



1130 South Ivy Street ● Canby ● Oregon ● 97013
503-266-7861 ● FAX: 266-0022

Application for EXTRA DUTY Position

Application Date: _____ Position Sought: _____

Name: _____
LAST FIRST MI Other names used

Address: _____
Street/PO Box City State Zip Code

Home Phone: _____ Work Phone: _____

Social Security No. _____ Email: _____

Education/Training				
	School & Location	Degree	Major	Minor
High School				
Post High Training/Education				

Employment History (List most recent first.)			
Employer Name & Address	Position Held	From Date	To Date

References (familiar with your skills/experience related to desired position)		
Name	Address	Phone Number

I hereby grant permission to and hold harmless the Canby School District and any employers or references listed above to seek or provide personal information concerning my past employment or activities that may be related to employment with the Canby School District. I understand that acceptance of an extra duty position is also an agreement to undergo a fingerprint-based criminal records check at my own expense and in a timely manner. All information provided above is true and complete to the best of my knowledge.

Signature of Applicant

Date