

OROVILLE SCHOOL DISTRICT
816 Juniper Street
Oroville, WA 98844
(509) 476-2281

2009-2010
APPLICATION FOR CLASSIFIED
EMPLOYMENT

An Equal Opportunity Employer

PERSONAL INFORMATION

Full Name: _____
Last First Middle

Other Name(s) under which records may be listed: _____
Last First Middle

Present Address: _____ Phone: () - _____
Street City State Zip

Permanent Address: _____ Phone: () - _____
Street City State Zip

Person through whom you may be reached: _____ Phone: () - _____

Present position or employment status: _____ Phone: () - _____

Date able to initiate service: _____

SIGNATURE RELEASE

All of the information I have provided in this application is true, correct, and complete. I authorize Oroville School District No. 410 to inquire with former employers or references and obtain any and all information regarding my job related background. **I release and waive Oroville School District No. 410, my former employer(s), and all references from any and all liability in obtaining or disclosing such information.** I agree that information provided by any individual shall be confidential and I shall not have access to such information. I agree that if I have provided false or incomplete statements, the district may, at its sole discretion, without notice or due process procedures, terminate my employment contract. If such action is taken by the district, the contract shall be deemed void from its inception.

Signature of Applicant

Date

MULTICULTURAL TRAINING/EXPERIENCE

In the space below, list your training and/or experience in working with people of multicultural backgrounds:

- 1.
- 2.
- 3.

TECHNOLOGY STATEMENT

In the space below, briefly describe your training and/or experience with technology:

- 1.
- 2.
- 3.

Please check the position for which you are applying (work experience and training must be appropriate to the position):

_____ PARAPROFESSIONAL	_____ BUS DRIVER	_____ OTHER
_____ SECRETARY/RECEPTIONIST	_____ MAINTENANCE	
_____ FOOD SERVICE	_____ CUSTODIAN	

SKILLS: Please list specific tools and equipment you can skillfully operate which demonstrates competencies appropriate to the position you are applying for:

ACADEMIC TRAINING: Starting with the most recent schooling or training, list schools or training you have attended.

Name of school/training facility City and State	Dates attended Mo/Yr to Mo/Yr	Degree Earned
- - - - -	to	
- - - - -	to	
- - - - -	to	

REFERENCES List, in order from first to last, all immediate supervisors of your last ten years of employment.

NAME:	Title/Position	Address	City	State	Zip	Phone
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EMPLOYMENT RECORD: Begin with the most recent employment and work backwards in order of employment. Include your last ten years of employment.

Employer Name for Address position	Job Title Assignment	Dates of Employment Mo/Yr to Mo/Yr	Full Time (40 hrs.)? (Yes/No)	Reason leaving
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to

to

to

to

to

REFERENCES OTHER THAN EMPLOYERS listed on page 2, please give two references we may contact:

NAME	Title/Position	Address	City	State	Zip	Phone
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CRIMINAL INFORMATION Pursuant to RCW Chapter 43.43, as amended, the recommended applicant will be required to complete a disclosure form indicating whether he or she has been convicted of crimes against persons listed in the statute. A criminal conviction history record, based on fingerprints, will also be requested from the Washington State Patrol and the Federal Bureau of Investigation. Employment will be conditional upon the district's receipt of a conviction history record that is clear of any convictions, adjudications, protective orders, final decisions or criminal charges listed in RCW Chapter 43.43, as amended.

**PROVIDING FALSE OR INACCURATE INFORMATION IN THIS SECTION
IS GROUNDS FOR IMMEDIATE DISCHARGE FROM EMPLOYMENT.**

HAVE YOU BEEN - Within the last ten years:

YES NO Convicted of any crime against persons (aggravated murder; first, second, or third degree murder; first or second degree kidnapping; first, second, or third degree assault; first, second, or third degree assault of a child; first, second, or third degree rape; first, second, or third degree statutory rape; first or second degree robbery; first degree arson; first degree burglary; first or second degree manslaughter; first or second degree extortion; indecent liberties; incest; vehicular homicide; first degree promoting prostitution; communication with a minor; unlawful imprisonment; simple assault; sexual exploitation of minors; first or second degree criminal mistreatment, child abuse or neglect; physical injury or death of a child; first or second degree custodial interference; malicious harassment; first, second, or third degree molestation; first or second degree sexual misconduct with a minor; patronizing a juvenile prostitute; child abandonment; promoting pornography; selling or distributing erotic material to a minor; custodial assault; violation of child abuse restraining order; child buying or selling; prostitution; felony indecent exposure; or any of these crimes as they had previously been named or as they may be named)?

YES NO Found in any dependency action or by a court in a domestic relations proceeding or in any disciplinary board final decision to have sexually assaulted or exploited any minor or to have sexually or physically abused any minor?

YES NO Released from prison or convicted of any offense that involved drugs?

YES NO Convicted of a felony other than those listed? (Such convictions will not necessarily be a barrier to employment.) If yes answer given, attach a statement of explanation.

YES NO Have you ever reached a legal agreement or understanding with an employer to resolve a conflict of employment and minimize possible damage to your career (i.e. quit rather than fired)? (Such agreements will not necessarily be a barrier to employment.) If answer is yes, attach a statement of explanation.

YES NO Are you currently under investigation by the superintendent of public instruction office in any state? If answer is yes, attach a statement of explanation.

Should you be offered employment, you will be required to provide proof of citizenship, visa, alien registration number, or legal proof that you can lawfully be employed in the United States or the State of Washington.

Is there any reason why you may not be able to perform the essential job functions with or without reasonable accommodation? _____ YES NO _____ If answer is yes, you may attach an explanation.

Signature: _____ Date: _____

These 2 pages will be removed before file evaluation.

EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

The Oroville School District complies with all federal and state rules and regulations and does not discriminate on the basis of race, color, national origin, sex, age, disability, or disabled or Vietnam veteran status. This holds true for all district employment and opportunities. Inquiries regarding compliance and/or grievance procedures may be directed to the school district's Title IX/ RCW 28A.640 compliance officer and/or Section 504/ADA coordinator.

Title IX/RCW 28A.640 compliance officer:

Address:

Telephone number:

Section 504/ADA Coordinator:

Address:

Telephone number:

OPTIONAL INFORMATION

Information regarding race and disability is requested for the purpose of assuring a diversity of employment, to correct any disparity in our current employment numbers, and to prevent discrimination. This information will be confidential and will not be filed with or made part of your application.

NAME: _____ DATE: _____

1. Are you over 40 years of age? _____ YES NO _____

2. Are you? _____ Male _____ Female

3. Are you a Vietnam era veteran? _____ YES NO _____

4. Have you ever been on active duty in the U.S. Armed Forces? _____ YES _____ NO

_____ DATE

Vietnam Era Veteran _____ Disabled Veteran _____ (Percent of disability
_____ %)

5. Do you have any Native American or Spanish speaking heritage? _____ YES _____ NO _____

4. **Racial/Ethnic Designation:** For purposes of affirmative action, please indicate your ethnic background in the order you prefer to be recognized, with your preferred recognition first. Your identification can reflect a multi-racial background.
My racial/ethnic background is: _____

5. **Disability:** For purposes of affirmative action, do you consider yourself to be a person of disability as defined by the Americans with Disabilities Act? (A person who "has a physical or mental impairment that substantially limits one or more major life activities, or has a record of such an impairment, or is regarded as having such an impairment?") _____ YES NO _____ If yes, please explain: _____

6. Have you completed any federal or state employment training program? ____ YES NO _____

Disabilities. For Affirmative Action purposes, people with disabilities are persons with a permanent physical, mental, or sensory impairment which substantially limits one or more major life activities. Physical, mental, or sensory impairment means: (a) any physiological or neurological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the body systems or functions; or (b) any mental or psychological disorders such as mental retardation, organic brain syndrome, emotional or mental illness, or any specific learning disability. The impairment must be material rather than slight, and permanent in that it is seldom fully corrected by medical replacement, therapy or surgical means.

Disabled Veteran. A person entitled to disability compensation under laws administered by the U.S. Department of Veterans Affairs for disability rated at 30 percent or more, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.

Vietnam-war Veteran. A person who served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964, and May 7, 1975, and was discharged or released from duty with other than a dishonorable discharge.