## **Butte Falls School District 91**



P.O. Box 228 • 720 Laurel Avenue• Butte Falls, OR 97522 (541) 865-3563 • fax (541) 865-3217

Classified Application		Date of App	Date of Application:		Date of Availability:			_
		Applicant li	nforma	ation				
Position Applied for:								
Full Name:	Last	First			M.I.	Date:		
A dalaa aa		, H=2						
Address:	Mailing Address	<del></del>						
	City				State	ZIP Code	9	
Phone:		E	Email					
Have you ev	tizen of the United States? ver been convicted of a felo in:			re you	authorized to v	vork in the U.S.?	YES NC	
		Educa	ation		14.0 E4.00 (15.00 \$ 15.00 £ 15.00			
High School	:	Address:						
From:	To:	Did you graduate?	YES	NO	Diploma::	4 %		
College:		Address:		Ţ				
From:	To:	Did you graduate?	YES	NO	Degree:	<u> </u>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Other:		Address:						
From:	To:	Did you graduate?	YES	NO	Degree:			

Refer	ences			
Please list three professional references.				
Full Name:			Relationship:	
Company:			Phone:	
Address:				
Full Name:			Relationship:	
Company:			Phone:	
Address:				
Full Name:			Relationship:	
Company				
Address:			Phone:	
Previous E				
0			Discontinuo	
Company:			Phone:	
Address:			Supervisor:	
Job Title:				
Responsibilities:				
From: To:	Reason fo	or Leaving	:	
May we contact your previous supervisor for a reference?	YES	NO		
Company:			Phone:	
Address:			Supervisor:	
Job Title:				
Responsibilities:				
From: To:	Reason for Leaving:			
May we contact your previous supervisor for a reference?	YES	NO		

Company:		Phone:
Address:		Supervisor:
Job Title:		
Responsibilities:		
	To:	
List skills or knowled	dge that show your ability to pe	erform the job for which you are applying:
If you are applyin	ng for an instructional assist	ant position please include transcripts or Work Key results with your application.
	Disc	laimer and Signature
that the information give herein will cause forfeitu understand that misrepi from employment. I aut	en is true and complete to the best of ure on my part of any employment of resentation or omission of facts calle thorize and consent this employer B the information contained herein inc	of age and that this application contains no misrepresentations or falsifications and of my knowledge. I understand that any misstatement or omission of material facts or payment as an employee in the service of Butte Falls School District. I further add for in this application is cause for cancellation of the application and/or dismissal outte Falls School District #91, to make any necessary and appropriate luding, but not limited to, my criminal background, if any, and employment records
Signature:		Date: