

# Echo School District Employment Application – Support Staff

600 Gerone St • Echo OR 97826 • (541) 376-8436 • FAX (541) 376-8473

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last                      First                      Middle

Address: \_\_\_\_\_  
Street                      City                      State                      Zip Code

Mailing Address (if different): \_\_\_\_\_

Phone: (    ) \_\_\_\_\_ Email: \_\_\_\_\_ Soc. Sec #: \_\_\_\_\_

Position Applying For: \_\_\_\_\_

Have you ever:

- |  |     |     |    |  |
|--|-----|-----|----|--|
| • been dismissed from a position?  | Yes | No  |    |  |
| • been asked to resign from a position?  | Yes | No  |    |  |
| • been convicted, pled guilty, or pled nolo contendere to a felony, or to a crime involving child abuse or sexual abuse?   |     | Yes | No |  |
| • had a report of child abuse or sexual activities involving a K-12 student or minor filed against you with a school district, children Services agency, police agency, or in a court? |     | Yes | No |  |

If you answered yes to any of the above, please explain \_\_\_\_\_

## EDUCATION

High School Attended: \_\_\_\_\_

College: \_\_\_\_\_

Major: \_\_\_\_\_

## EMPLOYMENT HISTORY

## REFERENCES

List a minimum of three references of individuals who have first-hand knowledge of your character, personality, and teaching ability.

Name	Position/District	Address	Work Phone	Home Phone

I authorize the Echo School District to obtain information from my prior employers and educational institutions, and to take other actions to investigate any information provided in my employment application, and to obtain information relevant to evaluating my qualifications and fitness for a teaching position. I release the school district and all persons providing information to the school district from any liability whatsoever for obtaining and providing that information, regardless of the results.

Signature \_\_\_\_\_ Date \_\_\_\_\_