

OSBA Application Form

Last Name	First	Middle	Office Phone	Home Phone
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Home Address	City	State	ZIP
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Office Address	City	State	ZIP
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Education/Training:

Institution	Dates	Major	Degree
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Employment History: Please list all full-time experience, most recent first.

Position	District/Organization/Location	Employment Dates
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References: Please list the names of three or more persons we can contact who are knowledgeable of your professional work, including your current employer. Use back or another sheet of paper, if needed.

Name	Position	Present Address	Office No.	Home No.
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Can the association contact references upon receipt of your application? Yes ____ No ____

Comments _____

PLEASE READ CAREFULLY BEFORE SIGNING

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by the Oregon School Boards Association (hereinafter referred to as "OSBA") that such employment with OSBA is at will, for no specified duration and may be terminated by either OSBA or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of OSBA or its representatives used during the employment process is deemed a contract of employment real or implied. I understand that no representative of OSBA except the executive director has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the executive director of OSBA.

In consideration for employment with OSBA, if employed, I agree to conform to the rules, regulations, policies and procedures of OSBA at all times and understand that such obedience is a condition of employment. I understand that due to the nature of OSBA business, attendance and punctuality are considered essential requirements of every job at OSBA and that poor attendance or tardiness will result in disciplinary action.

I understand that if offered a position with OSBA, I may be required to submit to a pre-employment drug screening and background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employments tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to OSBA and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

I understand that this application is considered current for three months. If I wish to be considered for employment after this period I must fill out and submit a new application.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.

Signature _____ Date _____

Name and number of person completing this form if other than applicant:

OSBA values a diverse workplace and strongly encourages women, people of color, LGBTQIA2S+ individuals, differently abled individuals, members of ethnic minorities, foreign-born residents, and veterans to apply.

OSBA is an equal opportunity employer. Applicants will not be discriminated against because of race, color, creed, sex, sexual orientation, gender identity or expression, age, religion, national origin, citizenship status, disability, ancestry, marital status, veteran status, medical condition or any protected category prohibited by local, state or federal laws.

A completed application file consists of:

**A cover letter;
A current resume;
And a completed application**

Mail or return applications to:

Oregon School Boards Association
1201 Court Street N.E. Ste. 400
Salem, OR 97301
Phone: (503) 588-2800
Fax: (503) 588-2813
Email: cdavidson@osba.org

Applicant Affirmative Action Information

It is the policy of this organization to provide equal employment opportunity to all qualified applicants for employment without regard to race, color, religion, national origin, sex, age, veteran status, sexual orientation, marital status or disability. Various agencies of the government require employers to invite applicants to identify themselves as indicated below.

Completion of this form is voluntary and in no way affects the decision regarding your application for employment. This form is confidential and will be maintained separately from your application form.

(PLEASE PRINT)

Applicant Information	
Last Name:	Date:
First Name:	Middle Initial:
Position sought: (List only one.)	
What is your race/ethnic origin? (Please check one.) <input type="checkbox"/> White <input type="checkbox"/> Hispanic or Latino (All races) <input type="checkbox"/> African-American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander	
How do you identify? <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary/Unspecified <input type="checkbox"/> Choose not to identify	
Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a disabled veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No NOTE: A disabled veteran is a person entitled to disability compensation under laws administered by the U.S. Department of Veterans Affairs for disability rated at 30 percent or more, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.	
Do you have a mental or physical disability? <input type="checkbox"/> Yes <input type="checkbox"/> No NOTE: A person with a mental or physical disability is one who has a mental or physical impairment that substantially limits one or more major life activities, who has a record of such impairment, or who is regarded as having such an impairment.	