

Pilot Rock School District 2R

P.O. Box BB, Pilot Rock, OR 97868 • (541) 443-8291 • FAX (541) 443-3550

Employment Application

Applicant Information										
Full Name:						Date:				
	Last First					M.I.				
Address:	Street Address						Apartment/Unit ‡			
	City					State	ZIP Code			
Phone:			E	mail_						
Date Availal	ble:	Desired Salary	/: \$							
Position App	olied for:									
Are you a ci	itizen of the United States	YES	NO	If no, a	are you a	authorized to w	YES ork in the U.S.?	NO		
Have you e	ver worked for this compa	YES ny? □	NO	If yes,	when?_					
Have you e	ver been convicted of a fe	YES lony?	NO							
If yes, expla	iin:									
			Educa	ation						
High Schoo	l:	A	.ddress:_							
From:	To:	Did you gra	aduate?	YES	NO	Diploma::				
College:		A								
From:	To:	Did you gra	aduate?	YES	NO	Degree:				
Other:		A	.ddress:_							
From:	To:	Did vou gra	aduate?	YES	NO	Dearee:				

References											
ary: \$											
ary: \$											
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Company:			Phone:							
Address:		0								
Job Title:	Starting		Ending Sala	ary: <u>\$</u>						
Responsibilities:										
From:			on for Leaving:							
May we contact your p	previous supervisor for a reference?	YES	NO							
	Militar	y Service								
Branch:			From:_		To:					
Rank at Discharge:		_ Type of								
If other than honorable	e, explain:									
	Disclaimer	and Signa	ture							
I certify that my answ	vers are true and complete to the b	<u> </u>								
If this application lead interview may result	ds to employment, I understand the in my release.	at false or m	isleading in	formation in m	ny application or					
Signature:			Date:							