



Oregon Episcopal School

APPLICATION FOR EMPLOYMENT

OREGON EPISCOPAL SCHOOL PRACTICES EQUAL EMPLOYMENT OPPORTUNITY IN ALL JOB OPENINGS. ALL QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION FOR EMPLOYMENT WITHOUT REGARD TO SEX, RACE, COLOR, RELIGION, NATIONAL ORIGIN, DISABILITY, AGE, MARITAL STATUS, VETERAN STATUS, SEXUAL ORIENTATION, GENDER IDENTITY OR EXPRESSION, OR ANY OTHER BASIS PROHIBITED BY LOCAL, STATE, OR FEDERAL LAW. APPLICANTS WITH DISABILITIES MAY REQUEST A REASONABLE ACCOMMODATION AT ANY POINT IN THE APPLICATION OR EMPLOYMENT PROCESS.

OREGON EPISCOPAL SCHOOL IS A DRUG FREE WORKPLACE AND PRE-EMPLOYMENT DRUG TESTING IS REQUIRED.

Position Applying For _____ Date _____

Name _____ Home Phone (____) _____

Street _____ City _____ State ____ Zip ____

E-mail address _____ Cell Phone (____) _____

EDUCATION: HIGH SCHOOL

Name of School _____ City _____ State ____

Did you graduate? () Yes () No

COLLEGE

Name of School _____ Location _____

Number of Years Attended _____ Major _____ Degree Received _____

Name of School _____ Location _____

Number of Years Attended _____ Major _____ Degree Received _____

GRADUATE SCHOOL

Name of School _____ Location _____

Number of Years Attended _____ Major _____ Degree Received _____

Name of School _____ Location _____

Number of Years Attended _____ Major _____ Degree Received _____

List any other additional training or experience which has helped prepare you for the position for which you are applying:

List special skills you have gained that would help you perform the position for which you are applying:

CERTIFICATES AND CERTIFICATION

Do you currently hold a teaching certificate in the State of Oregon? () Yes () No

Do you have certification in First Aid? () Yes () No CPR? () Yes () No

List any other certificates or certifications you have that are relevant to the job for which you are applying:

WORK HISTORY:

(Please list work history for the last 10 years, starting with your most recent employment. If necessary, you may attach additional work history to this application.)

EMPLOYER: _____ Supervisor _____

Position _____ Phone _____

Full-Time Part-Time, _____ hours per week

Start Date _____ End Date _____ Ending Pay Rate: _____

Address _____

City _____ State _____ Zip _____

Duties: _____

Reason for Leaving: _____

EMPLOYER: _____ Supervisor _____

Position _____ Phone _____

Full-Time Part-Time, _____ hours per week

Start Date _____ End Date _____ Ending Pay Rate: _____

Address _____

City _____ State _____ Zip _____

Duties: _____

Reason for Leaving: _____

EMPLOYER: _____ Supervisor _____

Position _____ Phone _____

Full-Time Part-Time, _____ hours per week

Start Date _____ End Date _____ Ending Pay Rate: _____

Address _____

City _____ State _____ Zip _____

Duties: _____

Reason for Leaving: _____

Have you gone by any other name when employed by any of the employers above?

Yes No If yes, what name? _____

Is there any employer you wish us not to contact? Yes No

If yes, please list: _____

Why do you not want us to contact the employer(s)?

REFERENCES:

PROFESSIONAL REFERENCES

List three references we may contact about your work

history:

Name/Position	How do you know this person?	Phone
1. _____	_____	(____) _____
2. _____	_____	(____) _____
3. _____	_____	(____) _____

OTHER REFERENCES

List other references we may contact about your background, character,

etc.:

Name/Position	How do you know this person?	Phone
1. _____	_____	(____) _____
2. _____	_____	(____) _____

ADDITIONAL INFORMATION:

Qualified relatives are eligible for employment except in situations where we need to avoid a possible conflict of interest due to supervisory authority.

Do you have any relatives who currently work for us? Yes No

If yes, please give name: _____

Are you at least 18 years of age? ? () Yes () No

Do you have legal authorization to work in the United States? () Yes () No

(You must be able to provide proof of eligibility to work in the USA, if selected for hire.)

ANSWER THESE QUESTIONS ONLY IF DRIVING IS PART OF THE JOB:

Do you have a valid driver's license? () Yes () No

Driver's License Number _____ State _____

CERTIFICATION AND RELEASE:

I, the undersigned applicant, understand that offers of employment are contingent upon successful completion of a drug and alcohol screening and a criminal background check. For certain positions, offers are also contingent upon successful completion of pre-placement medical examinations.

I understand that Oregon Episcopal School follows an "employment at will" policy, and if hired, that I or Oregon Episcopal School may terminate my employment at any time or for any reason consistent with applicable local, state or federal law. I understand that this application for employment is not a contract of employment.

I authorize Oregon Episcopal School to solicit information regarding my character, general reputation, previous employment and similar background information, and to contact any and all references I have given on my application. I hereby release all parties and persons connected with any such request for information from all claims, liabilities and damages for any reason arising out of the furnishing of such information. This release includes Oregon Episcopal School and its representatives from liability for seeking such information and all other persons, corporations or organizations for furnishing such information.

I certify the information provided on this application is true and complete to the best of my knowledge. I understand that if I am employed, discovery that I misrepresented, falsified, or omitted facts on my application will constitute grounds for rejection or immediate termination of my employment.

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE AND THAT ALL INFORMATION PROVIDED IS CORRECT AND COMPLETE.

Signature of Applicant

Date