885 Siskiyou Boulevard, Ashland, Oregon 97520 (541) 482-2811

CLASSIFIED EMPLOYMENT APPLICATION

PERSONAL DATA:					
Name as appears on Social S	ecurity Card:				
	(Last)		(First)	(Middle)	
Address	(0:4-)		(01-1-)	(7:)	
(Street) (City)		(State)	(Zip)	
Phone (home)		Phone (c	ell)		
□ mail		Coolal Ca	ourity #		
E-mail		Social Se	ou will be requested to show	w your original Social Security Card)	
Position for which you are					
EDUCATION/TRAINING:					
	Name of Institution and Location	n	Dates of Attendance	Diploma/Certificate/GED & Date Received	
High School					
College/University					
College/University					
Training					
Training					
AREA OF EXPERTISE: #	Please check those areas in whic	h you hav	e job skills and exper	rience.	
Accounting/Bookkeeping	1	Audio visual equipment operation			
Clerical/Administrative		Cor	Computer (hardware & software installation)		
Computer (programming	& data management)	Customer Service			
Custodial Experience			Food Services/Food Preparation		
Possess valid Food Hand			Grounds Maintenance Work		
Keyboarding/typing	WPM:		Library Services		
	n//Painting Plumbing/Electrical)		Public Speaking		
Safety Training - OSHA			Shorthand/Speedwriting		
Theatre Technical Skills	anna Chrandahaata		Driving & Valid Oregon Commercial Driver's License Working with children in an educational environment		
Word Processing, Datab	ases, Spreausneets		rking with children in a	an educational environment	
REFERENCES: Provide th	nree references other than relativ	es and ind	clude information for a	an employment check.	
Name	Address		Occupation	Phone #	

You may wish to attach a resume providing supplemental information and qualifications, elaborating on experience or qualifications which may be applicable to the position for which you are applying.

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EMPLOYMENT EXPERIENCE: List chronologically, with most recent position first.

		EMPLOYMENT HISTORY	
If you are still employed, may we employer? ☐ YES ☐	re contact this NO		
Name of Employer		Address & Phone	
Type of Business		Supervisor's Name & Phone	
Job Title	☐ Full-Time ☐ Part-Time	From (month/year) - To (month/year)	Reason for Leaving
Job Duties (Please list in detail)			
Name of Employer		Address & Phone	
Type of Business		Supervisor's Name & Phone	
Job Title	☐ Full-Time ☐ Part-Time	From (month/year) - To (month/year)	Reason for Leaving
Job Duties (Please list in detail)			
Name of Employer		Address & Phone	
Type of Business		Supervisor's Name & Phone	
Job Title	☐ Full-Time ☐ Part-Time	From (month/year) - To (month/year)	Reason for Leaving
Job Duties (Please list in detail)			
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Type of Business		Supervisor's Name & Phone	
Job Title	☐ Full-Time ☐ Part-Time	From (month/year) - To (month/year)	Reason for Leaving
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Job Title	☐ Full-Time ☐ Part-Time	From (month/year) - To (month/year)	Reason for Leaving
Job Duties (Please list in detail)		,	

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Authorization to obtain and release information:

Signature

Please read carefully (signature required) I hereby certify that the facts set forth on this application are true and complete. I understand that, if employed, false statements on this application shall be considered sufficient cause for dismissal. I hereby authorize any or all of my former employers and the persons or organizations named in my employment application and associated application materials to release information to the Ashland Public Schools regarding my employment. This release of information covers my employment record in general, including information of the following nature: Dates of employment, positions held, the quality & quantity of my work, strengths, weakness, ability to interact with co-workers and members of the public, eligibility for rehire and other relevant information regarding my performance, skills, ability, and suitability for employment sought, etc. All former employers and their representatives who provide such information are indemnified and released from liability arising from such disclosures. As a material representation on my part in applying for employment with the Ashland School District, I acknowledge that the District's goal is to be drug-free, and to encourage responsible and healthy behaviors as to all potentially hazardous substances, including alcohol and tobacco, among its staff, teachers and students. I further acknowledge that the accomplishment of this goal requires the maintenance of a high level of commitment among staff, teachers, students, parents and other residents of the District.

District Policy requires that all paid employees must submit to a criminal background check and fingerprinting. The cost for fingerprinting is \$72. New employees will be expected to pay for fingerprinting services. The cost will be distributed among the first 8 paychecks at \$9.00 per paycheck.

Date

APPLICANTS FOR: Educational Assistants, Special Education Assistants, Media Assistants, Computer Lab Coordinators and Transition Specialists must attach unofficial transcripts to your completed application verifying your status as a "highly qualified paraprofessional" in order to be considered for any vacancies.

A key element of the No Child Left Behind (NCLB) act, which took effect on January 8, 2002, is the requirement for 'highly qualified paraprofessionals' for anyone working with students in a district that receives Title I funds.

The federal definition is:

- (1) An Associate's Degree or higher;
- (2) Two years of postsecondary study (72 or more quarterly credits, or 48 semester hours).

We are an Equal Opportunity Employer.

The Ashland School District does not discriminate on the basis of race, gender, religion, age, national origin marital status or disability.

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The information requested within this section is solely for statistical reporting purposes in the implementation of non-discrimination provisions of Federal and State Law. Your provision of this information is <u>optional</u>. Your decision not to complete this section will not affect consideration of your application or subject you to any adverse treatment.

Name:			
	(Last)	(First)	(Middle)
Date of Birth:	xx / xx / xxxx		
Gender:	Male	Female	
Ethnic Group:	Hispanic 🗌 N	lon-Hispanic 🗌	
Race:	Asian Black/African Am	or Alaskan Native nerican Other Pacific Islander	

The following definitions may be of help to you in completing this sheet:

Ethnic / Race Group:

American Indian or Alaskan Native - All persons having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Asian - All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black/African American – All persons having origins in any of the black racial groups of Africa.

Hispanic/Latino/Spanish - All persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Native Hawaiian/Other Pacific Islander – All persons having origins in any of the original peoples of Hawaii, Guan, Samoa, or other Pacific Islands.

White - (not of Hispanic origin) - All persons having origins in any of the original peoples of Europe, the Middle East or North Africa.

The Ashland School District is committed to providing equal opportunity in its recruitment and employment without discrimination on the basis of age, handicap, national origin, race, marital status, religion or gender. Various State and Federal laws enforce this policy. These include Title IX which prohibits discrimination on the basis of handicap. Further inquiries may be directed to the Civil Rights Specialist, Oregon Department of Education, 255 Capitol Street NE, Salem, Oregon 97310-0203 or in relation to Federal laws to the Director of the Office of Civil Rights, Department of Health, Education and Welfare, Washington, D.C. 20201.

ASHLAND PUBLIC SCHOOLS



Disclosure Release

Oregon law requires applicants to provide a list of ALL current and former employers who are education providers. Complete one form for each of your last 3 previous education provider for whom you have worked.

To:	
Education Provider:	
Personnel Department Director of Personnel	
Street Address	
City, State, Zip	
The applicant named below is under consideration for has previously been employed with your organization. provide the information requested on this form within	As a former employer, we request you
Applicant Name (First, Middle, Last):	
Dates of Employment:	
No Record of Employment □	
Positions Held:	
APPLICANT SIGNATURE	DATE
This section to be completed by previous employer	only
	i only.
This employee was was not the subject of conduct related to the applicant's employment with Dates of any substantiated reports:	a substantiated report of child abuse or sexual the education provider.
 conduct related to the applicant's employment with Dates of any substantiated reports: Please attach the definitions of child abuse and 	a substantiated report of child abuse or sexual the education provider. d sexual conduct used by the District when the swere substantiated and the standards used by
 Dates of any substantiated reports: Please attach the definitions of child abuse and education provider determined that any reports 	a substantiated report of child abuse or sexual the education provider. d sexual conduct used by the District when the swere substantiated and the standards used by

Return this form to: Eileen Hushbeck, HR Director,

Ashland Public Schools 885 Siskiyou Blvd., Ashland OR 97520

ASHLAND PUBLIC SCHOOLS



EMPLOYMENT APPLICATION SUPPLEMENT MAINTENANCE/CUSTODIAL DEPARTMENT

Please respond to the following questions: Do you currently hold a valid Oregon Driver's License? Yes □ No □ Do you currently hold a commercial Driver's License? Yes \square No \square Do you hold a current, valid First Aid Card? Yes \square No \square Do you have experience working in an educational environment? Yes \square No \square If yes, please provide the specifics: Do you have experience operating heavy/industrial equipment? Yes \square No \square If yes, please list: Do you have experience dealing with industrial chemicals (cleaning, pesticides, etc.)? Yes □ No □ If yes, please List: Do you have experience working as part of a high performing team: Yes \square No \square If yes, please describe: _____ NAME: DATE: