

**Blachly School District No. 90**

Application for Employment  
An Equal Opportunity Employer

CONFIDENTIAL POSITION APPLICATION

Date of Application \_\_\_\_\_

Please indicate the position for which you are applying:

\_\_\_\_\_

Please Print:

Name in Full: \_\_\_\_\_  
(First) (Middle) (Last)

Present Address: \_\_\_\_\_  
(Number) (Street) (City) (Zip)

Phone Number (Residence) \_\_\_\_\_ (For Messages) \_\_\_\_\_

Social Security No. \_\_\_\_\_

\_\_\_\_\_

Personal Record:

NAME OF SCHOOLS (H.S. AND COLLEGE)	LOCATION	GRADE COMPLETED

Have you ever been arrested and convicted of any felony or misdemeanor other than minor traffic violations?

Yes \_\_\_\_\_ No \_\_\_\_\_

(Convictions will not disqualify you from employment but information will be considered in relation to specific job functions.)

If answer is yes, attach a statement giving full explanation, including dates, places, charges and disposition of all cases. Failure to account for all convictions shall disqualify you from employment by the Blachly School District.

**PLEASE LIST THREE REFERENCES**

NAME	POSITION	PHONE

It is recommended that you provide two written recommendations from previous employers.

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I authorize the investigation of all matters, which Blachly School District deems relevant to my qualifications for employment, including all statements made in this application, supporting materials, and in any interview. I authorize you to request and receive such information and I release from all liability any person (such as former supervisors and managers) or employers supplying it. I also release Blachly School District from all liability which might result from making the investigation. I grant permission to the Blachly School District to conduct a criminal history verification of me.

I certify that the facts and information in this application, and in any attachments or supporting documents, are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation or omission, as well as misleading statements or omissions, will be cause for denial of employment or immediate termination, regardless of when or how discovered.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**EMPLOYMENT HISTORY**

List below your work experience, paid or unpaid, beginning with your present or most recent job. Describe each job separately, emphasizing your specific tasks and supervisory, technical or other responsibilities. If you do not feel that the space provided for DUTIES is adequate, please attach additional sheets.

Employer	Address	Phone	Total Time Employed
Your Title	Supervisor		Years:
Specific Duties			Months:
			From:
			To:

Employer	Address	Phone	Total Time Employed
Your Title	Supervisor		Years:
Specific Duties			Months:
			From:
			To:

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Your Title	Supervisor		Years:
Specific Duties			Months:
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Your Title	Supervisor		Years:
Specific Duties			Months:
			From:
			To:

# Blachly School District No. 90

## Educational Employment History

We are required to perform background checks related to sexual conduct through your three previous **educational** employers as mandated by HB2062. Please fill in the information below for the three most recent educational employers, even if already listed on the employment history page.

<u>Employer</u> _____	<u>Phone</u> _____
<u>Address</u> _____	
<u>Your Title</u> _____	<u>Hire Date</u> _____

<u>Employer</u> _____	<u>Phone</u> _____
<u>Address</u> _____	
<u>Your Title</u> _____	<u>Hire Date</u> _____

<u>Employer</u> _____	<u>Phone</u> _____
<u>Address</u> _____	
<u>Your Title</u> _____	<u>Hire Date</u> _____

I certify that the facts and information above are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation, or omission, as well as misleading statements or omissions, will be cause for denial of employment or immediate termination, regardless of when or how discovered.

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

**SOCIAL SECURITY NUMBER AND OTHER OPTIONAL DATA:**

The requirement for individuals to disclose their social security number as part of the data gathering function, is not consistent with the Privacy Act of 1974. We have changed our form to reflect this disclosure requirement. In the meantime, we suggest that the following disclosure be given to all new employees at the time they complete the fingerprint cards and our form 581-2283-C:

Your social security number is being requested under the authority of ORS 326.603 and OAR 581-022-0716 which authorizes a criminal history record check for certain individuals employed through Oregon school districts.

Providing your social security number on the fingerprint cards and form 581-2283-C is voluntary.

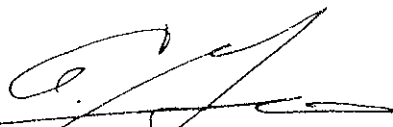
If you choose to not disclose your social security number, this will not be a basis for denial of employment rights, services or benefits to which you are otherwise entitled.

If you do provide the number, the Oregon State Police and the Federal Bureau of Investigation will use it as an additional identifier to search for any criminal record you may have.

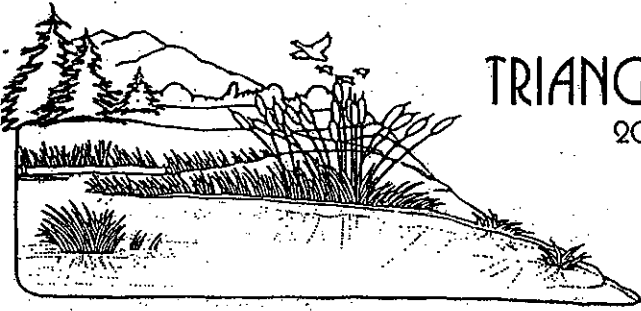
Your social security number will only be used as stated above. State and federal laws protect the privacy of your records.

There are other personal data elements on the fingerprint cards which are also optional information. Specifically they are the following blocks: 1) Citizenship CTZ, 2) SEX, 3) RACE, 4) HGT, 5) WGT, 6) EYES, 7) HAIR, and 8) PLACE OF BIRTH. If the employee refuses to give the information, the disclosure statement for the social security number also applies to this information.

If you have any questions concerning any of the issues presented in this memorandum, please address them to Al Shannon at (503) 378-3577 ext. 686.



C. Gregory McMurdo  
Deputy Superintendent  
of Public Instruction



# TRIANGLE LAKE SCHOOLS

20264 BLACHLY GRANGE ROAD

BLACHLY, OREGON 97419

FAX (541) 925-3062

(541) 925-3262



## 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.

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 this requirement. 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: \_\_\_\_\_

## CRIMINAL HISTORY VERIFICATION OF APPLICANTS

Please type or print clearly.

As Appears on License

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_  
(Last Name) (First Name) (Middle Name) MM/DD/YY

List Other Names Previously Used: \_\_\_\_\_  
(Includes Maiden Name)

Social Security No.: \_\_\_\_\_ Driver License/Identification Card No.: \_\_\_\_\_  
*Providing your social security number on this form is voluntary. If you choose not to disclose the social security number, this will not be a basis for denial of employment or any rights, services or benefits to which you are otherwise entitled. If you do provide the number the Oregon State Police will use it as an additional identifier to search for any criminal record you may have. Your social security number will be used as stated above. State and federal laws protect the privacy of your records.*

Mailing Address: \_\_\_\_\_  
Full Street Address/Post Office Box

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip + 4: \_\_\_\_\_

A. Have you **EVER** been convicted of a sex-related crime?  Yes  No

If yes, was the conviction in Oregon or another state? (Please specify if another state.) State: \_\_\_\_\_

If yes, did the crime involve force or minors?  Yes  No

B. Have you **EVER** been convicted of a crime involving violence or threat of violence?  Yes  No

If yes, was the conviction in Oregon or another state? (Please specify if another state.) State: \_\_\_\_\_

C. Have you **EVER** been convicted of a crime involving criminal activity in drugs or alcoholic beverages.  Yes  No

If yes, was the conviction in Oregon or another state? (Please specify if another state.) State: \_\_\_\_\_

D. Have you **EVER** been convicted of any other crime except a minor traffic violation?(Includes Traffic Crimes)  Yes  No

E. Have you been arrested within the last three years for a crime for which there has not yet been an acquittal or dismissal?  Yes  No

**Advisory:** A check of the applicant's criminal history will be made by the Oregon Department of Education to verify the responses to the preceding questions.

I hereby grant to the Oregon Department of Education permission to check civil or criminal records to verify any statement made on this form. Regardless of whether the applicant grants consent, the Oregon Department of Education will conduct a criminal offender record check of applicants for the position of school bus driver, volunteer, or other prospective school employees working with or around children. The applicant is entitled to review his/her criminal history for inaccurate or incomplete information. Discrimination by an employer on the basis of arrest records alone may violate federal civil rights law. The applicant may obtain further information concerning the applicant's rights by contacting the Bureau of Labor and Industries, Civil Rights Division, State Office Building, Suite 1070, Portland, Oregon 97232, telephone (503) 731-4075.

I acknowledge reading and the receipt of this notice.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**BLACHLY SCHOOL DISTRICT  
BLACHLY, OREGON**

**PRE-EMPLOYMENT CONSENT FORM FOR DRUG TESTING**

To be hired by the Blachly 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 by 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 district.

**RELEASE OF INFORMATION**

I hereby authorize the examining physician and/or assessment program personnel to release to the Blachly 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 the Blachly 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/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 the Blachly School District.

\_\_\_\_\_  
Candidate's Name (PRINT)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Candidate's Signature

\_\_\_\_\_  
FOR OFFICE USE ONLY