

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*

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: _____ Graduation Date _____

College: _____ Graduation Date _____

Major: _____

EMPLOYMENT HISTORY

Please attach a summary of your employment history for the past 10 years, beginning with the most recent.

REFERENCES

List a minimum of three references of individuals who have first-hand knowledge of your character.

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 _____