

An Equal Opportunity Employer

**CLASSIFIED APPLICATION**

Today's Date \_\_\_\_\_

Please indicate the position for which you are applying: \_\_\_\_\_

**PLEASE PRINT**

Full Name \_\_\_\_\_  
Last First Middle

Present Address \_\_\_\_\_  
Street (Apt#) City, State, Zip

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Message \_\_\_\_\_

**PERSONAL RECORD**

Name of School (High School & College/Trade)	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.

EXPERIENCE

What experiences have you had with students other than what has been previously listed?

VAN / BUS DRIVERS, PLEASE COMPLETE THE FOLLOWING:

Number of Operator's License \_\_\_\_\_ Number of Chauffer's License \_\_\_\_\_

Expiration Date \_\_\_\_\_ State in which issued \_\_\_\_\_ Restrictions? \_\_\_\_\_

Have you had a vehicle accident of any type within the last five years? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, give dates and circumstances:

Have you received any citations for moving violations during the last five years? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, give number of citations, type and approximate dates and details of any convictions?

Has your driver's license ever been revoked or suspended? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, When? \_\_\_\_\_ Where? \_\_\_\_\_

Why?

PLEASE LIST THREE REFERENCES

Name & Relationship	Position	Phone Number

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.

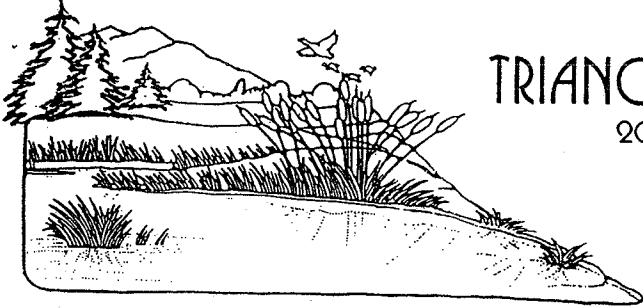
Employer	Address	Phone
Your Title	Supervisor	Years/Mo
Specific Duties:		Hire Date

Employer	Address	Phone
Your Title	Supervisor	Years/Mo
Specific Duties:		Hire Date

Employer	Address	Phone
Your Title	Supervisor	Years/Mo
Specific Duties:		Hire Date

Employer	Address	Phone
Your Title	Supervisor	Years/Mo
Specific Duties:		Hire Date

Employer	Address	Phone
Your Title	Supervisor	Years/Mo
Specific Duties:		Hire Date



# 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 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.

Employer _____	Phone _____
Address _____	
Your Title _____	Hire Date _____

Employer _____	Phone _____
Address _____	
Your Title _____	Hire Date _____

Employer _____	Phone _____
Address _____	
Your Title _____	Hire Date _____

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 \_\_\_\_\_

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

## FEDERAL RACE AND ETHNICITY DATA COLLECTION AND REPORTING REQUIREMENTS

In accordance with federal guidance, a two-part question must be used to collect data about employees' race and ethnicity. The first part of the questions is on ethnicity and the second part is on race; both questions need to be answered in order for a record to be complete. More than one race can be identified; however, those who choose more than one race will be reported as "multi-racial" only in our data system, even though it is not a self-reported category option. The data collected will be used for statistical purposes only. Your response is protected under the Family Educational Rights & Privacy Act (FERPA).

Name \_\_\_\_\_

Date \_\_\_\_\_

### Race/Ethnicity Two-Part Question: Please answer **BOTH** questions.

#### Part 1: Ethnicity – Are you Hispanic or Latino? (Choose only **one**)

\*\*\*\***Response Required**\*\*\*\*

- No**, not Hispanic or Latino
- Yes**, Hispanic or Latino (A person of Mexican, Puerto Rican, Cuban, Dominican Republic, South or Central America or other Spanish Culture of origin).

#### Part 2: Race – What is your race?

Regardless of how you answered the first question, please choose one or more race identifications: All individuals choosing more than one race will be reported as "multiracial" ONLY.

\*\*\*\***Response Required**\*\*\*\*

- American Indian or Alaska Native** (A person having origins in any of the original tribal peoples of North, Central, South America, including Mexico, who maintains affiliation or community attachment)
- Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam).
- Black or African American** (A person having origins in any of the black racial groups of Africa).
- Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands).
- White** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa).

Please note that the federal guidelines require collection of race and ethnicity data for all employees; both questions must be answered in order for an employee record to be complete. Indication or entries such as "Unknown" or "Decline to State" are no longer acceptable in federal reporting.