

OREGON STATEWIDE TEACHER APPLICATION

OFFICE USE ONLY
Dated Received

Produced by Oregon School Personal Association 1994

(Note: Individual school districts may require additional information other than that asked for on this application.)

PERSONAL INFORMATION

Application Date: _____ Social Security Number _____ -- --

Full Name _____ Date of Availability _____
Last First Middle Month Day Year

Previous or other surname(s) reflected on employment or educational records _____

Present Mailing Address _____ Phone (____) _____
Street Phone number is unlisted

City _____ State _____ Zip Code _____ Msg. Phone (____) _____
Where you can always be reached
 Phone number is unlisted

Permanent Mailing Address _____ Phone (____) _____
Street Phone number is unlisted

City _____ State _____ Zip Code _____

Name of contact if other than applicant _____

Currently under contract with another school district? Yes No

If Yes: School District _____ City _____

Current Oregon Teaching License

Type(s) (e.g. Basic D- 474, Temporary, ect.) _____

Endorsements(s) (e.g. Physical Education) _____

Authorization(s) (e.g. 018) _____

Date of Expiration _____

Added endorsements expected _____

If no Oregon License, when is it expected? _____

Month Year

- Full-Time Contract Part-Time Contract
 Temporary Contract Substituting Other _____

Personal History

Have you ever

Yes No

- been dismissed from a teaching position?
 • Had a teaching license revoked?
 • Been convicted, pled guilty or pled nolo contendere to a felony?
 • Been convicted, pled guilty, or pled nolo contendere to a crime involving child abuse or sexual abuse?
 • Had a report of child abuse or sexual activities involving a K-12 student or minor filed against you with a school district, Children Services Division, a police agency, or in court?

If yes, please explain. _____

Expiration Date:

OFFICE USE ONLY
Applicant's Name:

POSITION PREFERENCE(S)

Denote any **licensed** area for which you are applying. List your preference by indicating "1" as your first choice.
Failure to prioritize could adversely affect your chances of being considered.

SPECIALIST

Indicate your grade preference, with 1 being your first choice.

___ Preschool ___ K-5 ___ 6-8 ___ 9-12

Check any area(s) for which you are applying

- | | | |
|------------------------------------------------------|------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Band | <input type="checkbox"/> Orchestra | <input type="checkbox"/> Staff Development |
| <input type="checkbox"/> Computer Science | <input type="checkbox"/> PE | <input type="checkbox"/> TAG |
| <input type="checkbox"/> General Music | <input type="checkbox"/> PT/ OT | <input type="checkbox"/> Testing/ Assessment |
| <input type="checkbox"/> Librarian/ Media Specialist | <input type="checkbox"/> Reading | <input type="checkbox"/> Other _____ |

SPECIAL SERVICES

Indicate your grade preference, with 1 being your first choice.

___ Preschool ___ K-5 ___ 6-8 ___ 9-12

Check the box(es) for the area(s) you are **licensed** to teach and are applying:

- | | |
|------------------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Adaptive PE | <input type="checkbox"/> Nurse |
| <input type="checkbox"/> Bilingual/ ESL/ Multicultural | <input type="checkbox"/> Occupational Therapy |
| <input type="checkbox"/> Chapter 1 | <input type="checkbox"/> Other Health Impaired |
| <input type="checkbox"/> Counselor/ Child Development Specialist | <input type="checkbox"/> Psychologist |
| <input type="checkbox"/> Development Disabled | <input type="checkbox"/> Physical Therapy |
| <input type="checkbox"/> Drug/ Alcohol Specialist | <input type="checkbox"/> Sensory Impaired |
| <input type="checkbox"/> Handicapped Learner | <input type="checkbox"/> Severely Emotionally Disturbed |
| <input type="checkbox"/> Hearing Impaired | <input type="checkbox"/> Social Worker |
| <input type="checkbox"/> Home Teaching/ Tutoring | <input type="checkbox"/> Speech/ Language |
| <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Structured Learning Center |
| <input type="checkbox"/> Mildly Mentally Retarded | <input type="checkbox"/> Work Experience |
| <input type="checkbox"/> Multi - Handicapped | <input type="checkbox"/> Other _____ |

ELEMENTARY

Indicate your grade preference, with 1 being your first choice

___ Early Childhood Ed./ Kindergarten ___ Middle School (with elementary certificate)
___ Primary (grades 1-3) ___ Blended or Multi-Age Classrooms
___ Intermediate (grades 4-6*) ___ Other (see Specialists)

*Grade 6 is in the elementary school in some districts, and in the middle school in others.

SECONDARY

Indicate your grade preference, with 1 being your first choice.

___ 6th (middle school) ___ 7-8 ___ 9-12 ___ Alternative school (6-12)

Check the area(s) for which you are applying and hold endorsement(s)

- | | | |
|--------------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Agricultural Sci. Tech. | <input type="checkbox"/> Health | <input type="checkbox"/> Mathematics |
| <input type="checkbox"/> Art | <input type="checkbox"/> Home Economics | <input type="checkbox"/> Basic Math |
| <input type="checkbox"/> Business Education | <input type="checkbox"/> Industrial Arts/ Trades/
Technology Ed/ Vocational Ed | <input type="checkbox"/> Advanced Math |
| <input type="checkbox"/> Career Education | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Music |
| <input type="checkbox"/> Computer Science | <input type="checkbox"/> Auto | <input type="checkbox"/> Band |
| <input type="checkbox"/> Dance | <input type="checkbox"/> Construction | <input type="checkbox"/> Orchestra |
| <input type="checkbox"/> Drama | <input type="checkbox"/> Drafting | <input type="checkbox"/> Vocal |
| <input type="checkbox"/> Driver's Education | <input type="checkbox"/> Graphics | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> English/ Language Arts | <input type="checkbox"/> Metals | <input type="checkbox"/> Physical Education |
| <input type="checkbox"/> Foreign Language | <input type="checkbox"/> Technology Ed | <input type="checkbox"/> Science |
| <input type="checkbox"/> French | <input type="checkbox"/> Specify _____ | <input type="checkbox"/> Biology |
| <input type="checkbox"/> German | <input type="checkbox"/> Woods | <input type="checkbox"/> Chemistry |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Work Experience Coord. | <input type="checkbox"/> Integrated Sciences |
| <input type="checkbox"/> Latin | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Physics |
| <input type="checkbox"/> Russian | | <input type="checkbox"/> Social Studies |
| <input type="checkbox"/> Spanish | | <input type="checkbox"/> Speech |
| <input type="checkbox"/> Other _____ | | <input type="checkbox"/> Other (see Specialists) |

EDUCATIONAL/ WORK EXPERIENCE

EDUCATIONAL AND PROFESSIONAL BACKGROUND

High School, Colleges, Universities Name, City, State	Dates Attended Mo/Yr to Mo/ Yr	Type of Degree Earned	Major & Minor (if any)
High School			
College / University			

TEACHING EXPERIENCE

Include only those positions for which a teaching license was required (list most recent first). Approval of experience shall be determined at the time of employment. You will be asked to provide official verification.

District Name Address (Street, City, State)	Name of School	Grade Taught	Subject(s) Taught	Full-Time Part-Time	Dates of Employment	Total Years	Reason for Leaving

STUDENT TEACHING EXPERIENCE

Please list experiences in a recognized teacher preparation program only.

District Name & School Address (Street, City, State)	Grade(s) Taught	Subject(s) Taught	Dates Taught	Supervising Teacher

EXPERIENCE OTHER THAN TEACHING

Do not list military experience here.

Employer	Address	Position	Dates of Employment

REFERENCES

Give references (a minimum of three), especially superintendents or principals under whom you have taught, who have first-hand knowledge of you character, personality, and teaching ability.

Name	Position/ District	Address	Work Phone	Home Phone

TRAINING AND PREPARATION

SPECIAL TRAINING

Please use key to indicate experience or training in any of the following specific classes or workshops.

KEY: T = Training E = Experience T/E = Both

- | | | |
|------------------------------------------------------------|--------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Authentic Assessment | <input type="checkbox"/> Equity Awareness | <input type="checkbox"/> Portfolios |
| <input type="checkbox"/> Child Abuse/ Personal Safety | <input type="checkbox"/> Gifted Education | <input type="checkbox"/> Remedial Education |
| <input type="checkbox"/> Computer Training | <input type="checkbox"/> Inclusive Education | <input type="checkbox"/> Signing |
| <input type="checkbox"/> Cooperative Learning | <input type="checkbox"/> Integrated Curriculum | <input type="checkbox"/> Study Skills |
| <input type="checkbox"/> Conduct Disorders | <input type="checkbox"/> ITIP | <input type="checkbox"/> Task Writing/ Rubrics |
| <input type="checkbox"/> Critical Thinking Skills | <input type="checkbox"/> Learning Skills | <input type="checkbox"/> Visual/ Manipulative Math |
| <input type="checkbox"/> Current First Aid Card | <input type="checkbox"/> Middle Level Education | <input type="checkbox"/> Whole Language |
| <input type="checkbox"/> Curriculum Integration | <input type="checkbox"/> Multi-Age Class | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Development Appropriate Practices | <input type="checkbox"/> Multicultural Awareness | |
| <input type="checkbox"/> Drug Alcohol Problems | <input type="checkbox"/> Peer Coaching | |

EXPERIENCE OTHER THAN TEACHING

OTHER LANGUAGES: Please list any foreign language(s) you can use. _____

- Fluent Skills (speak, read, write)
- Minimal skills (please list abilities) _____

Actual language training _____

ELEMENTARY APPLICATIONS: Check areas in which you have training or experience to the extent the skill(s) could be used in class.

- Play Piano Teach PE Teach Art Teach Vocal Music

PLACEMENT FILE

Do you have current placement file(s)? Yes No

I requested a copy of my placement file to be sent to the appropriate school district. Yes No

MILITARY EXPERIENCE

Branch of Service	Job Classification	Inclusive Dates	Type of Discharge

Citizenship: Are you a U.S. citizen or otherwise legally authorized to work in the U.S.? Yes No

Health: Is your physical/ mental health condition such that you can fulfill the essential job functions of the teaching/ extracurricular work for which you are applying (either with or without reasonable accommodations)? Yes No

APPLICATIONS

Applications which are forwarded to a school district will remain active at that district for one year. The district will normally keep the application on file for three years. Contact individual districts about procedures for reactivating an application that is more than one year old.

I understand that any omissions on this application may prevent my application from being evaluated or referred to an individual school district. I authorize any school district to which this application is submitted to obtain information about my criminal records. I authorize all government agencies to provide information about my criminal records to the school district. I verify that all information on this employment application is true and complete. I understand that any misrepresentation, falsification, or omission on this application or on other documents submitted to the school district will be sufficient cause for this application not to be considered by the school district, not to be referred to a school district or for discharge if I have employed.

AUTHORIZATION TO OBTAIN AND RELEASE INFORMATION

I authorize any Oregon school district for which 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. I authorize my listed references, past employers and educational institutions, and anyone else who has information about my work history, education qualification or fitness, to provide such information to any school district for which I have completed an employment application. I release the school district to all persons providing information to the school district from any liability whatsoever for obtaining and providing that information, regardless of the results.

Signature _____ Date _____

COACHING & ADVISING

Extra/Co-curricular Activities (Middle/High Schools)

Check those you are capable of and willing to supervise (e.g. V = Varsity, JV = Junior Varsity, F = Freshman). For non-coaching activities, check Head or Asst. only under "Positions Qualified to Conduct".

POSITIONS QUALIFIED TO CONDUCT					COACHING/ADVISORY EXPERIENCE			
HEAD	ASST.	V	JV	F	ELEM	MS	HS	COLL

- Activities Coordinator
- Annual
- Athletic Director
- Athletic Trainer
- Band
- Baseball
- Basketball
- Chess
- Club Advisor
- Computer Club
- Cross Country
- Dance
- Debate Team
- Drama
- Driver's Education
- Football
- Golf
- Gymnastics
- Hockey
- Honor Society
- Intramurals
- Language Clubs
- Literary Magazine
- Mock Trial
- Model U. N.
- Musical
- Newspaper
- Orchestra
- Outdoor Education
- P.E. Club
- Photography
- Rally
- Rifle/Shooting
- Science Club
- Skiing
- Soccer
- Softball
- Speech Team
- Student Council
- Swimming
- Tennis
- Track
- Vocal Music
- Volleyball
- Water Polo
- Weight Lifting
- Wrestling
- Other _____



OREGON STATEWIDE TEACHER APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER

EQUAL OPPORTUNITY INFORMATION

Oregon school districts are equal opportunity employers and comply with all applicable state and federal statutes and regulations in employment and school district programs.

Drug-free Workplace

Oregon school districts are committed to maintaining drug-free workplaces and comply strictly with all applicable state and federal statutes and regulations in employment and school district programs.

Name _____

Position for which you are applying _____

If you prefer not to provide the information requested below, please sign and date.

Signature _____

Date _____

VOLUNTARY INFORMATION

This information is voluntary and is collected only for Equal Employment Opportunity reporting purposes. This form will be physically separated from you other application materials and will not affect the application process in any manner. Should you prefer not to provide this information, there will be no effect on your application.

Sex

Female

Male

Date of Birth ____/____/____

Race or Cultural Group (Check one only)

American Indian / Alaskan Native

Asian / Pacific Islander

White

Black

Hispanic

Other _____



GRANT SCHOOL DISTRICT #3

401 N. Canyon City Blvd. • Canyon City, OR 97820
Phone: (541) 575-1280 • Fax: (541) 575-3614

Disclosure Release

(District submits this form to Previous School District Employer(s))

To:	SCHOOL DISTRICT EMPLOYER	<input type="checkbox"/> No Prior School District Employment
	PERSONNEL DEPARTMENT	
	STREET ADDRESS	
	CITY, STATE, ZIP	

The named applicant is under consideration for a position in our district and has had previous employment with your organization. As a former employer, we request you provide the information on this form within 20 business days as required by Oregon State law. Your assistance is appreciated.

APPLICANT NAME (FIRST, MIDDLE, LAST)
FULL NAME WHEN LAST EMPLOYED WITH ORGANIZATION
CERTIFICATE NUMBER (State of Issuance)
APPROXIMATE DATES OF EMPLOYMENT
POSITION(S)

I certify that I have not been the subject of a substantiated report of child abuse or sexual conduct or the subject of any such ongoing investigation. Check one below:
 Yes No

I authorize you to release to the Grant School District #3 all information related to whether I was subject to any substantiated reports of child abuse or sexual conduct* related to my employment with you. Such information includes copies of all related disciplinary records required to be released as provided by ORS 339.375 (7).

Applicant Signature	Date
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This section to be completed by former school district employer(s) only No record of employment

Dates of employment: _____
From To

The applicant was the subject of any substantiated reports of child abuse or sexual conduct.
 No Yes

If yes, the dates of any substantiated report(s): _____ The applicant is the subject of an ongoing investigation related to a report of suspected child abuse or sexual conduct.
 No Yes

The definition of child abuse and sexual conduct used by the education provider when such report(s) were substantiated

The standards used by the education provider to determine when such report(s) were substantiated. _____

Former Employer Representative Signature Title Date

Grant School District #3 Receipt Date Received By

Return all completed information to:

SCHOOL DISTRICT	
Grant School District #3	ATTN: Jana Young
ADDRESS	PHONE NUMBER
401 N Canyon City Blvd	541-575-1280
CITY, STATE, ZIP	FAX NUMBER
Canyon City, OR 97820	541-266-3614

Information received on this form is confidential and is not subject to public record as define in ORS 192.410. An education provider may only use this information for the purpose of evaluating an applicant's eligibility to be hired. An education provider may not hire an applicant who does not comply with this requirement. An education provider may hire an applicant on a conditional basis pending the education provider's review of information and records received on this form.

*Sexual conduct is defined as any verbal or physical conduct by a school employee that is sexual in nature; is directed toward a K – 12 grade student; has the effect of unreasonably interfering with a student's educational performance; and creates an intimidating, hostile or offensive educational environment. (Oregon Legislature House Bill 2062, 2009 Legislative Session)