

Employment Application
An Equal Opportunity Employer

InterMountain Education Service District
2001 SW Nye Ave
Pendleton, OR 97801
Phone (541)966-3224 Fax (541)966-4696

Applications must be complete and will not be accepted without a signature.

Application materials are to be submitted to:

Human Resources Department
InterMountain Education Service District
2001 SW Nye
Pendleton, OR 97801

Your application is current for one year, at the conclusion of which time, if you have not heard from us and still wish to be considered for employment, it will be necessary for you to fill out a new application.

Affirmative action Information (Completion of this section is OPTIONAL)

This information is to ensure equal employment opportunity under an affirmative action program. Upon receipt, this information will be separated from your application. To assist in this program, please answer the following questions:

Ethnic Background (check only one)

- Asian or Pacific Islander:** persons having origins in any of the peoples for the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.
- African American (not of Hispanic origin):** Persons having origins in any of the black ethnic groups.
- Hispanic:** Persons having origins in any of the Mexican, Puerto Rican, Cuban, Central or South American or other Spanish cultures, regardless of ethnicity.
- Native American or Alaskan Native:** Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- Caucasian (not of Hispanic origin):** Persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

Gender: Male Female **Disabled:** Yes No

The InterMountain Education Service District complies with all state and federal rules and regulations and does not unlawfully discriminate in recruiting, selecting, advancement or conditions of employment for any prohibited reason or basis.

Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application blank. PLEASE PRINT, except for signature on last page of Application. The ESD will make reasonable accommodation in the application process, if needed.

NAME (Print) _____ TODAY'S DATE _____
Last First Initial

PRESENT ADDRESS _____
No. Street City State Zip

PHONE: Home (____) _____ Work (____) _____ Message (____) _____

Position applied for? _____

When are you available for employment? _____

Bilingual? Yes No Language(s) _____ Sign Language? Yes No

Type of position(s) you are interested in: Clerical Classroom Technical Sub List Student/Temp

Which type of employment are you seeking? Full-time Part-time Temporary Summer

Have you applied with this district before? Yes No Approximate Date: _____

RECORD OF EMPLOYMENT

1. Name of Current / Most Recent Employer / Job Title				Address		Telephone		Type of Business	
Dates Employed				Rate of Pay		Reason for Leaving		Supervisor's Name, Title, Contact Info	
From		To		Starting	Ending				
Mo.	Yr.	Mo.	Yr.						
List the job title you held, duties performed, skills used or learned, advancements or promotions.									

May we contact your current employer? Yes No

2. Name of Next Previous Employer / Job Title				Address		Telephone		Type of Business	
Dates Employed				Rate of Pay		Reason for Leaving		Supervisor's Name, Title, Contact Info	
From		To		Starting	Ending				
Mo.	Yr.	Mo.	Yr.						
List the job title you held, duties performed, skills used or learned, advancements or promotions.									

May we contact this employer? Yes No

3. Name of Next Previous Employer / Job Title		Address		Telephone	Type of Business
Dates Employed		Rate of Pay		Reason for Leaving	Supervisor's Name, Title, Contact Info
From	To	Starting	Ending		
Mo. Yr.	Mo. Yr.				
List the job title you held, duties performed, skills used or learned, advancements or promotions.					

May we contact this employer? Yes No

4. Name of Next Previous Employer / Job Title		Address		Telephone	Type of Business
Dates Employed		Rate of Pay		Reason for Leaving	Supervisor's Name, Title, Contact Info
From	To	Starting	Ending		
Mo. Yr.	Mo. Yr.				
List the job title you held, duties performed, skills used or learned, advancements or promotions.					

May we contact this employer? Yes No

Educational Background

High School, Colleges, Universities Name, City, State	Type of Degree Earned and Year Earned	Major & Minor (if any)
High School		
College/ University		
Other job related education		

Please list all job-related software, hardware, skills, special training, etc.

Character References

Give references (a minimum of three), especially education related, who have first-hand knowledge of your character, personality, and work ethic.

Name	Position/District	Address	Work Phone	Home Phone

Questions

1	Are you a U.S. citizen or otherwise legally authorized to work in the U.S.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Are you a "Veteran" as defined under Oregon law (ORS 408.225(e))? If you answer "yes" to this question, your service record should be reflected in the Work Experience section of your application.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Are you a "Disabled Veteran" as defined under Oregon law (ORS 408.225(c))? If you answer "yes" to this question, your service record should be reflected in the Work Experience section of your application.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Have you completed the fingerprinting procedure through Oregon Dept. of Ed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Have you ever been the subject of a substantiated report of child abuse or sexual misconduct (involving a K-12 student or minor child)? If yes please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Are you currently the subject of an ongoing investigation related to a report of suspected child abuse or sexual misconduct (involving a K-12 student or minor child)? If yes please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	Have you listed all current and former employers who are education providers in the experience section of this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8	If you answered yes to questions 5 or 6, please explain why in detail.	<input type="checkbox"/> Yes <input type="checkbox"/> No

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 Veterans' 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.

I understand that any job offer that may be extended to me will be contingent upon the successful completion of a drug and alcohol test that may be required in compliance with ORS 674 and OAR 581-22-716.

I certify that the answers given by me to the foregoing questions and during any interviews are true and correct without consequential omissions, and understand that, if employed, omissions and/or false statements on this application or during any interviews may result in dismissal.

Signature of Applicant

Date

An equal opportunity/employer program. Auxiliary aids and services are available upon request to individuals with disabilities.
Programa/empleador que respeta la igualdad de oportunidades. Servicios auxiliares disponibles a pedido para discapacitados.