

Lowell School District

Classified Employment Application

Social Security Number ____ - ____ - ____	Position Applied For
Name (Last) (First) (MI)	Title _____
Mailing Address	School/Department _____
City State Zip	_____
Telephone Numbers (Home) (Business) (Message)	_____

Employment History

By signing this form, I authorize a thorough investigation of my past employment and activities, agree to cooperate with such investigation and release from all liability and responsibility all persons or corporations requesting or supplying information as part of such investigation.

Employer	Immediate Supervisor
Address	Phone
Job Title From: Mo ____ Yr ____ Ending Salary/Hourly Rate May we contact employer for references? To: Mo. ____ Yr ____ Yes ____ No ____	
Description of Duties	
Reasons for Leaving	

Employer	Immediate Supervisor
Address	Phone
Job Title From: Mo ____ Yr ____ Ending Salary/Hourly Rate May we contact employer for references? To: Mo. ____ Yr ____ Yes ____ No ____	
Description of Duties	
Reasons for Leaving	

Employer		Immediate Supervisor	
Address		Phone	
Job Title	From: Mo ____ Yr ____	Ending Salary/Hourly Rate	May we contact employer for references?
	To: Mo. ____ Yr ____	_____	Yes ____ No ____
Description of Duties			
Reasons for Leaving			
Employer		Immediate Supervisor	
Address		Phone	
Job Title	From: Mo ____ Yr ____	Ending Salary/Hourly Rate	May we contact employer for references?
	To: Mo. ____ Yr ____	_____	Yes ____ No ____
Description of Duties			
Reasons for Leaving			
Employer		Immediate Supervisor	
Address		Phone	
Job Title	From: Mo ____ Yr ____	Ending Salary/Hourly Rate	May we contact employer for references?
	To: Mo. ____ Yr ____	_____	Yes ____ No ____
Description of Duties			
Reasons for Leaving			
Employer		Immediate Supervisor	
Address		Phone	
Job Title	From: Mo ____ Yr ____	Ending Salary/Hourly Rate	May we contact employer for references?
	To: Mo. ____ Yr ____	_____	Yes ____ No ____
Description of Duties			
Reasons for Leaving			

Education

Circle last grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4 5 6 7 8

Starting with high school, list schools attended and their location. Dates Attended Degree Course of Study

	From	To		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List any school course, training, licenses, certifications or other qualifications which bear on your suitability for this position.

For Clerical and Computer-related Positions Only

Word Process speed ____ wpm

Transcription skills: Yes ____ No ____

Used Computer Terminal or personal computer?

Yes ____ No ____

Software used: _____

Other office equipment: _____

Other Information

1. Do you possess a current Oregon Teaching License? Yes ____ No ____

2. Do you know sign language for the hearing impaired? Yes ____ No ____

3. Foreign language(s) spoken: _____

4. Do you possess a valid driver's license? Yes ____ No ____ State ____

Additional References (Other than those listed under the Employment History section)

Name	Address/Zip	Phone	Position	Relationship

Federal Regulations

The Federal Reform and Control Act requires individuals to provide to an employer documented proof that they are authorized to work in the United States. This proof must be provided to and verified by employers at the time of hire or no later than three days after the hire.

Are you authorized to work in the United States?

Yes ____

No ____

Convictions

Have you ever been convicted of a crime other than a minor traffic violation? Yes ____ No ____

If yes: Date _____ County _____ State _____

Type of Offense _____

Explanation _____

Applicant's Statement

The facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if employed, false statements on this application shall be considered sufficient cause for immediate dismissal. I authorize Lowell School District to check criminal records by my signature on the appropriate forms. I further agree to hold Lowell School District and any persons or corporations responding to my employment history investigation harmless from any legal action based on such investigation. I also agree to participate in an employment physical examination, if required, by Lowell School District's medical representatives following a conditional offer of employment. (All results of medical exams are used only in accordance with regulations issued under ADA and are kept confidential.) I understand that if I am the successful candidate, I will be required at my own expense to submit fingerprints and will be subject to State Police and FBI criminal records checks.

Applicant Signature _____ Date _____

"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. Disabled persons may contact the superintendent at 1-541-935-2100 for additional information or assistance. Speech/Hearing impaired persons may contact the district for assistance through the Oregon Relay Service by dialing 1-800-735-2900."

For Office Use Only

Date Reviewed _____ Reviewed by _____

Skills/Licenses/Certification _____

Notes _____