



CLASSIFIED PERSONNEL APPLICATION

Pleasant Hill School District No. 1

36386 Highway 58, Pleasant Hill, OR 97455

PHONE: (541) 746-9646 FAX: (541) 746-2537

POSITION TITLE / NUMBER: _____ DATE: _____

NAME: _____
Last First Middle Other

ADDRESS: _____
Street City State Zip

TELEPHONE NUMBER: _____ CELL NUMBER: _____

E-MAIL ADDRESS: _____

EMERGENCY CONTACT: _____ PHONE: _____

EDUCATION

NAME OF SCHOOL (High School and above)	LOCATION	ATTENDED	MAJOR/DEGREE

WORK EXPERIENCE (List your most recent four employers)

EMPLOYER NAME & ADDRESS	POSITION	FROM / TO	SUPERVISOR / PHONE

Are you a Veteran as defined under Oregon law ORS 408.225(f)? Yes No
 (If 'Yes', your service record should be reflected in the Work Experience section of the application.)

Please list the names of three recent supervisors who can furnish information about your qualifications for the position and who know about your ability and character.

	NAME	ADDRESS	PHONE	OCCUPATION
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Are you a member of the Oregon State Retirement (PERS)? Yes No

PERSONAL INFORMATION	
REQUIRED:	Have you ever been convicted of a crime? If so, explain. (The District will examine relevant factors to determine whether the conviction affects ability to perform the job.) <input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES:	Date: _____ County: _____ State: _____ Offense: _____ _____
Are you legally able to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO (Proof will be required upon hiring.)	

The facts set forth on this application for employment are true and complete to the best of my knowledge. I understand that if employed, false statements on this application may be considered sufficient cause for dismissal. I hereby grant to the district or to its agent permission to check civil records to verify any statement on this application.

Applicant's Signature

PLEASE ATTACH AN UP-TO-DATE RESUME TO THIS APPLICATION

Unless we request your application, we may not reply. If we ask you to come for an interview, you will be notified as to whether or not you were hired.

Pleasant Hill School District No. 1 shall promote nondiscrimination and an environment free of harassment based on an individual's race, color, religion, sex, national origin, disability, marital status or age in any educational programs, activities or employment. Questions or concerns about equal opportunity and nondiscrimination should be directed to the District Office.

PRE-EMPLOYMENT CONSENT FORM FOR DRUG TESTING

NOTICE TO ALL APPLICANTS

All offers of employment are contingent upon the applicant's satisfactory completion of a drug-screening test.

Pleasant Hill School District believes that a drug free environment is beneficial to all employees and students.

To be hired by Pleasant Hill School District, a successful applicant must be tested for controlled substances or illegal drugs.

You must consent to the drug testing by signing this form and then following the drug testing procedures.

By signing this consent form you are agreeing to provide a specimen in order to determine the presence of controlled substances or illegal drugs.

You are also agreeing that the results of this drug test analysis will be used to determine your eligibility for employment in this school district.

RELEASE OF INFORMATION

I hereby authorize the examining physician and/or assessment program personnel to release to Pleasant Hill School District the results of the drug test from my specimen to determine the presence of controlled substances or illegal drugs. I recognize that the information disclosed to Pleasant Hill School District may contain information that is protected by federal and state law such as Drug Abuse, Illegal Drugs, and/or Controlled Substances.

I understand the examining physician or laboratory may not be my own physician or his or her laboratory.

I will provide true, correct and complete facts. I understand that misrepresentation or omission of facts will be grounds for being denied employment or for termination of employment, I specifically consent to the disclosure of such information for the purpose of becoming an employee of Pleasant Hill School District.

Applicant's Name (PRINT)

Date

Applicant's Signature

FOR OFFICE USE ONLY: _____

Pleasant Hill School District



CRIMINAL HISTORY/ RECORDS CHECK / FINGERPRINTING CONSENT FORM

I understand that criminal history record checks and/or fingerprinting are required by law and/or Board policy. Employment shall be offered prior to fingerprinting collection. Upon notification by the Superintendent of Public Instruction or designee or State Board of Education that an individual has been convicted or has made a false statement as to conviction of any crimes prohibiting employment or contract status with the district, the superintendent shall terminate that employment or contract status immediately.

I understand that an individual so terminated may appeal action taken by the district as a result of such checks in accordance with procedures established by law or by Board policy. Applicable appeal rights shall be provided by the district upon such termination from district employment or contract status.

Any fees associated with criminal history records checks and fingerprinting, not to exceed actual costs, shall be the responsibility of the individual. If I am applying for a substitute position, I agree to pay to the District the fee to submit the fingerprint information to the State before I can be employed. This does not guarantee that I will be hired. It is a prerequisite to be considered for employment.

Should I refuse to consent to criminal history records checks or refuse to be fingerprinted, I shall be terminated from employment or contract status by the superintendent immediately. I understand that individuals who have successfully completed an Oregon and FBI criminal history records check by a previous employer and have not since resided outside Oregon may be exempt from these requirements. It is the responsibility of the individual to inform the district of the existence of such records.

My signature verifies that I have read and understand the above statement.

Signature

Date