

# Enterprise School District Classified Employment / Job Application

## PERSONAL INFORMATION

**Full Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
First Middle Last

**Address:** \_\_\_\_\_  
Street Address Apt/Suite  
\_\_\_\_\_  
City State Zip Code

**E-Mail:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Social Security Number (SSN):** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Date Available:** \_\_\_\_\_ **Position applied for:** \_\_\_\_\_

**Employment Desired:**  Full-Time: 12 Month  Part-Time: 12 Month  
 Full Time: 10 Month  Part-Time Substitute Instructional Assistant

**Veteran or Disable Veteran:** \_\_\_\_\_ **Yes\*** \_\_\_\_\_ **No**

\*If yes, provide a copy of Certificate of Release or Discharge from Active Duty (DD Form 214 or 215) or proof of receiving nonservice connected pension from the US Dept. of Veterans Affairs. Disabled veterans can submit a copy of the letter received from the Dept. of Veterans Affairs verifying disabled veteran status.

## EQUAL OPPORTUNITY INFORMATION

Oregon school districts are equal opportunity employers and comply with all state and federal statutes and regulations in employment and school district programs.

Drug-free Workplace

Oregon school districts are committed to maintain drug-free workplaces and comply strictly with all applicable state and federal statutes and regulations in employment and school district programs.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Position for which you are applying

If you prefer not to provide the information requested below, please sign and date.

\_\_\_\_\_  
Signature Date

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.

Sex  Male  Female Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Race or Cultural Group (Check Only One)

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

**EMPLOYMENT ELIGIBILITY**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
                    Last                    First                    Middle

Driver's License No.: \_\_\_\_\_ Driver's License State: \_\_\_\_\_

Length of Residence in City: \_\_\_\_\_ Prior Residence: \_\_\_\_\_

*The following questions are to assist in determining a prospective employee's fitness as an applicant. The answers to these questions are subject to a back ground check verification by a police agency. A "yes" does not automatically disqualify an applicant. Each case will be judged individually.*

Are You Legally Eligible to Work in the U.S?  YES  NO

Have You Ever Worked For Enterprise School District?  YES\*  NO

\*If Yes, Write the Start and End Dates: \_\_\_\_\_

Have You Ever Been Convicted Of A Felony?  YES  NO

Have You Ever Been Arrested for the Possession, Use, Sale or Distribution of a Controlled Substance or Alcoholic Beverage  YES  NO

Have You Ever Been Convicted of a Crime Involving Theft or Violence?  YES  NO

Have You Ever Been Arrested for a Sex Offense?  YES  NO

Have You Ever had any Substantial Reports of Inappropriate Sexual Conduct made against You?  YES  NO

Are You part of an Ongoing Investigation Related to Inappropriate Sexual Conduct?  YES  NO

Have You Ever been convicted of a Crime Other than a Minor Traffic Offense?  YES  NO

Are You Currently Charged With of Under Indictment for any of the above?  YES  NO

If you have answered YES to any of these questions, please explain:

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The facts set forth on this form are true and complete to the best of my knowledge. I understand that failure to respond true and complete statements on this form will be considered sufficient cause to deny employment or for dismissal from employment. I hereby grant to the District or its agent permission to check civil or criminal records to verify any statement made on this form.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

**EDUCATION**

**HIGH SCHOOL**

Name of School: \_\_\_\_\_ City/State: \_\_\_\_\_

Did you Graduate:  YES  NO    Date: \_\_\_\_\_    GED Date: \_\_\_\_\_

**College, Business, or Trade School**

Name and Address	Dates Attended	Date Graduated	Degree or Certificate Received
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List your college and/or additional training which has prepared you for the position for which you are applying:

\_\_\_\_\_  
\_\_\_\_\_

Special Certificates or licenses held (include date of issue and expiration date):

\_\_\_\_\_  
\_\_\_\_\_

List machines or equipment you can operate: (If applicable)

\_\_\_\_\_  
\_\_\_\_\_

Indicate any experience with public agencies, volunteer groups, etc. which you think would be applicable to the position(s) for which you are applying:

\_\_\_\_\_  
\_\_\_\_\_

Have you previously been employed by this district? \_\_\_\_\_ if yes, location, position(s) and dates(s):

\_\_\_\_\_  
\_\_\_\_\_

**PREVIOUS EMPLOYMENT**

**EMPLOYER 1:** \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Company / Individual

E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State Zip Code

Job Title: \_\_\_\_\_ Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Date Started: \_\_\_\_\_ Date Left: \_\_\_\_\_ Final Pay Rate: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact this employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

**EMPLOYER 2:** \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Company / Individual

E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State Zip Code

Job Title: \_\_\_\_\_ Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Date Started: \_\_\_\_\_ Date Left: \_\_\_\_\_ Final Pay Rate: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact this employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

**EMPLOYER 3:** \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Company / Individual

E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State Zip Code

Job Title: \_\_\_\_\_ Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Date Started: \_\_\_\_\_ Date Left: \_\_\_\_\_ Final Pay Rate: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact this employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

**REFERENCES**

(PROFESSIONAL ONLY)

**FULL NAME:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_  
First Last

**COMPANY:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_

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

**FULL NAME:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_  
First Last

**COMPANY:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_

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

**FULL NAME:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_  
First Last

**COMPANY:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_

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

