEX-RELATED CRIME? YES: NO:

IF YES, WAS THE CONVICTION IN OREGON? YES: NO:

IF NO, PLEASE SPECIFY THE STATE: _____

IF YES, DID THE CRIME INVOLVE FORCE OR MINORS? YES: NO:

HAVE YOU EVER BEEN CONVICTED OF A CRIME INVOLVING VIOLENCE OR THE THREAT OF VIOLENCE? YES: NO:

IF YES, WAS THE CONVICTION IN OREGON? YES: NO:

IF NO, PLEASE SPECIFY THE STATE: _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME INVOLVING CRIMINAL ACTIVITY IN DRUGS OR ALCOHOLIC BEVERAGES? YES: NO:

IF YES, WAS THE CONVICTION IN OREGON? YES: NO:

IF NO, PLEASE SPECIFY THE STATE: _____

HAVE YOU EVER BEEN CONVICTED OF ANY OTHER CRIME EXCEPT A MINOR TRAFFIC VIOLATION? YES: NO:

HAVE YOU EVER BEEN ARRESTED FOR A CRIME FOR WHICH THERE HAS NOT YET BEEN AN ACQUITTAL OR DISMISSAL? YES: NO:

ADVISORY:

I UNDERSTAND THAT A CHECK OF THE APPLICANT'S CRIMINAL HISTORY WILL BE MADE BY THE OREGON DEPARTMENT OF EDUCATION TO VERIFY THE RESPONSES TO THE PRECEDING QUESTIONS.

ORS 370 (HB 2062) QUESTIONS:

HAVE YOU EVER BEEN THE SUBJECT OF A SUBSTANTIATED REPORT OF CHILD ABUSE OR SEXUAL CONDUCT (INVOLVING A K-12 STUDENT OR MINOR CHILD)? YES: NO:

IF YES, PLEASE EXPLAIN: _____

ARE YOU CURRENTLY THE SUBJECT OF AN ONGOING INVESTIGATION RELATED TO A REPORT OF SUSPECTED CHILD ABUSE OR SEXUAL CONDUCT (INVOLVING A K-12 STUDENT OR MINOR CHILD)? YES: NO:

IF YES, PLEASE EXPLAIN: _____

HAVE YOU LISTED ALL CURRENT AND FORMER EMPLOYERS WHO ARE EDUCATION PROVIDERS IN THE EXPERIENCE SECTION OF THIS APPLICATION? YES: NO:

APPLICANT SIGNATURE

DATE

BETHEL SCHOOL DISTRICT IS AN EQUAL OPPORTUNITY EMPLOYER.

AUTHORIZATION TO OBTAIN BACKGROUND INFORMATION

I AUTHORIZE THE INVESTIGATION OF ALL MATTERS, WHICH BETHEL SCHOOL DISTRICT DEEMS RELEVANT TO MY QUALIFICATIONS FOR EMPLOYMENT, INCLUDING ALL STATEMENTS MADE IN THIS APPLICATION, SUPPORTING MATERIALS, AND IN ANY INTERVIEW. I AUTHORIZE YOU TO REQUEST AND RECEIVE SUCH INFORMATION AND I RELEASE FROM ALL LIABILITY ANY PERSON (SUCH AS FORMER SUPERVISORS AND MANAGERS) OR EMPLOYERS SUPPLYING IT. I ALSO RELEASE BETHEL SCHOOL DISTRICT FROM ALL LIABILITY, WHICH MIGHT RESULT FROM MAKING THE INVESTIGATION. I GRANT PERMISSION TO THE BETHEL SCHOOL DISTRICT TO CONDUCT A CRIMINAL HISTORY VERIFICATION OF ME.

I AUTHORIZE MY LISTED REFERENCES, CURRENT AND PAST EMPLOYERS AND EDUCATIONAL INSTITUTIONS, AND ANYONE ELSE WHO HAS INFORMATION ABOUT MY WORK HISTORY, EDUCATION QUALIFICATION, OR FITNESS TO PROVIDE SUCH INFORMATION TO THE SCHOOL DISTRICT FOR WHICH I HAVE COMPLETED AN EMPLOYMENT APPLICATION. I RELEASE THE SCHOOL DISTRICT AND ALL PERSONS PROVIDING THIS INFORMATION TO THE SCHOOL DISTRICT, FROM ANY LIABILITY WHATSOEVER FOR OBTAINING AND PROVIDING THAT INFORMATION, REGARDLESS OF THE RESULTS.

I CERTIFY THAT THE FACTS AND INFORMATION IN THIS APPLICATION, AND IN ANY ATTACHMENTS OR SUPPORTING DOCUMENTS, ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSIFICATION, MISREPRESENTATION OR PURPOSEFUL OMISSION, AS WELL AS MISLEADING STATEMENTS OR OMISSIONS, WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION, REGARDLESS OF WHEN OR HOW DISCOVERED.

I UNDERSTAND THAT THE BETHEL SCHOOL DISTRICT WILL CONTACT FORMER EMPLOYERS AND CHARACTER REFERENCES AS PART OF BETHEL'S HIRING PROCESS.

FINALLY, I UNDERSTAND THAT BETHEL SCHOOL DISTRICT WILL NOT RELEASE INFORMATION TO ME THAT THE DISTRICT HAS ACQUIRED DURING ITS INVESTIGATION OF ME.

CRIMINAL HISTORY RECORDS CHECK AND FINGERPRINTING

I UNDERSTAND THAT CRIMINAL HISTORY RECORD CHECKS AND FINGERPRINTING ARE REQUIRED BY LAW AND BOARD POLICY. EMPLOYMENT SHALL BE OFFERED PRIOR TO FINGERPRINT COLLECTION. UPON NOTIFICATION OF 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 OF 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 OF CONTRACT STATUS.

ANY FEES ASSOCIATED WITH CRIMINAL HISTORY RECORDS CHECKS AND FINGERPRINTING, NOT TO EXCEED ACTUAL COSTS, SHALL BE THE RESPONSIBILITY OF THE INDIVIDUAL UNLESS THE DISTRICT DECIDES TO PAY THE FEES.

SHOULD I REFUSE TO CONSENT TO CRIMINAL HISTORY RECORDS CHECKS OR REFUSE TO BE FINGERPRINTED, I SHALL BE IMMEDIATELY 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 AND PROVIDE THE DISTRICT WITH SUCH RECORDS.

"HIGHLY QUALIFIED" REQUIREMENTS FOR EDUCATIONAL ASSISTANTS

FEDERAL LEGISLATION NOW REQUIRES THAT EDUCATIONAL ASSISTANTS WHO PROVIDE INSTRUCTIONAL SUPPORT TO REMEDIAL STUDENTS NEED TO BE "HIGHLY QUALIFIED". HIGHLY QUALIFIED EDUCATIONAL ASSISTANTS EITHER HAVE A TWO-YEAR COLLEGE DEGREE OR HAVE PASSED BETHEL SCHOOL DISTRICT EXAMS IN READING, WRITING, AND MATH.

IF YOU BECOME A FINALIST IN THE SELECTION PROCESS, YOU WILL BE REQUIRED TO PROVIDE BETHEL SCHOOL DISTRICT WITH AN OFFICIAL TRANSCRIPT OF SUCCESSFUL COMPLETION OF A TWO-YEAR POST HIGH SCHOOL PROGRAM OR SUBMIT TO AND PASS THE BETHEL SCHOOL DISTRICT EXAMS IN READING, WRITING, AND MATH.

IF YOU HAVE QUESTIONS REGARDING "HIGHLY QUALIFIED" REQUIREMENTS, YOU MAY CONTACT THE ASSISTANT SUPERINTENDENT AT 541-689-3280.

SIGNATURE & ACCEPTANCE

BY SIGNING BELOW, I CERTIFY THAT THE FACTS SET FORTH IN THIS APPLICATION FOR EMPLOYMENT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND THAT I AGREE TO THE DISCLOSURES AND DECLARATIONS ABOVE.

APPLICANT SIGNATURE

DATE

SPECIAL NEEDS DRIVER POSITION APPENDUM

BUS DRIVER APPLICANTS: PLEASE COMPLETE THE FOLLOWING.

NAME: _____

OPERATOR'S LICENSE #: _____

CDL LICENSE #: _____

EXPIRATION DATE: _____ STATE WHERE ISSUED: _____

RESTRICTIONS, IF ANY: _____

HAVE YOU HAD A VEHICLE ACCIDENT OF ANY TYPE WITHIN THE LAST FIVE YEARS? YES: NO:

IF YES, PROVIDE DATE(S) AND CIRCUMSTANCES:

HAVE YOU RECEIVED ANY CITATIONS FOR MOVING VIOLATIONS DURING THE LAST FIVE YEARS? YES: NO:

IF YES, WHEN? _____ WHERE: _____

WHY? _____

HAS YOUR DRIVER'S LICENSE EVER BEEN REVOKED? YES: NO:

IF YES, WHEN? _____ WHERE: _____

WHY? _____

RACE OR ETHNIC BACKGROUND

COMPLETION OF THIS SECTION IS OPTIONAL

THIS FORM IS SEPARATED FROM THE APPLICATION AND USED FOR AFFIRMATIVE ACTION DATA COLLECTION PURPOSES ONLY. THE DATA IS USED TO ENSURE EQUAL EMPLOYMENT OPPORTUNITY UNDER AN AFFIRMATIVE ACTION PROGRAM.

NO INFORMATION REQUESTED IN THIS APPLICATION WILL BE USED TO DISCRIMINATE AGAINST ANY INDIVIDUAL WITH RESPECT TO COMPENSATION, TERMS, CONDITIONS, OR PRIVILEGE OF EMPLOYMENT, BECAUSE OF SUCH INDIVIDUAL'S AGE, RACE, COLOR, RELIGION, SEX OR NATIONAL ORIGIN. THIS INFORMATION IS TO ENSURE EQUAL EMPLOYMENT OPPORTUNITY.

BETHEL SCHOOL DISTRICT IS AN EQUAL OPPORTUNITY EMPLOYER HAVING AN AFFIRMATIVE ACTION PROGRAM WHICH INCLUDES A COMPLAINT PROCESS OF ANY APPLICANT. YOU WILL BE REQUIRED TO SHOW PROOF OF CITIZENSHIP OR LEGAL IMMIGRATION STATUS. FOR FURTHER INFORMATION, CONTACT THE DISTRICT'S AFFIRMATIVE ACTION OFFICER.

GENDER: MALE FEMALE

DATE OF BIRTH: _____

ARE YOU LATINO OR HISPANIC? YES NO

PLEASE SELECT ONE OR MORE OF THE FOLLOWING RACES:

- AMERICAN INDIAN OR ALASKA NATIVE
- ASIAN
- BLACK OR AFRICAN AMERICAN
- NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
- WHITE