Application for Employment

PLEASE PRINT OR TYPE

Central Linn School District 32433 Hwy 228, PO Box 200 Halsey, Or 97348

Position(s) Applied Fo	or:	Date of A	Date of Application:		
Name:		Social Se	Social Security #:		
Mailing Address:		City/Zi	City/Zip		
Telephone: ()		E-mail A	ddress:		
	This information is to	insure equal employment opport	unity under an affirm	ative action prog	ram.
1. Race or Cultural C	Group: □ Whit □ Russi		□ Cambodian □ Black	☐ Hispanic	
2. Gender:	□ Male	☐ Female			
		Personal Data (Not	Required)		
Age Date o		f Birth	Marital Status		
service record should	be reflected in the wistory: List your l	eran" as defined under Ore ork Experience section of y last three (3) employers, as	your application.		
FROM	то	Employer			Telephone
Job Title		Address			
Immediate Supervisor & Title		Summarize the nature of work performed and job responsibilities			

FROM	то	Employer	Telephone			
Job Title		Address				
Immediate Supervisor & Title		Summarize the nature of work performed and job responsibilities				
Reason for Leaving		Salary \$ per				
FROM	то	Employer	Telephone			
Job Title		Address				
Immediate Supervisor & Title		Summarize the nature of work performed and job responsibilities				
Reason for Leaving		Salary \$ per				
FROM	то	Employer	Telephone			
Job Title		Address				
Immediate Supervisor & Title		Summarize the nature of work performed and job responsibilities				
Reason for Leaving		Salary \$ per				

Central Linn School District is an equal opportunity educator and employer. El Distrito Esolar de Central Linn es una empresa educadora de oportunidad igual.

Namaar		ınd:			
Name and Location		Years Completed	Course of Study		Did You Graduate?
·					
Reference	s:				
	Name	/Relationship	Tele	ohone	Years Known
	 .				
		y qualify you for work w		SCHOOL	BUS DRIVER
Туре	License No				of Driving Experience
Driver's			· ·		
Class 2					
School Bus					
	ivoula liaanaa a	every been suspended?	If yes, o	explain	
Has your dr	iver's ncense e				
	affic Violation		Accidents		
			Accidents Date	Invol	ving
Moving Tra	affic Violation			Invol	ving
Moving Tra	affic Violation			Invol	ving
Moving Tra Date STATEMEN certify that inforthrough law enforce understand that is in agreement worigin and will fully hereby certify the	Citation Citation T OF APPRO T ation which I have the ment agencies and the my employment will with the District's policy of the cooperate with the lat I possess the physical cooperate.		Date LEDGMENT: d accurate and may be inverse and may be inverse and may be inverse accurate and may be inverse accurate and may be inverse accurate and may be inverse and individual abilities with a syment opportunities.	stigated; that con ifficient cause for rict or to the work out regard to race	viction information will be check dismissal from District employmer k which I am assigned to perform. e, religion, color, sex, age or nation f the above position with or witho