



The Lighthouse School
 "Lighting the way to a brighter future"
 62858 Highway 101
 Coos Bay, OR 97420
 (541) 751-1649



APPLICATION FOR EMPLOYMENT

(Please print or type clearly)
 Revised 9/2021

Date: _____ Position applying for: _____

Name: _____
Last First Middle

Address: _____
Street City State Zip Code

Mailing Address (if different than above): _____

Telephone: _____ Cell phone: _____

Message phone: _____ Email: _____

Are you currently serving, or have you ever served, in the US Military service? ____ yes ____ no

Are you able to meet the requirements of the position as it was posted? ____ yes ____ no

Getting to know you:

Are you CPR certified: ____ yes ____ no willing to get certified: ____ yes ____ no

Under OAR 333-019-1030 are you currently vaccinated against Covid-19?

____ yes ____ no willing to get certified: ____ yes ____ no

Briefly tell us what interests you about this position: _____

Do you have children currently enrolled at The Lighthouse School ____ yes ____ no

If yes, How many children: _____ what grades: _____

Have you ever had children enrolled at The Lighthouse School ____ yes ____ no

Do you have relatives enrolled at The Lighthouse School ____ yes ____ no

Are you available for the days and hours posted for this job: ____ yes ____ no

Please list any previously planned or upcoming events you would require time off for:

Employment Experience

Please account for all periods of employment. Attach additional sheets if more space is needed. Begin with current or most recent employer and include all work history relevant to the position applied for. Include volunteer experience. Completion of this section is required.

Job Title _____ Start date _____ End Date _____

Employer _____

Address _____

Direct Supervisor _____ Telephone _____

May we contact this employer? Yes [] No [] If applicable: Number of people you supervised _____

Reason for leaving _____

Duties and responsibilities _____

Job Title _____ Start date _____ End Date _____

Employer _____

Address _____

Direct Supervisor _____ Telephone _____

May we contact this employer? Yes [] No [] If applicable: Number of people you supervised _____

Reason for leaving _____

Duties and responsibilities _____

Employment Experience Continued:

Please account for all periods of employment. Attach additional sheets if more space is needed. Begin with current or most recent employer and include all work history relevant to the position applied for. Include volunteer experience. Completion of this section is required.

Job Title _____ Start date _____ End Date _____

Employer _____

Address _____

Direct Supervisor _____ Telephone _____

May we contact this employer? Yes [] No [] If applicable: Number of people you supervised _____

Reason for leaving _____

Duties and responsibilities _____

Job Title _____ Start date _____ End Date _____

Employer _____

Address _____

Direct Supervisor _____ Telephone _____

May we contact this employer? Yes [] No [] If applicable: Number of people you supervised _____

Reason for leaving _____

Duties and responsibilities _____

Education and Training Summary

COLLEGES, NURSING, MILITARY, TRADES, BUSINESS OR OTHER SCHOOLS ATTENDED

Name of School and Location	Total Number of Hours	Type of Training or Major	Name of Certificate or Degree Received

Licenses and Certificates

List below any licenses/certificates that you have that may be required for this position.

Title of License or Certificate _____

Number _____ Issuing Agency _____ Expiration Date _____

Title of License or Certificate _____

Number _____ Issuing Agency _____ Expiration Date _____

Title of License or Certificate _____

Number _____ Issuing Agency _____ Expiration Date _____

Please rate your proficiency of the following: 0 indicates you have no experience and 10 indicates you could train others.

Synergy _____ Aesop _____ Veretime _____ I-visions _____ Entourage _____ Mealtime _____

Resource Mate _____ EGMS _____ ODE _____ TSPC _____ Cris _____ PayPal _____

Backing up a computer _____ Renaming a file _____ Renaming a flash drive _____ HTML _____

Saving files _____ Google Search _____

Grammar _____ Spelling without spellcheck _____ using spellcheck _____ Punctuation _____

Multiple line phones _____ Group emailing _____ Mail merge _____ 10-key _____

Word _____ Excel _____ Publisher _____ Power Point _____ Access _____

Outlook _____ Gmail _____

For Office Positions only: How many words per minute can you type? _____

Certification of Information/Release

BY MY SIGNATURE BELOW, I:

Authorize the investigation of all matters which The Lighthouse School deems relevant to my qualifications for employment, including all statements made in this application and in any attachments or supporting documents and in any interviews. I authorize you to request and receive such information and I release from all liability any persons (such as current or former supervisors, co-workers, etc.) employers or other entities (schools, etc.) supplying it. I also release you from all liability, which might result from making the investigation.

Certify that the facts and information given in this application, in any attachment or supporting documents and in any interviews are (or will be) true and complete to the best of my knowledge. I understand that any falsification, misrepresentation or omission as well as any misleading statements or omissions, generally will result in denial of employment or immediate termination, regardless of when or how discovered.

Understand that I may be required to submit to pre-employment or post-employment physical examination or other professional examinations, medical inquiries and/or urinalysis tests for the presence of drugs or alcohol. I agree to such examinations inquiries or testing. I authorize release of the results to The Lighthouse School to evaluate my suitability for employment. I release The Lighthouse School from all liability arising out of or connected with any examinations, inquiries or testing.

Understand and agree that if I am hired the statements in these paragraphs will become a binding part of my employment relationship. I have read each of these statements. I have reviewed all of the information provided in this application and in any attachments or supporting documents.

Understand that if I am hired as a temporary employee, I cannot expect continued employment in a temporary position or to automatically become a regular employee. As a temporary employee, I may be disciplined or discharged from employment for any lawful reasons without warning.

NOTE: Applications or resumés cannot be returned. Please make necessary copies before submitting your application. A separate application is required for each individual vacancy. Unsigned applications will not be processed.

Signature: _____ Date: _____

Print Name _____