Harney Education Service District XVII

An Equal Opportunity Employer

	POSITION APPLYING FOR DATE AVAILABLE									VAILABLE	FOR OFFICIAL		
NAME	NAME (LAST, FIRST, M.I.)											SE ONLY	
AND	MAILING ADDRESS												
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? Y							Yes No		
			EDUCATIO	N AND	FORMAL T	RAININ	NG						
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. CREDITS EARNED GRADUATED												
NAME AND LOCATION			COURSE OF STUDY		Y DATES ATTENDE		O4=		Sem Hours Other		ATED No	DEGREE YEAR	
							10010	110010	5				
			SPECIAL LICEN	ISES AI	ND/OR CER	TIFICAT	IONS	6					
			NAME AND DES							EX	(PIRAT	ΓΙΟΝ DATE	
					PERIENC								
Descri	be enough v Include un	work expended	erience to meet the requivolunteer work. If you i	uirements need to lis	for this position for the formal that the formal that the formal that the formal three formal th	ree emplo	oyers,	in the recattach a	cruiting and ditional	announce sheets.	ment.		
EMPLOYER			ADDRESS			TELEPHO	ONE				Employment		
YOUR TITLE			SUPERVISOR'S NAME			REASON FOR LEAVING						eginning Date	
DESCRIPTION OF WORK (Be specific)												/ Month/Year	
												imployment	
												Ending Date	
												Month/Year	

EMPLOYER	ADDRESS	TELEPHONE		
YOUR TITLE	SUPERVISOR'S NAME	REASON FOR LE	EAVING	Employment Beginning Date
				/
DESCRIPTION OF WORK (Be specific)				Month/Year
				Employment
				Ending Date
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EMPLOYER	ADDRESS	TELEPHONE		
YOUR TITLE	SUPERVISOR'S NAME	REASON FOR LE	EAVING	Employment Beginning Date
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DESCRIPTION OF WORK (Be specific)				Month/Year
				Employment
				Ending Date
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	PERSONAL REFERE	NCE		
NAME	TELEPHONE		RELATIONSHIP	
NAME	TELEPHONE		RELATIONSHIP	
NAME	TELEPHONE		RELATIONSHIP	
	I			
*Attach a separat	te sheet of paper to add additional inf	ormation releva	ant to this position.	
The facts set forth on this application				
employed, false statements on this ap its agent permission to check civil or c				o the district of
CIONATURE V		F. 4.7		
By my signature above, I certify that	all answers and statements on this applica	tion are true and o	complete to the best of my k	nowledge.

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