

APPLICATION FOR CLASSIFIED EMPLOYMENT

River's Edge Academy Charter
 School
 PO Box 1364
 270 W. Evans Creek Rd
 Rogue River, OR 97537
 (541) 299-0299
 FAX (541) 299-0298



Check the Position(s) for which you are applying:

- | | |
|--|--|
| <input type="checkbox"/> Bookkeeper * | <input type="checkbox"/> Full Time |
| <input type="checkbox"/> Secretarial/Clerical * | <input type="checkbox"/> Substitute |
| <input type="checkbox"/> Educational Assistant * | <input type="checkbox"/> Other (Specify) _____ |

* A typing test is required to assure consideration.

Date of Availability: _____

Name (Last) _____ (First) _____ (Middle) _____ (Other Names Used) _____

Address (Street) _____ (City / State / Zip) _____ Home Telephone _____

Social Security Number _____ E-Mail _____ Work / Message Telephone _____

Have you previously been employed with this district? _____ If yes, what position? _____

Date of Employment _____ Reason for Termination _____

Are you currently working? _____ Why do you wish to leave your present position? _____

Are you now a member of the Public Employees Retirement System? _____ PERS Number _____

Do you have the ability to perform on time the essential tasks and duties of the position for which you are applying or desire consideration?

On what basis do you believe you are qualified for the position(s) for which you are applying or wish consideration?

What are your long range goals? _____

PLEASE READ CAREFULLY

I hereby certify that I am at least eighteen years of age and that this application contains no misrepresentations or falsifications and that the information given is true and complete to the best of my knowledge and belief. I understand that the responses to specific questions will not necessarily disqualify me from further consideration. I further understand that misrepresentation or omission of facts called for in this application is cause for cancellation of the application and/or dismissal from employment. I authorize and consent this employer, River's Edge Academy Charter School, to make any necessary and appropriate investigations to verify the information contained herein including, but not limited to, obtaining my employment records from my previous employers and discussing my job performance with said employers or their representatives or designates. I hereby consent that my previous employers or their representatives or designates are free to discuss with River's Edge Academy Charter School representatives my job performance and any and all matters believed to have impacted my job performance. I hereby release from liability any and all claims or causes of action that I may have against River's Edge Academy Charter School, its agents and employees, my previous employers and their representatives or designates as a result of the disclosure of information referred to above.

Signature _____

Date _____

REFERENCES

Of most value are those who have had responsibility for supervising your activities in a work setting.
Please list three adult persons you have known for at least two years.

NAME	ADDRESS	ASSOCIATION	TELEPHONE

Current / Last Supervisor	Position	Address	Telephone
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- A. Have you even been placed on a plan of improvement or formally disciplined for work performance?
Yes _____ No _____
- B. Have you even been released or discharged from employment because of unsatisfactory service or misconduct?
Yes _____ No _____
- C. Have you ever resigned upon threat of discharge from employment because of unsatisfactory work performance?
Yes _____ No _____
- D. Have you ever resigned upon threat of discharge from employment because of discharge?
Yes _____ No _____
- E. Have you ever resigned from a position while under investigation for misconduct?
Yes _____ No _____

Any "YES" answer must be explained fully including relevant dates, circumstances and locations, using a separate sheet of paper.

OTHER INFORMATION

To assist us in finding the proper position for you in our district, please use the space below to summarize any additional information necessary to describe your full qualifications. Specify any additional background, community activities, volunteer experience or skills relevant to your application.

This application will remain active for a period of three months from the date it is received in the Personnel Office. It is the policy of River's Edge Academy Charter School to comply with the provisions of the Fair Employment Practices Act and Title IX Regulations related to employment practices, educational programs, and activities.

River's Edge Academy Charter School
CRIMINAL HISTORY VERIFICATION OF APPLICANTS

Please type or print clearly (As Appears on License):

Name: _____ Date of Birth: _____ Sex: _____
Last First Middle MM/DD/YY

List Other Names Previously Used: _____

Social Security Number: _____ Oregon Driver License/Identification Card Number: _____

Providing your social security number on this form is voluntary. If you choose not to disclose the social security number, this will not be a basis for denial of employment or any rights, services or benefits to which you are otherwise entitled. If you do provide the number, the Oregon State Police will use it as an additional identifier to search for any criminal record you may have. Your social security number will be used as state above. state and federal laws protect the privacy of your records.

Address: _____
Full Street Address

City: _____ State: _____ Zip & 4: _____

1. Have you **EVER** been convicted of a sex-related crime? Yes No
If yes, specify state: _____
If yes, did the crime involve force or minors? Yes No
2. Have you **EVER** been convicted of a crime involving violence or threat of violence? Yes No
If yes, specify state: _____
3. Have you **EVER** been convicted of a crime involving criminal activity in drugs or alcoholic beverages? Yes No
If yes, specify state: _____
4. Have you **EVER** been convicted of any other crime except a minor traffic violation? (Includes Traffic Crimes) Yes No
5. Have you **EVER** been arrested for a crime for which there has not yet been an acquittal or dismissal? Yes No

Any "YES" answer must be explained fully including relevant dates, circumstances and locations, using a separate sheet of paper.

Advisory:

A check of the applicant's criminal history will be made by River's Edge Academy Charter School to verify the responses to the preceding questions.

1. I hereby grant to River's Edge Academy Charter School permission to check civil or criminal records to verify any statement made on this form.

Date Signature

2. I do not grant permission to River's Edge Academy Charter School to check civil or criminal records relating to me, and I acknowledge receipt of notice printed below.

Date Signature

APPLICANT MUST SIGN ONE OF THE ABOVE STATEMENTS

Notice: The Oregon Department of Education will conduct a criminal offender record check of applicants for prospective school employees working with or around children. The applicant is entitled to review his/her criminal history for inaccurate or incomplete information. Discrimination by an employer on the basis of arrest records alone may violate federal civil rights law. The applicant may obtain further information concerning the applicant's rights by contacting the Bureau of Labor and Industries, Civil Rights Division, State Office Building, 800 Oregon Street, Portland, OR 97232 – telephone 503 731-4075.

FALSIFICATION OF THIS FORM MAY RESULT IN DISCIPLINARY ACTION INCLUDING DISMISSAL