

Monument School District #8

PO BOX 127
127 North Street
Monument, Oregon 97864
541-934-2646



Superintendent: Laura Thomas
Deputy Clerk: Emma Winkelman
District Secretary: Megan Howland

Application for Employment

(non certified)

Monument School District is an equal opportunity employer. Our school district does not discriminate on the basis of age, race, religion, color, gender, national origins, marital status, physical, or mental disability.

Personal Information

Position Applying for _____ Date _____

Name _____ Date Available: _____

Address _____ Phone Number _____

_____ Alt. Phone No. _____

Date of Birth _____ S.S. Number _____

Do you hold a current First Aide Card? _____ Yes _____ No

Do you have a valid Oregon Driver’s License? _____ Yes _____ No ODL# _____

Have you been employed with us before? _____ Yes _____ No

If yes, when, why your employment ended, and in what capacity did you serve? _____

Education History

	Name of Institution	# of Years	Diploma/Degree/Certification
High School	_____	_____	_____
	_____	_____	_____
College	_____	_____	_____
	_____	_____	_____
Other	_____	_____	_____
	_____	_____	_____

Employment History (Please list most recent first)

Position _____

Date from _____ to _____

Employer Name _____

Supervisor _____

City, State _____

Phone _____

Reason for Leaving _____

Position _____

Date from _____ to _____

Employer Name _____

Supervisor _____

City, State _____

Phone _____

Reason for Leaving _____

Position _____

Date from _____ to _____

Employer Name _____

Supervisor _____

City, State _____

Phone _____

Reason for Leaving _____

Position _____

Date from _____ to _____

Employer Name _____

Supervisor _____

City, State _____

Phone _____

Reason for Leaving _____

Position _____

Date from _____ to _____

Employer Name _____

Supervisor _____

City, State _____

Phone _____

Reason for Leaving _____

Please list any specific knowledge, skills, certification, and/or personal qualification you possess which you feel are relevant to the position you are applying for.

References

Name _____ Relationship to Individual _____

Phone _____ Email _____

Name _____ Relationship to Individual _____

Phone _____ Email _____

Name _____ Relationship to Individual _____

Phone _____ Email _____

Coaching/Bus Driving Applicants Only

Do you currently hold an OR Type 20 Activity License? _____ Yes _____ No
If yes, license # and expiration date _____

Do you have a CDL that allows you to drive a school bus? _____ Yes _____ No
If yes, license # and expiration date _____

Have you had a vehicle accident of any type in the last five years? _____ Yes _____ No
If yes, please give date(s) and circumstance(s)

Have you had your driver's license suspended/revoked? _____ Yes _____ No If yes, explain _____

Pre-Employment Questionnaire

- | | | | |
|-----|--|-----|----|
| 1. | Are you a U.S. citizen or otherwise legally authorized to work in the U.S.? | Yes | No |
| 2. | 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)? | Yes | No |
| 3. | 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 or alleged violation of professional standards of conduct or when you had reason to believe such investigation was imminent? | Yes | No |
| 4. | Are you currently the subject of an inquiry, review or investigation for alleged misconduct or alleged violation of professional standard of conduct? | Yes | No |
| 5. | Have you ever failed to complete a contract for educational services in any educational or school- related position, or for any alleged misconduct or alleged violation of professional standards of conduct? | Yes | No |
| 6. | Have you ever had a professional certificate, credential or license (of any kind) revoked or suspended or have you been placed on probationary status for any alleged misconduct or alleged violation of professional standards of conduct? | Yes | No |
| 7. | Have you ever been denied a professional license for which you applied or granted a professional license on a conditional or probationary basis for any alleged misconduct or alleged violation of professional standards of conduct? | Yes | No |
| 8. | Have you ever surrendered a professional license of any kind before its expiration? | Yes | No |
| 9. | Have you ever been disciplined by any public agency responsible for licensure of any kind, including but not limited to educational licensure? | Yes | No |
| 10. | Have you ever been convicted or been granted conditional discharge by any court for: (a) any felony, (b) misdemeanor, or (c) any major traffic violation, such as; 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? | Yes | No |
| 11. | Have you ever been arrested or cited for any offense listed in the question above which is still pending in court? | Yes | No |
| 12. | Have you ever entered a plea of guilty of No Contest relative to any charge for an offense listed in the question two above? | Yes | No |
| 13. | Have you ever had any civil judgment or other court order entered against you resulting from abuse, assault, battery, harassment, intimidation, neglect, stalking or other threatening behavior toward other persons? | Yes | No |
| 14. | Have you EVER been the subject of a substantiated report of child abuse or sexual conduct (involving a K-12 student or minor child)? If yes, please explain on a separate sheet of paper. | Yes | No |
| 15. | Are you currently the subject of an ongoing investigation related to a report of suspected child abuse or sexual conduct (involving a K-12 student or minor child)? If yes, please explain on a separate sheet of paper. | Yes | No |

If you answered yes to any question, 3-15, please provide addition information on an attached sheet.

Disclaimer

I understand that consideration for employment is contingent on the results of background check, fingerprinting, ODE Sexual Misconduct Verification, reference check, prior employment checks, and/or the screening/interview process which may include pre-employment testing. I authorize Monument School District to investigate the truthfulness of all statements made on this application and to contact my former employers, other listed references or any other persons who can verify information.

I certify that the information contained in this application is correct to the best of my knowledge, and I understand that falsifications and/or omissions in any detail are grounds for disqualification from employment consideration; or if hired, for dismissal from employment. I further understand that no recruiter or interviewer or other representative of Monument School District other than the Superintendent and the Board of Directors has any authority to enter into an agreement for employment for any specified period of time.

Signature _____ Date _____

For Official Use Only

Background Check Verification _____ Pass _____ Did not Pass
Notes/Comments: _____

Fingerprinting Verification _____ Pass _____ Did not Pass
Notes/Comments: _____

ODE Sexual Misconduct Verification _____ Pass _____ Did not Pass
Notes/Comments: _____

Compliance with OAR 333-019-1030 School Staff COVID – 19 _____ Yes _____ No
Vaccination Requirement (vaccination or medical/religious exception)

Interview Offered _____ No _____ Yes If yes, when _____

Position Offered _____ No _____ Yes
If yes, begin date _____ Wage _____

Superintendent Signature _____ Date _____