

**CLASSIFIED  
EMPLOYMENT APPLICATION**



**BANDON SCHOOL DISTRICT #54  
455 9<sup>th</sup> Street SW  
Bandon, OR 97411**

Tel: 541-347-4411  
Fax: 541-347-3974

**An Equal Opportunity Employer**

**Procedures**

1. Please furnish all of the information requested on this form.
2. Please submit a current resumé with your application.
3. A personal interview is required before an applicant is selected for a position.
4. Assignment is made by the Superintendent (or designee) and may be subject to change.
5. Previous Oregon State Employees must clarify their status with the Public Employees Retirement System.
6. If you prefer that we keep your application in our active file, please come in within the year and have it renewed.

**NOTE: Please fill out form completely, even if resumé is attached.**

**PERSONAL INFORMATION**

**FULL NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
                    First                    Middle                    Last

**ADDRESS:** \_\_\_\_\_  
                    Mailing Address/PO Box Number                    Apt/Suite

\_\_\_\_\_  
Physical Address

\_\_\_\_\_  
City                                    State                                    Zip Code

**E-MAIL:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**DATE AVAILABLE:** \_\_\_\_\_

**POSITION SOUGHT**

- Educational Assistant
- Secretary
- Custodian
- Bus Driver
- Food Service
- Coach \_\_\_\_\_
- Other

**EMPLOYMENT DESIRED:**  FULL-TIME  PART-TIME  SUBSTITUTE



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**PREVIOUS EMPLOYMENT**

<b>Dates</b>		<b>Name and Address of Previous Employer</b>	<b>Occupation</b>	<b>Name and Phone # of Supervisor</b>
<b>From</b>	<b>To</b>			

**WORK REFERENCES  
(PROFESSIONAL ONLY)**

<b>Name</b>	<b>Official Position</b>	<b>Address</b>	<b>Phone #</b>

**PERSONAL REFERENCES**

<b>Name</b>	<b>Official Position</b>	<b>Address</b>	<b>Phone #</b>

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**MILITARY SERVICE**

**Qualifying veterans and disabled veterans may obtain preference by submitting** as verification of eligibility a copy of the Certificate of Release or Discharge from Active Duty (DD Form 214 or 215) or a letter from the US Dept. of Veteran's Affairs indicating receipt of a non-service connected pension to your application. Disabled Veterans must also submit a copy of their Veteran's disability preference letter from the Dept. of Veteran Affairs, unless the information is included in the DD Form 214/215.

**FINGERPRINTING/BACKGROUND CHECK**

Oregon Department of Education requires fingerprint background checks for newly hired non-certified school district employees as authorized in ORS 326.603.

**ADDITIONAL INFORMATION**

- Reasonable accommodations for the application and interview process will be provided upon request and as required in accordance with the Americans with Disabilities Act of 1990.
- Oregon school districts are equal opportunity employers and comply with all applicable state and federal statutes and regulations in employment and school district programs.
- Oregon school districts are committed to maintaining drug-free workplaces and comply strictly with all applicable state and federal statutes and regulations in employment and school district programs.

Do you authorize us to make a confidential inquiry regarding your character and qualifications

- to your present employer?
- to your former employer(s)?
- to your other references?

I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual employment, I understand that any false or misleading information in my application or interview may result in my employment being terminated.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PRINT NAME** \_\_\_\_\_

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**VOLUNTARY INFORMATION**

This information is voluntary and is collected only for Equal Employment Opportunity reporting purposes. This form will be physically separated from your other application materials and will not affect the application process in any manner. Should you prefer not to provide this information, there will be no effect on your application.

**Gender**

- Female
- Male

**Date of Birth** \_\_\_\_\_

**Race or Cultural Group**

- American Indian/Alaskan Native
- Asian/Pacific Islander
- White
- Black
- Hispanic
- Other \_\_\_\_\_