

**Sisters School District  
Employment Application**

525 E. Cascade Ave.

Sisters, OR 97759

Attn: HR Specialist Phone: (541) 549-8521 #5021 FAX: 541-549-8951 www.ssd6.org



Last Name	First Name	M.I.	Date
Mailing Address	City	State	Zip
E-Mail Address			Phone #1
List Other Names You Are Known By			Phone #2
			Phone #3

List languages you speak fluently (other than English) \_\_\_\_\_

List languages that you can read/write fluently (other than English) \_\_\_\_\_

Type of work desired, check all that apply:

- Teaching & Other Licensed Positions
- Non-Teaching/Non-Licensed Positions
- Supervisor/Manager Positions
- Administrative Positions
- Posting #: \_\_\_\_\_
- Other: \_\_\_\_\_

**Use Only For Licensed/Certified Employment** (official transcripts are required at time of hire)

State	License Type	License Title	Expected	Expires	Endorsements/Authorizations

**Education**

Do you have a High School Diploma or GED?  Yes  No

Name High School, state, & city or name state that issued GED:

Year you received diploma or GED:

Colleges and Universities	State	Field of Study	Degree	Start Date Month/year	End Date Month/year

**Veteran's Preference**

Are you a "Veteran" as defined under Oregon law (ORS 408.225(f))?  Yes  No

If you answer "yes" to this question, your service record should be reflected in the Employment History section of the application (below).

Are you a "Disabled Veteran" as defined under Oregon law (ORS 408.225(c))?  Yes  No

If you answer "yes" to this question, your service record should be reflected in the Employment History section of the application (below).

**Employment History** Give a complete account including military experience, attach an additional sheet if necessary

Employer	City/State	Phone	Position(s)	Start & End Dates MM/YY – MM/YY	Years at this Position	Reason for Change

**Skills, Experiences, Relevant Organizational Affiliations**

Type	Description

**Interests, Hobbies**

Type	Description

**References** Name professionals who have first-hand knowledge of your character, personality, and abilities

Name	Phone	Position/Title	Email Address

**United States and Oregon State Questions**

Are you a USA citizen or otherwise legally authorized to work in the USA?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your physical/mental health condition such that you can fulfill the essential job functions of the work for which you are applying (either with or without reasonable accommodations)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever left any educational or school related employment, voluntarily or involuntarily, while the subject of an inquiry, review or investigation of alleged misconduct? Have you ever left educational or school-related employment when you had reason to believe an investigation for misconduct was underway or imminent?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently the subject of an inquiry, review or investigation for alleged misconduct or alleged violation of professional standards of conduct by either an employer or a licensure agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been placed on leave by your employer for any alleged misconduct?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had any adverse action taken on a <i>professional</i> certificate, license or charter school registration? Have you ever been placed on probationary status for alleged misconduct while holding a professional license, certificate, registration, or credential?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been denied any professional license for which you applied or granted a professional license on a conditional or probationary basis for any alleged misconduct?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever surrendered a professional license of any kind before its expiration?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been disciplined by any public agency responsible for licensure of any kind, including but not limited to educational licensure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted or been granted a diversion or conditional discharge by any court for any (a) felony, or (b) misdemeanor, or (c) major traffic violation, including but not limited to: driving under the influence of intoxicants or drugs; reckless driving; fleeing from or attempting to elude a police officer; driving while your license was suspended, revoked or used in violation of any license restriction; or failure to perform the duties of a driver or witness at an accident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been arrested or cited for any offense listed above which is still pending in the courts? This includes any diversion, conditional discharge or postponed adjudication that has not been dismissed by the courts at the time this application is signed.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had any civil judgment or other court order, including but not limited to a restraining order, entered against you resulting from allegations of abuse, assault, battery, harassment, intimidation, neglect, stalking, or other threatening behavior toward other persons?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Explanation

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*Sisters School District is an affirmative action equal opportunity employer and complies with federal and state statutes that prohibit discrimination on the basis of race, color, national origin, religion, sex, age, disability or marital status. If you require reasonable accommodation in the application/interview process, please notify a representative at (541) 693-5600.*

**Agreement & Acknowledgement:** All information provided by me is true and correct to the best of my knowledge. I understand omissions or misrepresentations may result in rejection of my application or, if employed, may result in subsequent dismissal.

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Applicant Signature Date

When received, this page will be removed from your other application materials.

### **Drug Free Workplace**

I understand that Sisters School District is committed to maintaining a drug-free workplace and complies strictly with all applicable state and federal statutes and regulations in employment and district programs. I understand that all successful applicants will be required to take a pre-employment drug test prior to beginning employment.

### **Criminal History Records Check/Fingerprinting**

I understand that criminal history records checks and fingerprinting are required by law (ORS 326.603, ORS 181.539) and by Sisters School District Board policy. Notification by Oregon's Superintendent of Public Instruction, or designee or by the Oregon State Board of Education that an individual has been convicted or has made a false statement as to conviction of any crimes will terminate employment or contract status immediately. An individual terminated may appeal the action taken by the District as a result of such checks in accordance with procedures established by law (ORS 183.413) or by Board policy. I understand that should I refuse to consent to criminal history records checks or refuse to be fingerprinted; the superintendent shall terminate me from employment or contract status immediately. Individuals who have successfully completed an Oregon, FBI and ODE criminal history records check by a previous Oregon school district and have not since resided outside Oregon may be exempt from this requirement.

### **Affirmative Action Information**

This information including the following page "Ethnicity and Race Identification" is voluntary and is collected only for Equal Employment Opportunity reporting purposes. These two pages of information 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     Female  
          Male  
          Other

Date of Birth \_\_\_/\_\_\_/\_\_\_

If offered employment, I agree to drug testing and a criminal background check as explained above.

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

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

## ETHNICITY AND RACE IDENTIFICATION

(Please read the Privacy Act Statement and instructions before completing form.)

Name (Last, First, Middle Initial)	Last four digits of Social Security #	Birth date (Month and Year)
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Agency Use Only

### Privacy Act Statement

Ethnicity and race information is requested under the authority of 42 U.S.C. Section 2000e-16 and in compliance with the Office of Management and Budget's 1997 Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity. Providing this information is voluntary and has no impact on your employment status, but in the instance of missing information, your employing agency will attempt to identify your race and ethnicity by visual observation.

This information is used as necessary to plan for equal employment opportunity throughout the Federal government. It is also used by the U. S. Office of Personnel Management or employing agency maintaining the records to locate individuals for personnel research or survey response and in the production of summary descriptive statistics and analytical studies in support of the function for which the records are collected and maintained, or for related workforce studies.

Social Security Number (SSN) is requested under the authority of Executive Order 9397, which requires SSN be used for the purpose of uniform, orderly administration of personnel records. Providing this information is voluntary and failure to do so will have no effect on your employment status. If SSN is not provided, however, other agency sources may be used to obtain it.

**Specific Instructions:** The two questions below are designed to identify your ethnicity and race. **Regardless of your answer to question 1, go to question 2.**

**Question 1. Are You Hispanic or Latino?** (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)  Yes  No

**Question 2.** Please select the racial category or categories with which you most closely identify by placing an "X" in the appropriate box. Check as many as apply.

RACIAL CATEGORY (Check as many as apply)	DEFINITION OF CATEGORY
<input type="checkbox"/> American Indian or Alaska Native	A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
<input type="checkbox"/> 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.
<input type="checkbox"/> Black or African American	A person having origins in any of the black racial groups of Africa.
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
<input type="checkbox"/> White	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

## Information Page Save For Reference

We appreciate your interest in Sisters School District. Below is a guide to help you understand our application process and assist you in the successful completion of your application.

**APPLICATION** It is your responsibility to complete all parts of the application. It is not necessary to complete a separate application for each posted vacancy for which you wish consideration. Resumes may be attached for additional information, but may not be used to substitute completion of the application. Applicant files remain active for one year. You may attach any supplemental information such as a resume, cover letter, copy of license/certificate, copies of official transcripts, and letters of recommendation.

**POSTED VACANCIES** Applications are not automatically considered for openings. Read job announcement carefully. Additional instructions or requirements may appear on job postings. Applicants must notify Human Resources in writing by providing the Job Posting # and request to be on the candidate list.

**INTERVIEW and SELECTION PROCESS** Evaluation of applications will be completed as soon after the closing date as possible. Due to the large number of applications for most positions, it is not possible to interview every applicant. If you are selected for an interview, you will be notified as soon as possible (usually 1-3 weeks). If you are not selected for an interview, you will receive notification when the position has been filled.

**FINAL CANDIDATES** Under the Immigration Reform & Control Act of 1986, you will need to present verification of your identity and right to work in the USA no later than your first day of employment. You will be finger printed for clearance through the Oregon State Police and by the Federal Bureau of Investigation, and a criminal record check on you will be completed. You will be required to pass a pre-employment drug test prior to beginning employment.