

Harney Education Service District XVII

An Equal Opportunity Employer

NAME AND ADDRESS	POSITION APPLYING FOR			DATE AVAILABLE	FOR OFFICIAL USE ONLY DATE REC'D ____/____/____
	NAME (LAST, FIRST, M.I.)				
	MAILING ADDRESS				
	CITY, STATE, ZIP CODE				
WORK PHONE	HOME PHONE	CELL PHONE	EMAIL ADDRESS		
SOCIAL SECURITY NO.	PERS NO.	Do you hold a valid Oregon educational license? <input type="checkbox"/> Yes <input type="checkbox"/> No			

EDUCATION AND FORMAL TRAINING

Do you have a high school diploma or a GED Certificate? Yes No

COLLEGES OR OTHER SCHOOLS WITH RELEVANT COURSEWORK

List enough education to meet the requirements specified in the recruiting announcement.

NAME AND LOCATION	COURSE OF STUDY	DATES ATTENDED	CREDITS EARNED			GRADUATED Yes / No	DEGREE YEAR
			Qtr Hours	Sem Hours	Other		

SPECIAL LICENSES AND/OR CERTIFICATIONS

NAME AND DESCRIPTION	EXPIRATION DATE

WORK EXPERIENCE

Describe enough work experience to meet the requirements for this position as specified in the recruiting announcement. Include unpaid and volunteer work. If you need to list more than three employers, attach additional sheets.

EMPLOYER	ADDRESS	TELEPHONE	Employment Beginning Date ____/____ Month/Year
YOUR TITLE	SUPERVISOR'S NAME	REASON FOR LEAVING	
DESCRIPTION OF WORK (Be specific)			Employment Ending Date ____/____ Month/Year

COMPLETE BOTH SIDES OF APPLICATION

EMPLOYER	ADDRESS	TELEPHONE	Employment Beginning Date ____/____ Month/Year Employment Ending Date ____/____ Month/Year
YOUR TITLE	SUPERVISOR'S NAME	REASON FOR LEAVING	
DESCRIPTION OF WORK (Be specific)			
EMPLOYER	ADDRESS	TELEPHONE	Employment Beginning Date ____/____ Month/Year Employment Ending Date ____/____ Month/Year
YOUR TITLE	SUPERVISOR'S NAME	REASON FOR LEAVING	
DESCRIPTION OF WORK (Be specific)			
PERSONAL REFERENCE			
NAME	TELEPHONE	RELATIONSHIP	
NAME	TELEPHONE	RELATIONSHIP	
NAME	TELEPHONE	RELATIONSHIP	

*Attach a separate sheet of paper to add additional information relevant to this position.

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 statement made on this application.

SIGNATURE **X** _____ DATE _____

By my signature above, I certify that all answers and statements on this application are true and complete to the best of my knowledge.

SEND APPLICATIONS TO: **Harney ESD XVII**
PO Box 460
Burns, OR 97720

COMPLETE BOTH SIDES OF APPLICATION