

COQUILLE SCHOOL DISTRICT 8
1366 N GOULD ST
COQUILLE, OR 97423
PHONE 541-396-2181 FAX 541-396-5015

PERSONAL INFORMATION

Date: _____ Position Applying for: _____
Name: _____ Social Security Number: _____
Street Address: _____ Mailing Address: _____
City, State, Zip: _____ Home Phone: _____ Work Phone: _____
E-mail: _____ Cell Phone: _____ Message Phone: _____

EDUCATION

Name and Location of High School: _____ Highest Grade Completed _____
College or Technical Schools:
Name: _____ Location: _____ Highest Level Completed _____
Name: _____ Location: _____ Highest Level Completed _____
Name: _____ Location: _____ Highest Level Completed _____
Name: _____ Location: _____ Highest Level Completed _____

WORK EXPERIENCE

List most recent job first.

*Employer: _____ Position: _____ Dates/From To: _____ / _____
Address: _____ Phone: _____ Reason for Leaving: _____
*Employer: _____ Position: _____ Dates/From To: _____ / _____
Address: _____ Phone: _____ Reason for Leaving: _____
*Employer: _____ Position: _____ Dates/From To: _____ / _____
Address: _____ Phone: _____ Reason for Leaving: _____
*Employer: _____ Position: _____ Dates/From To: _____ / _____
Address: _____ Phone: _____ Reason for Leaving: _____
*Employer: _____ Position: _____ Dates/From To: _____ / _____
Address: _____ Phone: _____ Reason for Leaving: _____

REFERENCES

Name: _____ Address: _____ Phone: _____
Name: _____ Address: _____ Phone: _____
Name: _____ Address: _____ Phone: _____

Continued employment as a bus driver is contingent upon the applicant receiving the School bus Driver's permit or license from the Oregon department of Education and a CDL from the Oregon Motor Vehicle Division and maintaining an acceptable driving record as verified by the Oregon Motor Vehicle Division

GENERAL INFORMATION

Are you presently employed? Yes No May we contact your past & present employers? Yes No
Have you been employed by this district before? Yes No If yes, position & dates: _____
Are you a member of the Oregon State Retirement System (PERS)? Yes No
Driver's License Number/State: _____ List any restrictions: _____
List any citations/accidents in the past five years: _____
Has your driver's license ever been revoked? Yes No
If yes, when? _____ Where? _____
Why? _____

Are you legally eligible for employment in the USA? Yes No Are you 18 or older? Yes No
Date available to begin employment: _____ Are you available to work: Full-time Part-time Substitute
Are you bilingual/multilingual Yes No Which Languages? _____
Emergency Contact: _____ Phone: _____ Relationship: _____

JOB-RELATED CERTIFICATES & LICENSES

List below any certificates, licenses or endorsements held:

<input type="checkbox"/> Oregon Commercial Drivers License	Number: _____	Expiration Date: _____
<input type="checkbox"/> Food Handler's Card	Number: _____	Expiration Date: _____
<input type="checkbox"/> First Aid Card	Number: _____	Expiration Date: _____
<input type="checkbox"/> Certified CPR Training	Number: _____	Expiration Date: _____
<input type="checkbox"/> Other (please specify) _____	Number: _____	Expiration Date: _____
<input type="checkbox"/> Other (please specify) _____	Number: _____	Expiration Date: _____

OTHER INFORMATION

Please list any skills specific to the position you are applying for:

The facts set forth on this application for employment are true and complete to the best of my knowledge. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal. I hereby grant to the district or its agent permission to check civil or criminal records to verify any statements made on this application.

Signature: _____ Date: _____

FOR DISTRICT USE ONLY:

Date application received: _____ Copies sent to: Rhonda Susan By: _____

COQUILLE SCHOOL DISTRICT #8 – 1366 N GOULD ST. – COQUILLE, OR 97423

Additional Non-Teacher Employment Requirements

PRE-EMPLOYMENT: CRIS – Criminal History Verification

Please complete and sign the following and return with your application;

Full Legal Name _____
Last First Middle

Names Previously Used _____

Social Security # _____ Date of Birth _____

Driver License # _____ State of Issue _____

I hereby grant the Coquille School District permission to check civil or criminal records through CRIS for the above-mentioned applicant, required for prospective school employment working with or around children.

Applicant Signature _____ Date _____

POST-EMPLOYMENT REQUIREMENTS:

- Successfully complete 3 Mandatory Safe Schools courses
- Drug Test
- Fingerprinting at Fieldprint – \$12.50 to be paid at time of appointment, \$59 when complete or a release to request fingerprinting previously done for another Oregon School District.
- NCRC Testing – Passed within 6 months of hire date – (educational assistant only). This requirement can be waived with Official Transcripts to document no less than 48 college credits have been earned.
- Signed Job Description
- Completed Ethnicity Form
- Completed I-9 and W-4
- Direct Deposit Form (*optional*)

Some positions have additional post employment requirements that are not listed in this document.