

# CLASSIFIED EMPLOYEE APPLICATION

Lake County School District #7

1341 South First St.

Lakeview, Oregon, 97630

Phone 541 947-3347 Fax 541 947-3386

[www.lakeview.k12.or.us](http://www.lakeview.k12.or.us)

Date Application Completed: \_\_\_\_\_

Date of Availability: \_\_\_\_\_

<input type="checkbox"/> <b>APPLICATION FOR FULL-TIME OPEN VACANCY</b>		
<input type="checkbox"/> Secretary	<input type="checkbox"/> Food Services	<input type="checkbox"/> Bus Driver
<input type="checkbox"/> Educational / Library Assistant	<input type="checkbox"/> Custodial / Maintenance	
<input type="checkbox"/> Summer Grounds/Maintenance Crew – Temporary		

<input type="checkbox"/> <b>APPLICATION FOR SUB-EMPLOYEE</b>	
<input type="checkbox"/> Educational / Library Assistant	<input type="checkbox"/> Secretary
<input type="checkbox"/> Bus Driver	<input type="checkbox"/> Custodial / Maintenance

Name: \_\_\_\_\_ (\_\_\_\_\_)  
last first middle other names used - including maiden name

Current Address: \_\_\_\_\_  
street city state zip

Home Telephone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

Are you a member of the Public Employees Retirement System?  Yes  No Retirement Number: \_\_\_\_\_

### AFFIRMATIVE ACTION INFORMATION

This information is to insure equal employment opportunity under an affirmative action program. To assist in this program please provide the following optional information:

1. Race or Cultural Group:  American Indian/Alaskan Native  Black  White  
 Asian/Pacific Islander  Hispanic  Other

2. Sex:  Female  Male 3. Date of Birth: \_\_\_\_\_ Are you within the 18-65 age range? \_\_\_\_\_

4. Are you a Veteran \_\_\_YES\_\_\_NO 5. Are you a Disabled Veteran \_\_\_YES\_\_\_NO

Are you a "Veteran" "Disabled Veteran" as defined under the Oregon law (ORS 408.225(e)) / (ORS 408.225(c))? If you answer "yes" to either of these questions, your service record should be reflected in the Work Experience section of your application.

4. Is your physical and mental condition such that you could fulfill the requirements of the position for which you are applying?  
Yes \_\_\_ No \_\_\_ Explain if you wish: \_\_\_\_\_

5. The District reserves the right to require pre-employment testing, including but not limited to physical examinations.

6. **All applicants must** also complete and sign page 5 of this application.

*The information contained in this application is an accurate summary of my personal record to date:*

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

### FOR OFFICIAL USE ONLY

Date application received: \_\_\_/\_\_\_/\_\_\_ Arrange Interview: Yes  No  Interview date: \_\_\_/\_\_\_/\_\_\_

Hire Date: \_\_\_/\_\_\_/\_\_\_ Date finger-printed: \_\_\_/\_\_\_/\_\_\_ Regular Employee  Substitute:

Fingerprints sent: \_\_\_/\_\_\_/\_\_\_ Fingerprints cleared through ODE Yes  No  \_\_\_/\_\_\_/\_\_\_

Copy of fingerprint cost required of applicant to PAYROLL DEPARTMENT: Yes  No  Reason: \_\_\_\_\_

**To present a complete file submit a resume & cover letter with application.**

**EDUCATIONAL TRAINING**

	Name of school	Location	Dates inclusive	Degree or diploma & date received
High School				
College or University				
Business College				
Other (specify)				

**ALL EMPLOYMENT EXPERIENCE** (Use a separate sheet of paper if necessary)

Dates from - to	Name/Address of current & former employer	Title of Position	Reason for Leaving

Is there any reason we cannot contact the above employers? Yes  No  If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

**PERSONAL REFERENCES**

Name	Address	Telephone #	Relationship

**COMPLETE THE SECTION(S) FOR WHICH YOU ARE APPLYING**

**CUSTODIAL/MAINTENANCE APPLICANTS**

1. For what position(s) are you applying?  Custodial  Maintenance

2. If maintenance, check appropriate box(s) below:

Carpentry  Electrical  Grounds  Heating  Plumbing  Other

Describe experience: \_\_\_\_\_

\_\_\_\_\_

**FOOD SERVICE APPLICANTS**

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Do you have specific skills within the food service area?  Baking/Pastry  Menu Planning  Other

Describe skills: \_\_\_\_\_  
\_\_\_\_\_

Do you have a current Food Handlers Certificate?  Yes  No If yes, please attach a copy.

**SECRETARY AND EDUCATIONAL ASSISTANT APPLICANTS**

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1. For what position(s) are you applying?

Secretary ( elementary  secondary)  Educational Assistant  Library Assistant

Subjects of interest for educational assistant:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If you are applying for a secretarial or educational assistant position please complete the following:**

A. Please list various office skills in which you have had either training or experience:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Describe your qualifications for the position for which you are applying:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you applying for: \_\_\_\_\_ 9 month \_\_\_\_\_ 10 month \_\_\_\_\_ 12 month \_\_\_\_\_ substitute \_\_\_\_\_ part-time/on call

**TRANSPORTATION**

For what position(s) are you applying?

Driver

Vehicle Maintenance

If maintenance, check appropriate box(s):

Mechanic

Body & Paint

Other (specify)

Describe experience:

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If driver, please answer the following:

Number of your Operator's License \_\_\_\_\_ Number of your Chauffeur's License \_\_\_\_\_

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

Restrictions, if any

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Have you had a vehicle accident of any type within the last five years?

Yes

No

If yes, give dates and circumstances:

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Have you received any citations for any moving violations during the last five years?

Yes

No

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

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Has your driver's license ever been revoked?

Yes

No

If yes, when? \_\_\_\_\_ Where? \_\_\_\_\_

Why? \_\_\_\_\_

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***Continued employment as a bus driver is contingent upon the applicant receiving the School Bus Driver's permit or license from the Oregon Department of Education and maintaining an acceptable driving record as verified by the Oregon Motor Vehicles Division***



