

**MAPLETON SCHOOL DISTRICT 32**  
10868 East Mapleton Road  
Mapleton, Oregon 97453  
Phone: (541) 268-4312 Fax: (541) 268-4632  
**APPLICATION FOR EMPLOYMENT**

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

Application Date: \_\_\_\_\_ Date of Availability: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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**POSITION DESIRED**

Select all that apply.  
 Custodial  Bus Driver  Food Service  Educational Assistant  Coach  Other: \_\_\_\_\_

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**PERSONAL HISTORY**

- Yes No
- Have you ever been dismissed from a position?
  - Have you ever been asked to resign from a position?
  - Have you previously been employed by Mapleton School District? If yes, when? \_\_\_\_\_
  - Have you ever been the subject of a substantiated report of child abuse or sexual conduct involving a K-12 student or minor child? If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
  - Are you currently the subject of an ongoing investigation related to a report of suspected child abuse or sexual conduct involving a K-12 student or minor child? If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
  - Have you ever plead guilty, been convicted, or pled no contest in a criminal offense (felony or misdemeanor)? Or are there any criminal charges now pending against you other than minor traffic violations? If yes, please explain (include date and stateoffense/conviction): \_\_\_\_\_  
\_\_\_\_\_

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**GENERAL INFORMATION**

- Yes No
- Are you a veteran? If yes, are you a disabled veteran?  Yes  No  NA  
*If yes, to receive preference you must attach verification of eligibility.*
  - Are you bilingual? If yes, what language(s)? \_\_\_\_\_
  - Have you ever been fingerprinted for an Oregon School District? If yes, what District? \_\_\_\_\_

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**EDUCATIONAL INFORMATION**

Name of High School: \_\_\_\_\_ City, State: \_\_\_\_\_  
Have you earned a High School Diploma or GED?  Yes  No

College, University, and/ or Trade School Name, City, State	Number of Years Completed	Credit Earned	Degree, Major, or Type of Course

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**EMPLOYMENT HISTORY/EXPERIENCE**

Please list your present and former employment with the most recent employer first. Include any military experience.

Employer Name, City, State	Job Title	Duties	Dates Employed

Have you ever worked for an education provider, other than what is listed above? If, yes please provide a list of all educational providers: \_\_\_\_\_  
 \_\_\_\_\_

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**REFERENCES**

Please list references (no relatives) – at least three. List people who are able to answer questions concerning your qualifications and work skills. Past or present supervisors are preferred.

Name	Relationship	Occupation	Phone Number

**VETERANS PREFERENCE**

To receive preference as a veteran you must have served on active duty in the Armed Forces of the United States (US):

- 1) For more than 90 consecutive days beginning on or before January 31, 1955; or
- 2) For more than 178 consecutive days; or
- 3) For 178 days or less and has a disability rating from the US Department of Veteran’s Affairs; or
- 4) For at least one day in a combat zone; or
- 5) Received a combat or campaign ribbon or an expeditionary medal for service in the Armed Forces. To qualify under 1-5 above you must have been discharged or released under honorable conditions; or
- 6) Is receiving a non-service connected pension from the US Department of Veteran’s Affairs

To receive preference you must attach verification of eligibly: a copy of your DD214/DD215 form; or a letter from the US Department of Veteran’s Affairs indicating you receive a non-service connected pension to your application.

To receive preference as a disabled veteran you must be:

- 1) A person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty; or
- 2) Entitled to disability compensation under laws administered by the US Department of Veterans Affairs; or
- 3) Awarded the Purple Heart for wounds received in combat.

To receive preference as a disabled veteran you must attach verification of eligibly: a copy of your DD214/DD215 form; and a copy of your veterans' disability preference letter from the Department of Veterans' Affairs (unless included on DD).

Veteran’s and Disabled Veteran’s preference points are not added when a Veteran or Disabled Veteran fails to meet the minimum or the special qualifications for a position.

For additional information on Veterans' Preference eligibility, including definition of the terms "veteran" and "disabled veteran," contact the Oregon Department of Veterans' Affairs at 1-800-692-9666.

**FINGERPRINT BASED CRIMINAL HISTORY VERIFICATION**

In accordance with OAR 581-021-0500 and Board policy, any person hired by a school district is subject to fingerprint based criminal history verification. All offers of employment are contingent upon the results of the criminal history verification.

**AUTHORIZATION TO OBTAIN AND RELEASE INFORMATION**

I authorize the school district to check my references, 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 position.

I authorize my listed references, current and past employers and educational institutions, and anyone else who has information about my work history, education, qualifications, or fitness to provide such information to the school district for which I have completed an employment application. I release the school district and all persons providing this information to the school district, from any liability whatsoever for obtaining and providing that information, regardless of the results. Please indicate you have read and agree to these terms by signing and dating below.

I understand that any omissions on this application may prevent my application from being evaluated. I authorize the school district to obtain information about my criminal records. I authorize all governmental agencies to provide information about my criminal records to the school district. I verify that all information on this employment application is true and complete. I understand that any misrepresentation, falsification, or omission on this application or on other documents submitted to the school district will be sufficient cause for this application not to be considered by the school district or for discharge if I have been employed.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**MAPLETON SCHOOL DISTRICT 32 IS AN EQUAL OPPORTUNITY EMPLOYER AND EDUCATIONAL PROVIDER**

*Unsolicited applications are retained one year and then destroyed.  
Unsuccessful applications are retained three years and then destroyed.*