

Junction City School District 69
Classified Application Packet

Classified Personnel Application Checklist

The following items must be included in your application packet in order for it to be considered complete. Please note that incomplete application packets will not be considered.

- District application form*** (both sides must be filled out and the application form must be signed).
- Letter of application*** (cover letter stating your interest in the position).
- Two or more letters of reference/recommendation*** (one must be from most recent supervisor, if possible).
- Any other supportive material you wish to include.***

Please send application packet to:

Junction City School District
Attention: Stephanie White
325 Maple Street
Junction City, Oregon 97448
(541) 998-6311, ext. 600 – Phone
(541) 998-3926 – Fax
swhite@junctioncity.k12.or.us

**JUNCTION CITY SCHOOL DISTRICT
CLASSIFIED PERSONNEL APPLICATION**

Last Name	First Name	M.I.	Social Security #		
Address (for District contact purposes)	City	State	Zip	Phone #	
Permanent Address	City	State	Zip	Phone #	

Date Available: _____

Have you graduated from high school?	YES	NO
Have you attended school beyond high school?	YES	NO
If yes, please explain: _____		

Do you currently hold any special licenses?	YES	NO
If yes, please explain and note expiration date of license: _____		

List any special training, licenses, certificates, machine skills, office equipment skills, language, or other special skills you may have that are pertinent to the position for which you are applying: _____		

REFERENCES: Please list the names of three persons, other than former employers and relatives, having knowledge of your character, experience, and/or ability.

Name	Address	Business/Occupation	Phone

May we contact references, both listed and others, upon receipt of this application?	YES	NO
Comments:		

EMPLOYMENT HISTORY

From	To	Name and Address of Company	Position	Immediate Supervisor	Phone Number	Reason for Leaving

Please send or deliver application and materials directly to the District Office. Applications and all required documents become the property of Junction City School District upon receipt by the personnel office.

Have you ever been convicted of a sex-related crime, which involved force or minors?	YES	NO
	If yes, was the conviction in Oregon or in another state? (Please specify if in another state) _____	
Have you ever been convicted of a crime involving violence or threat of violence?	YES	NO
	If yes, was the conviction in Oregon or in another state? (Please specify if in another state) _____	
Have you ever been convicted of a crime involving criminal activity in drugs or alcoholic beverages?	YES	NO
	If yes, was the conviction in Oregon or in another state? (Please specify if in another state) _____	
<u>ADVISORY:</u>	A check of applicant's criminal history may be made to verify the response to the preceding questions.	

I understand that any omissions on this application may prevent my application from being evaluated or referred to the hiring administrator. I authorize the Junction City School District to obtain information about my criminal records. I authorize all governmental agencies to provide information about my criminal records to the school district. I verify that all information on this employment application is true and complete. I understand that any misrepresentation, falsification, or omission on this application or on other documents submitted to the school district will be sufficient cause for this application not to be considered by the school district.

AUTHORIZATION TO OBTAIN AND RELEASE INFORMATION

I authorize the Junction City School District to check my references, to obtain information from my prior employers and educational institutions, and to take other actions to investigate any information provided in my employment application, and to obtain information relevant to evaluating my qualifications and fitness for a classified position. I authorize my listed references, past employers and educational institutions, and anyone else who has information about my work history, education qualification or fitness, to provide such information to the Junction City School District. I release the school district and all persons providing information to the school district from any liability whatsoever for obtaining and providing that information, regardless of the results.

Signature

Date

Junction City School District 69

AFFIRMATIVE ACTION FORM

Junction City School District's policy is to provide equal employment opportunity to all applicants for employment and employees without regard to race, color, religion, sex, national origin, marital or veteran status, medical condition or handicap, or any other legally protected status. In order that the Junction City School District comply with United States Government Affirmative Action Programs, we are required to collect certain personal information from our applicants and employees. **Completion of this form is entirely voluntary.** If you choose to provide the information requested below, be assured that it will be kept confidential and separate from your application form. This information is not a requirement for employment and will not be a factor regarding the decision to hire.

PLEASE PRINT

Date: _____

Name: _____ SSN: _____
Last First Middle Initial

Street Address: _____

City, State, Zip: _____

Position(s) applied for: _____

Who referred you to us? Advertisement Employment Agency Friend Relative
 No one Other _____

CHECK ONE OF THE FOLLOWING:

Male Female

CHECK ONE OF THE FOLLOWING ETHNIC ORIGIN/RACE:

American Indian/Alaskan Native Asian/Pacific Islander Hispanic
 African American White

In accordance with United States Department of Labor regulations, federal contractors are required to provide an opportunity for handicapped individuals, disables veterans, and Vietnam era veterans to identify themselves when applying for employment. **Identification is entirely voluntary and confidential.** The information provided will only be used to assist in proper placement and determining reasonable accommodation. If you wish to be identified, please check any of the following that are applicable.

Handicapped Individual Disabled Veteran Vietnam Era Veteran

The above information is voluntarily provided by me. I understand it is for record keeping only and is not part of my application or a requirement for employment. It will be filed separately and kept confidential.

Signature

Date

Regulation Approved: Kathleen Rodden-Nord Date: September 16, 2010