



# OREGON STATEWIDE TEACHER APPLICATION

OFFICE USE ONLY  
Date Received  
\_\_\_\_\_

Produced by Oregon School Personnel 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, etc.) \_\_\_\_\_

Endorsement(s) (e.g. Physical Education) \_\_\_\_\_

Authorization(s) (e.g. 018) \_\_\_\_\_

Date of Expiration \_\_\_\_\_

Added endorsements expected \_\_\_\_\_

If no Oregon License, when is it expected? \_\_\_\_\_

Full-Time Contract       Part-Time Contract  
 Temporary Contract       Substituting       Other \_\_\_\_\_

### Personal History

Have you ever:

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

- been dismissed from a teaching position?
- been asked to resign from a teaching position?
- been refused continuing employment as a teacher?
- 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. \_\_\_\_\_

## 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"/> Developmentally 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 Disabled                        | <input type="checkbox"/> Structured Learning Center     |
| <input type="checkbox"/> Mildly Mentally Retarded                 | <input type="checkbox"/> Visually Impaired              |
| <input type="checkbox"/> Moderately to Severely 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/<br>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 AND PROFESSIONAL BACKGROUND

High School, Colleges, Universities Name, City	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 or 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 your character, personality, and teaching ability.

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

### 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 APPLICANTS:** 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 governmental 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 been 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, add 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 and all persons providing information to the school district from any liability whatsoever for obtaining and providing that information, regardless of the results.

Signature \_\_\_\_\_

Date \_\_\_\_\_





# 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 \_\_\_\_\_

*When this page is forwarded to an individual school district, the receiving district will remove this page so as to allow the collection of data.*

National Questions (United States)

Question	Answer Yes or No
Are you a U.S. citizen or otherwise legally authorized to work in the U.S.?	
Is your physical/mental health condition such that you can fulfill the essential job functions of the work for which you are applying (either with or without reasonable accommodations)?	

Regional Questions (Oregon)

Question	Answer Yes or No
Have you ever left any educational or school-related employment, voluntarily or involuntarily, while the subject of an inquiry, review or investigation of alleged misconduct or alleged violation of professional standards of conduct or when you had reason to believe such investigation was imminent?	
Are you currently the subject of an inquiry, review or investigation for alleged misconduct or alleged violation of professional standard of conduct?	
Have you ever failed to complete a contract for educational services in any educational or school- related position, or for any alleged misconduct or alleged violation of professional standards of conduct?	
Have you ever had a professional certificate, credential or license (of any kind) revoked or suspended or have you been placed on probationary status for any alleged misconduct or alleged violation of professional standards of conduct?	
Have you ever been denied a professional license for which you applied or granted a professional license on a conditional or probationary basis for any alleged misconduct or alleged violation of professional standards of conduct?	
Have you ever surrendered a professional license of any kind before its expiration?	
Have you ever been disciplined by any public agency responsible for licensure of any kind, including but not limited to educational licensure?	
Have you ever been convicted or been granted conditional discharge by any court for: (a) any felony, (b) misdemeanor, or (c) any major traffic violation, such as; driving under the influence of intoxicants or drugs; reckless driving; fleeing from or attempting to elude a police officer; driving while your license was suspended, revoked or used in violation of any license restriction; or failure to perform the duties of a driver or witness at an accident?	
Have you ever been arrested or cited for any offense listed in the question above which is still pending in court?	
Have you ever entered a plea of guilty of No Contest relative to any charge for an offense listed in the question two above?	
Have you ever had any civil judgment or other court order entered against you resulting from abuse, assault, battery, harassment, intimidation, neglect, stalking or other threatening behavior toward other persons?	

If you answered yes to any Oregon regional questions, please explain why in detail on separate sheet of paper.

I authorize my listed references, current and past employers and educational institutions, and anyone else who has information about my work history, education qualification, or fitness to provide such information to the school district for which I completed and employment application. 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. Please indicate you have read and agree to these terms by placing both your INITIALS and DATE in the text box.	
Have you EVER been the subject of a substantiated report of child abuse or sexual conduct (involving a K-12 student or minor child)? If yes, please explain on a separate sheet of paper.	
Are you currently the subject of an ongoing investigation related to a report of suspected child abuse or sexual conduct (involving a K-12 student or minor child)? If yes, please explain on a separate sheet of paper.	
Have you listed ALL current and former employers who are education providers in the Experience section of this application?	



401 N Canyon City Blvd | Canyon City, OR, 97820-6111

Phone: (541) 575-1280 | FAX: (541) 575-3614

Licensed Teacher Application Supplement:

All new hires, under ORS 339.370 - Oregon school districts are required to receive a background check, including data related to sexual misconduct, from their previous educational employers.

The following form is our Disclosure Release form that will be sent to three of your previous educational employers. If you have not worked with three previous educational employers, please list any educational employers that you have worked with previously.

Please complete the top half of the form listing each educational employer. Sign, date and return the completed form to our district office.

Approval for hiring will be contingent upon passing this background check, and final approval from our Board of Directors.

Please call with any questions or concerns.

Thank you for your interest in joining our team!

A handwritten signature in black ink that reads "Jana Young".

Jana Young  
Human Resources Representative  
(541) 575-1280 Ext. 3023

A handwritten signature in blue ink that reads "Mark W. Witty".

Mark W. Witty  
Superintendent

JY/jm

Superintendent | Board of Directors:

*Mark W. Witty, Superintendent*

*Kris Beal | M.T. Anderson | Amy Charette, Vice Chair | Chris Labhart | Zac Bailey | Will Blood, Chair | Jake Taylor*

*Website: <https://www.grantschooldistrict.org/> |*





# 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
---------------------	------

<p><b>This section to be completed by former school district employer(s) only</b></p> <p>Dates of employment: _____          From To</p> <p>The applicant was the subject of any substantiated reports of child abuse or sexual conduct.  <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>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.  <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>The definition of child abuse and sexual conduct used by the education provider when such report(s) were substantiated          _____</p> <p>The standards used by the education provider to determine when such report(s) were substantiated. _____</p>	<input type="checkbox"/> No record of employment
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Former Employer Representative Signature	Title	Date
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Grant School District #3 Receipt Date	Received By
---------------------------------------	-------------

**Return all completed information to:**

SCHOOL DISTRICT	
Grant School District #3	ATTN: Rachele Simmons
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)