

EMPLOYMENT APPLICATION

Grant County Education Service District
835 S. Canyon Blvd.
John Day, OR 97845
541-575-1349

Personal Information:

Name: _____ Date: _____
Last First MI

Mailing Address: _____ Phone: _____

Street City State Zip

Social Security Last 4# _____ PERS Number _____

Position Applying
for: _____

Date Available: _____

Do you hold a valid Oregon Education License? Yes ☐ No ☐
Education license in other states? Yes ☐ No ☐

Type of Oregon license: _____ Expiration date: _____

Do you hold a current first aid card? Yes ☐ No ☐

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

Have you been convicted of a felony or misdemeanor
within the last five (5) years? Yes ☐ No ☐

If yes, please explain: _____

An Equal Opportunity Employer

Educational Training			
Name/Address of School	Location	Dates Inclusive	Degree or Diploma License/Certificate & Date Received
High School			
College/University			
Other Schooling, Training, or Certifications Held			
Military Training			

Employment Record

Previous Employment – Give information for your most recent employer(s). List most recent employer first.

Dates (from-to)	Former Employer (Name, Phone Number, Address)	Supervisor	Your Title	Your Duties	Reason for leaving

If you have had any prior educational experience, please list on a separate sheet of paper.

Is there any reason we cannot contact the above employers? Yes ☐ No ☐

If YES, please explain:

Please give the name, address and phone numbers of 3 people who we can contact as personal references:

Name	Address	Phone Number

Application Process

Candidates may be invited for a personal interview. The administration reserves the right to decide who will be interviewed for any vacancies.

Information Release

I authorize Grant ESD to conduct background inquiry as to 1) Criminal History, 2) Financial History, and 3) Moral Turpitude and I acknowledge that inquiries may be made to obtain job-related information from my previous employers, whether or not they are listed on the attached application and that similar inquiries may be directed to the persons listed as personal references as well as to any other individual who knows me.

I affirm that all information provided by me on this application is true and complete. I understand that if any part of the information is false or misrepresented (including omission of information called for), my application will not be considered, or if I am hired by Grant ESD, this will be sufficient grounds for immediate dismissal.

A photocopy of this release shall be as effective as the original.

Signature

Date

Equal Opportunity	Drug-Free Workplace	Americans with Disabilities Act
Grant County ESD, an equal opportunity employer, complies with provisions of the various civil rights laws, such as the Fair Employment Practice Act, Title IX Regulations and Section 504 of PL 93.112 in employment and educational programs and activities.	Grant County ESD is committed to maintaining a drug-free workplace and strictly complies with the Drug-Free Workplace Act of 1988 and the Drug-Free Schools and Communities Act amendments of 1989.	Reasonable accommodations for the application and interview process will be provided upon request and as required in accordance with the Americans with Disabilities Act of 1990. Disabled persons may contact Grant ESD Administrative office, at 541-575-1349 for additional information.

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE ONLY

Date received

Position Recommended for

Years experience allowed

Salary Step

Starting Salary

Signature of Administrator: _____