## **Sherman County Preschool**

Moro, Oregon

## **EMPLOYMENT APPLICATION**

The Board of Directors are pleased you are interested in employment with Sherman County Preschool. Our mission is to offer preschool education in a kind, nurturing, safe environment for 3-5 year old children utilizing evidence based instruction.

It is the policy of Sherman County Preschool to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

Please complete the entire application. A resume may be attached to the application. Return completed application to Sherman County Preschool, PO Box 66, Moro, Oregon or emailed to shermanpreschoolboard@gmail.com

1.	Applicant Information:	
Ар	plicant Full Name:	
Но	me Address:	
Cit	y/State/Zip	
Da	ytime Phone:	Evening Phone:
Em	nail address:	<u>.</u>
2.	Emergency Contact: Who should b	pe contacted if you are involved in an emergency?
Со	ntact Name:	Relationship to you:
Ad	dress:	
Cit	y/State/Zip:	
Da	ytime Phone:	Evening Phone:
3.	Job Position Applied For:	
5.	Have you applied to Sherman Preso	chool previously?YesNo
	If yes, when?	What position?
6.	Are you at least 18 years old?	YesNo
7.	If applicable, are you available to w	ork overtime?YesNo
8.	If you are offered employment, who	en would you be available to begin work?

9. If hired, are you able to submit p States?Yes		lly eligible for employn	nent in the United
10. Have you ever been convicted of	of a felony or a misden	neanor?	
Yes, I was convicted of No	on	(date) in	(city)(state)
11. All adults working with children	•	•	
YesNo			
12. Applicant's Skills List any skills that may be useful for to circle the number which correspond while five represents exceptional abi	s to your ability in each		•
Skill	Ye	ars of Experience	Ability 1 2 3 4 5
			1 2 3 4 5
			1 2 3 4 5
			1 2 3 4 5
13. Applicant Employment History List your current or most recent emp military service) which you have held employment. If additional space is	d, beginning with the n	nost recent, and list and ne back page of this app	d explain any gaps in plication.
Employer Name & Address	Job Duties	Dates of Employment	Reason for Leaving
		Linployment	

Employer Name & Address	Job Duties	Dates of Employment	Reason for Leaving

## 14. Applicant Education and Training

College/University	Date	Degree	Area of Study
Name and Address	Attended	Obtained	- Area of Stady
	7 10001101001		
College/University	Date	Degree	Area of Study
Name and Address	Attended	Obtained	
High School /GED	Date	Degree	Area of Study
Name and Address	Attended	Obtained	·
Other Training (and usta to shoridal	Date		Area of Chirdi
Other Training (graduate, technical, vocational)	Date		Area of Study
Vocational)			
List Licenses or certifications:	Date	Currently	Area of Study
		active?	
Additional Education			Area of Study

## 15. References

ist any	two non-	relatives	who w	vould be	willing to	o provide	reference	for you.	
	CVV O I I O I I	Clatives	***	VOGIG DC	** IIIII	pioviac	I CICI CIICC	ioi you.	

		Relationship to Applicant					
se provide any other inform	nation that you believe should be	considered, including whether you ar					
bound by any agreement w		considered, including whether you are					
young by any agreement in	and any current employen						
	CERTIFICATIO	NI.					
	CERTIFICATIO						
certify that the information	provided on this application is tru	thful and accurate. I understand that					
providing false or misleading	g information will be the basis for re	ejection of my application, or if any					
employment commences immediate termination							
employment commences infinediate termination.							
	Described to a section for a second						
I authorize Sherman County Preschool to contact former employers and educational organizations							
regarding my employment and education. I authorize my former employers and educational							
organizations to fully and freely communicate information regarding my previous employment,							
attendance and grades. I authorize those persons designated as references to fully and freely							
communicate information regarding my previous employment and education. I authorize Sherman							
County Preschool to conduct a background check.							
I certify that I have read and understand the mission of the Sherman preschool and personally commit							
upholding the mission and values of this organization.							
apriorants the mission and v	I HAVE CAREFULLY READ THE ABOVE CERTIFICATIONS AND I UNDERSTAND AND AGREE TO ITS TERM						
	E ABOVE CERTIFICATIONS AND I U	NDERSTAND AND AGREE TO ITS TERN					