

**Nixyáawii Community School
An Equal Opportunity Employer
Classified Personnel Employment Application**

Nixyáawii Community School
73300 July Grounds Lane
Pendleton, OR 97801

APPLICATION INFORMATION REQUESTED

- A completed application form. Applications must be complete and will not be Accepted without a signature
- A current resume
- Letter of application preferred
- Current letters of recommendation
- Supplemental materials of your choice
- Finalists for employment will be contacted for a personal interview

Application materials are to be submitted to:

Ryan Heinrich, Principal
Nixyáawii Community School
ryan.heinrich@pendleton.k12.or.us

Your application is current for one year, at the conclusion of which time, if you have not heard from us and still wish to be considered for employment, it will be necessary for you to fill out a new application.

Nixyáawii Community School complies with all state and federal rules and regulations and does not unlawfully discriminate on the basis of race, color, creed, religion, national origin, age, sex/gender, marital status, or the presence of any sensory, mental or physical disability.

AFFIRMATIVE ACTION INFORMATION (Completion of this section is OPTIONAL)

Name: _____ This information is to ensure equal employment opportunity under an affirmative action program. Upon receipt, this information will be separated from your application. To assist in this program, please answer the following questions:

RACE OR CULTURAL GROUP:

White Spanish Surnamed American American Indian Black Asian American
 Other

SEX

Male Female

DATE OF BIRTH: _____

Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application.

PLEASE PRINT, except for signature on last page of Application. NCS will make reasonable accommodation in the application process, if needed.

NAME (Print) _____ **TODAY'S DATE** _____
 Last **First** **Initial**

PRESENT ADDRESS _____
 No. **Street** **City** **State** **Zip**

PHONE: Home () _____ **Work**() _____ **Mes.**() _____

Position applied for: _____

When are you available for employment? _____

Bilingual? Yes ___ No ___ **Language(s)** _____ **Sign Language?** Yes ___ No ___

Which type of employment are you seeking: **Full-time** ___ **Part-time** ___ **Temporary** ___

Have you applied with this district before? Yes ___ No ___ **Approximate date:** _____

RECORD OF EMPLOYMENT

1. Name of Current/Most Recent Employer		Address		Phone	Type of Business
Dates Employed		Rate of Pay			
From Month	Year	Starting	Ending	Reason for Leaving	Supervisor's Name and Phone Number
List the jobs you held, duties performed, skills used or learned, advancements or promotions.					

May we contact this employer? Yes ___ No ___

1. Name of Next Previous Employer		Address		Phone	Type of Business
Dates Employed		Rate of Pay			

From Month Year	Starting Ending	Reason for Leaving	Supervisor's Name and Phone Number
List the jobs you held, duties performed, skills used or learned, advancements or promotions.			

May we contact this employer? Yes ___ No ___

1. Name of Next Previous Employer		Address	Phone	Type of Business
Dates Employed		Rate of Pay		
From Month Year	Starting Ending	Reason for Leaving	Supervisor's Name and Phone Number	
List the jobs you held, duties performed, skills used or learned, advancements or promotions.				

May we contact this employer? Yes ___ No ___

1. Name of Next Previous Employer		Address	Phone	Type of Business
Dates Employed		Rate of Pay		
From Month Year	Starting Ending	Reason for Leaving	Supervisor's Name and Phone Number	
List the jobs you held, duties performed, skills used or learned, advancements or promotions.				

May we contact this employer? Yes ___ No ___

Are you authorized to work in the Unites States? Yes ___ No ___

(Federal law requires proof of identity and employment authorization for all new employees.)

Have you completed the fingerprinting procedure through Oregon Dept. of Ed? Yes ___ No ___

EDUCATION	SCHOOL NAME	MAJOR SUBJECTS	DEGREE
Circle last year completed High School 1 2 3 4	_____	_____	_____
College 1 2 3 4	_____	_____	_____
Other job related education: _____			

Please list all job-related software, hardware, skills, special training, etc.

I understand that any job offer that may be extended to me will be contingent upon the successful completion of a drug and alcohol test in compliance with ORS 674 and OAR 581-22-716.

I certify that the answers given by me to the foregoing questions and during any interviews are true and correct without consequential omissions, and understand that, if employed, omissions and/or false statements on application or during any interviews may result in dismissal.

Signature of Applicant

Date

**NIXYÁAWII COMMUNITY SCHOOL
EMPLOYMENT APPLICATION**

**AUTHORIZATION OF RELEASE OF INFORMATION
FOR SENSITIVE POSITION
AND PRE-EMPLOYMENT DRUG TESTING**

EDUCATION, CREDIT, CRIMINAL, DEPARTMENT OF MOTOR VEHICLES, REFERENCE
AND PRIOR EMPLOYMENT RELEASE
AND OTHERS AS NEEDED.

An official of Nixyáawii Community School shall conduct an employee background investigation on all applicants applying for a Sensitive Position. This includes all employment opportunities where the applicant is directly in contact with students of Nixyáawii Community School. A Sensitive Position will be identified on the Job Announcement and the applicant will be advised that a background investigation will be conducted including, but not limited to criminal, credit, employment, education, and Department of Motor Vehicle records. A pre-employment drug test will also be required.

The applicant will be required to complete this form and authorize the background check to be considered for the position.

JOB TITLE: _____

I authorize Nixyáawii Community School to investigate all information in my records and request any agency holding such information as described above to share such information as required by Nixyáawii Community School.

Print Authorizing Name

Authorizing Signature

Current Date

Social Security Number

Date of Birth

Driver's License State and Number