



# DUFUR SCHOOL DISTRICT #29

802 NE 5th St. | Dufur, OR 97021  
 Phone: 541-298-5141 | Fax: 541-705-3129

Superintendent Kristin Whitley

Principal Tess Welk

## Dufur School District - Employment Application

Name \_\_\_\_\_  
 (first) (m.i.) (last)

Other name under which transcripts, certificates, and former applications may be listed:

\_\_\_\_\_ (first) (m.i.) (last)

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Job seeking (select all that apply)**

Substitute Positions	Permanent Position	Other Positions	Date Available to Start:
Teacher Food Service Bus Driver Educational Assistant Library Custodian Other: _____	Teacher Food Service Bus Driver Educational Assistant Library Custodian Other: _____	Seasonal Coach Other: _____	Enter date in this box:     

**Education and Training**

High School Degree or Equivalent Earned:	Date Earned:	School:

Highest Degree Earned (e.g. Associate's, Bachelor's, Master's):	Date Earned:	School:
Languages Spoken Other than English:	Additional Licenses Held (if any):	TSPC License #:

**Additional Training or Post-High School Credits**

Additional Training or Post-High School Credits:	Total Post-High School Credits:
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**Work Experience in the Last Five Years (if more space needed, attach extra sheet)**

Position	Employer	Date From	Date To
Supervisor Name	Supervisor Phone & Email	Reason for Leaving	

Position	Employer	Date From	Date To
Supervisor Name	Supervisor Phone & Email	Reason for Leaving	

Position	Employer	Date From	Date To
Supervisor Name	Supervisor Phone & Email	Reason for Leaving	

**Professional References**

Name	Position
Email	Phone

Name	Position
Email	Phone

Name	Position
Email	Phone

**Questions**

Why are you interested in this position in the Dufur School District?

What do you enjoy about working with students?

What days and times are you available to work?

Which age groups are you interested in working with?

How did you hear about this position? If someone referred you, please provide their name so that we can thank them.

**Criminal Background**

Have you ever pled guilty, no contest to, or been convicted of an ordinance violation (other than minor traffic violations), misdemeanor, or felony?

Yes

No

Do you have any pending criminal charges?

Yes

No

**Authorization, Release, and Certification**

Please read the text below then check the box at the bottom of the page to indicate you have done so.

*I authorize the Employer to investigate my personal employment history, and I authorize any current/former employer, person, firm, corporation or government agency to give the Employer any information regarding my employment history. If I should be offered a position, I understand that a criminal information records check will be conducted on me. (A criminal record does not constitute an automatic bar to employment. Non-felony convictions will be considered only if the circumstances of the conviction substantially relate to the particular job in question. In consideration of the Employer's review of this application, I release from all liability and/or legal claims the Employer and every person seeking or providing information, whether it be oral or written. A photocopy of this release shall be as valid as the original and may be relied upon by all persons providing information. Further, I certify that all information on this application is true, complete and correct to the best of my knowledge. I understand that any false or misleading statements made by me, or material omissions of information requested of me, shall constitute grounds for rejection of my application, or if employed, my immediate dismissal. If employed, I agree to comply with all the rules and regulations of the Employer. I also understand that employment is subject to the satisfactory investigation of the application and a favorable physical examination report, including a chest x-ray or tuberculin test. I understand that any false statements or misrepresentation of facts are grounds for dismissal. By checking the checkbox below, I hereby certify that the statements above are true and correct to the best of my knowledge and belief.*

- **I have read the Authorization, Release, and Certification**

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**Signature**

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**Date**