

Last Name _____

Position Applying for: _____ Date _____

**PHILOMATH SCHOOL DISTRICT 17J
COACHING APPLICATION**

NAME _____ PHONE _____

MAILING ADDRESS _____ CELL _____

CITY, STATE ZIP _____ ODL _____

Email Address: _____

Have you ever been a member of PERS (Public Employees Retirement System) _____ yes/no

First Aid card _____ CPR card _____ Are you NFHS/ASEP certified? _____ yes/no
(expiration date) (expiration date)

High School Attended _____ Grad Yr _____

College Attended _____ Grad Yr _____

List Past Coaching Experience:

<u>Sport</u>	<u>Dates</u>	<u>Level</u>	<u>School</u>	<u>Immediate Supervisor</u>

List Playing Experience: High School and/or College:

<u># of Years</u>	<u>Sport</u>	<u>School Lettered (Yr)</u>

List Special Athletic Honors You Have Received:

Briefly explain your aspirations in the field of athletic coaching and what you think you can offer young people through athletics.

Have you ever been convicted of a criminal offense? Yes _____ No _____ If yes, list below and explain.
(The existence of such a record does not constitute an automatic bar to employment.)

Date Offense State/County

References:

Name Address Phone Occupation

Have you EVER been dismissed from a previous coaching position? Yes _____ No _____

Criminal History Records Check and Fingerprinting: The State of Oregon and District Policy require all new employees to undergo a Criminal History Records Check which necessitates fingerprinting. Employment may be offered prior to fingerprint collection. However, if the records check reveals that the individual has been convicted, or has made a false statement as to conviction of any crimes prohibiting employment, such employment shall be terminated immediately.

I understand the making of any false statements on this application will be sufficient cause for cancellation of the application and/or dismissal from employment. I hereby guarantee the correctness of the above statements to the best of my knowledge and belief. I authorize the Philomath School District to make any necessary and appropriate investigations to verify the information contained herein.

Applicant Signature

Date



Philomath Public Schools

Benton County School District 17J, 1620 Applegate Street, Philomath OR 97370 (541) 929-3169

APPLICANT RELEASE and AUTHORIZATION FORM

- I hereby certify that my application contains no misrepresentations or falsifications and that the information given is true and complete to the best of my knowledge and belief. I understand any misrepresentation or omission of facts called for in my application may prevent my application from being evaluated or referred for positions, may be cause for cancellation of the application and/or dismissal from employment with Philomath School District 17J.
- As part of my application for employment, I hereby consent to and authorize the release of any and all information to Philomath School District 17J, which may be considered in evaluating my qualifications for employment. I therefore release all parties and persons connected with any request for information from all claims, liability and/or damages for whatever reasons arising out of furnishing such information.
- I authorize Philomath School District 17J, where I have completed an employment application, 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 teaching position or other employment with the District. I authorize my listed references, past employers and educational institutions, and anyone else who has information about my work history, education, qualifications, or fitness to provide such information to Philomath School District 17J for which I have completed an employment application.
- I authorize Philomath School District 17J to obtain information about my criminal records. I authorize all governmental agencies to provide information about my criminal records to the school district. Fingerprinting and a criminal records check for each successful applicant are required by Oregon law and District policies. Any offer of employment is contingent on clearance for continued employment by the Oregon State Department of Education or Teacher Standards and Practices Commission.
- I authorize Philomath School District 17J to obtain from any current and/or former employers the following information: a) the dates of employment; b) whether I was the subject of any substantiated report(s) of child abuse or sexual conduct related to my employment; c) the dates of any such substantiated reports; d) the definitions(s) of child abuse and sexual conduct used by the employer when the employer determined that any reports were substantiated; e) the standards used by the employer to determine whether any reports were substantiated; and f) any disciplinary records required to be released as provided by ORS 339.378.
- 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.

Printed: First, Middle and Last Name _____

List Other Names Previously Used: _____

Date of Birth: _____ Last Four Digits-Social Security Number: _____

Applicant's Signature: _____ Date: _____



Disclosure Release

You are required to complete one form for each of your three (3) most recent educational employers (paid employment only)

I declare I have never worked for a school district anywhere. Sign as Applicant and date below.

Philomath School District 17J will mail to:

Personnel Department

Previous Educational Employer: _____

Mailing Address: _____

City, State, Zip: _____ FAX _____

The applicant named below is under consideration for employment in our district. This individual has previously been employed with your organization. As a former employer, we request you provide the information requested on this form within 20 business days pursuant to ORS 339.374.

APPLICANT'S NAME (First, Middle, Last): _____

Position(s): _____ Last Four Social Security Number: _____

Approximate Dates of Employment: _____

I authorize you to release to the Philomath School District, all information related to any substantiated reports of child abuse, sexual conduct or crimes listed in ORS 342.143. I release the above employer and employees acting on behalf of the employer from any liability for providing information described in this document.

Applicant Signature Date

This section to be completed by previous employer only.

The applicant named above is under consideration for employment in our district. This individual has previously been employed with your organization. As a former employer, we request you provide the information requested on this form within 20 business days pursuant to Oregon Revised Statute 339.374 (ORS).

The employee was was not the subject of a substantiated report of child abuse or sexual conduct related to the applicant's employment with the education provider.

- Dates of any substantiated reports: _____
- Please attach the definitions of child abuse and sexual conduct used by the District when the education provider determined that any reports were substantiated and the standards used by the District to determine whether any reports were substantiated.
- If the employee was convicted of a crime listed in ORS 342.143, please send the employee's disciplinary records as required by ORS 339.388 (7).

Former Employer - Representative Signature Date

Printed Name Job Title

Return via FAX (541) 929-3991 ~ via email to: janet.skaugset@philomath.k12.or.us

~or return completed form by U.S. mail to: **Philomath School District 17J**
ATTN: Personnel
1620 Applegate Street
Philomath OR 97370-9328



Philomath Public Schools

Benton County School District 17J, 1620 Applegate Street, Philomath OR 97370 (541) 929-3169

To New Employees & Approved Volunteers:

According to Oregon law, the Philomath School District shall require criminal records checks for volunteers and fingerprinting of all newly hired full-time and part-time employees. Others having direct, unsupervised contact with students shall also have criminal records checks and fingerprinting, as required by law

Please read and sign the following information.

I understand that criminal history record checks (for volunteers) and fingerprinting procedures (for wage earners) are required by law and/or Board policy. Employment shall be offered prior to fingerprint/criminal history check. Upon notification by the Superintendent of Public Instruction or designee (or State Board of Education) that an individual has been convicted or has made a false statement as to conviction of any crimes prohibiting employment or contract status with the district, the Superintendent of the district shall terminate that employment (volunteer, or contract status) immediately.

I understand that an individual so terminated may appeal action taken by the district (as a result of such checks) in accordance with procedures established by law or by Board policy. Applicable appeal rights will be provided by the district upon such termination.

Any fees associated with criminal history records checks and fingerprinting, shall be the responsibility of the District.

Should I refuse to consent to criminal history records checks (or refuse to be fingerprinted) I shall be terminated from employment (volunteer, or contract status) by the Superintendent, immediately. I understand that individuals who have successfully completed an Oregon and FBI criminal history records check by a previous employer, and have not since resided outside Oregon, may be exempt from this requirement. I understand that it is my responsibility to inform the District of the existence of such records.

I hereby authorize any Law Enforcement Agency to release criminal history records to the Superintendent should the Superintendent request them.

Signature

Date

crim history/new employee notice 0619

CRIMINAL HISTORY VERIFICATION OF APPLICANTS

THIS FORM MUST BE ENCLOSED WITH THE 581-2281-N CRIMINAL HISTORY VERIFICATION FOR PRE-EMPLOYMENT AND VOLUNTEERS COVER FORM, ALONG WITH A SCHOOL CHECK IN THE AMOUNT OF \$5.00 PER APPLICANT. ALL DOCUMENTS MUST BE MAILED TOGETHER TO THE OREGON DEPARTMENT OF EDUCATION, OTHERWISE THEY WILL BE RETURNED.

Please type or print clearly.

As Appears on License

Name: _____ Date of Birth: _____ Sex: _____
(Last Name) (First Name) (Middle Name) MM/DD/YY

List Other Names Previously Used: _____
(includes Maiden Name)

Social Security No.: _____ Driver License/Identification Card No.: _____
Providing your social security number on this form is voluntary. If you choose not to disclose the social security number, this will not be a basis for denial. If you do provide the number, the Oregon Department of Education will use it as an additional identifier to search for any criminal record you may have within the State of Oregon. Your social security number will be used as stated above. State and federal laws protect the privacy of your records.

Mailing Address: _____
Full Street Address/Post Office Box

City: _____ State: _____ Zip + 4: _____

A. Have you **EVER** been convicted of a sex-related crime? Yes No

If yes, was the conviction in Oregon or another state? (Please specify if another state.) State: _____

If yes, did the crime involve force or minors? Yes No

B. Have you **EVER** been convicted of a crime involving violence or threat of violence? Yes No

If yes, was the conviction in Oregon or another state? (Please specify if another state.) State: _____

C. Have you **EVER** been convicted of a crime involving criminal activity in drugs or alcoholic beverages? Yes No

If yes, was the conviction in Oregon or another state? (Please specify if another state.) State: _____

D. Have you **EVER** been convicted of any other crime except a minor traffic violation?(Includes Traffic Crimes) Yes No

E. Have you been arrested within the last three years for a crime for which there has not yet been an acquittal or dismissal? Yes No

Advisory: An in-state check of the applicant's criminal history will be made by the Oregon Department of Education to verify the responses to the preceding questions. If you answer no to any of the questions above, and a criminal conviction exists, this will result in a "No" determination by ODE.

The applicant is entitled to inspect and challenge the accuracy of their Oregon criminal record through the Oregon State Police procedures by contacting Oregon State Police directly under ORS 181A.230(3) and OAR 257-10-0035.

I hereby grant to the Oregon Department of Education permission to check civil or criminal records to verify any statement made on this form for the purpose of pre-employment and/or volunteering purposes at an Oregon school and/or institution.

I acknowledge reading and the receipt of this notice.

Applicant's Signature: _____ Date: _____