



Reedsport School District 105

100 Ranch Road, Reedsport OR 97467-1739

Phone: (541) 271-3656

Fax: (541) 271-3658

Application for Employment

Date: _____

Directions: Type or print in blue or black ink. Answer all questions where applicable. Please do not state "See Resume".

Personal Information			
Last Name	First Name	Middle	
Address	City	State	Zip
Phone	Day Phone (if different)	Social Security Number	
Fax Number	E-Mail Address		

Employment Information
Position for which you are applying: _____
Are you employed at the present time? _____ If yes, please complete the information below:
Employer's Name: _____
Employer's Address: _____
1. How long have you been with this employer? _____ Present Salary: _____
2. If offered a position with the Reedsport School District, when can you report for work? _____
3. If hired, can you show proof of your legal right to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you ever been dismissed, or asked to resign from any position? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you ever been convicted of a felony, or misdemeanor which resulted in imprisonment? <input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered Yes to number 4 or 5, please explain: _____

Education			
Name & Location of School	Years Attended	Type of Certification, Diploma, or Degree received	Major/Subjects Studied (if applicable)

Military Service			
Branch	Starting Date	End Date	Type of Discharge

Employment Experience (Beginning with the most recent)		
Name & Address	Position(s) Held	Dates (Start-End)

References

Name & Address (Include City, State, Zip)	Phone	Relationship

Applicants for an Office Position

(The following section is to be completed by those applying for an Office Position)

Can you type? _____ How many words per minute? _____

Computer Skills Macintosh _____ PC _____

Please provide computer and software knowledge below:

I certify that all statements made herein and on the enclosed resume are true and correct to the best of my knowledge. I authorize investigation of all statements herein recorded. I release from liability all persons and organizations reporting information required by this application.

Signature

Date