

WASCO COUNTY SCHOOL DISTRICT #29

802 NE 5th Street

Telephone: (541)467-2509

Dufur, Oregon 97021

Fax: (541)467-2589

APPLICATION FOR EMPLOYMENT IN A TEACHING POSITION

Position Applying For: _____

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 Number _____	
_____ Street		<input type="checkbox"/> phone number is unlisted	
_____ City	_____ State	_____ Zip Code	Message Phone _____
			(where you can always be reached)
			<input type="checkbox"/> phone number is unlisted
Permanent Mailing Address _____		Phone Number _____	
_____ Street		<input type="checkbox"/> phone number is unlisted	
_____ City	_____ State	_____ Zip Code	
Name of contact if other than applicant _____			

Are you currently under contract with another school district? Yes ☐ No ☐

If yes, which school district? _____ City _____

<input type="checkbox"/> Full-Time Contract	<input type="checkbox"/> Part-Time Contract
<input type="checkbox"/> Temporary Contract	<input type="checkbox"/> Substituting
<input type="checkbox"/> Other _____	

CURRENT OREGON TEACHING LICENSE

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

Endorsement(s) (e.g. Physical Education, etc.) _____

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

Date of Expiration _____

Added Endorsements Expected _____

If no Oregon License, when is it expected? _____ month _____ year

PERSONAL HISTORY

Have you ever:

- ;
- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | been dismissed from a teaching position? |
| <input type="checkbox"/> | <input type="checkbox"/> | been asked to resign from a teaching position? |
| <input type="checkbox"/> | <input type="checkbox"/> | been refused continuing employment as a teacher? |
| <input type="checkbox"/> | <input type="checkbox"/> | had a teaching license revoked? |
| <input type="checkbox"/> | <input type="checkbox"/> | been convicted, pled guilty or pled nolo contendere to a felony? |
| <input type="checkbox"/> | <input type="checkbox"/> | been convicted, pled guilty or pled nolo contendere to a crime involving child abuse or sexual abuse? |
| <input type="checkbox"/> | <input type="checkbox"/> | 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 or police agency, or in court? |

If yes, please explain. _____

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 or Part-Time	Dates of Employment	Total Years	Reason for Leaving

Student Teaching Experiences

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.

Name	Position/District	Address	Work Phone	Home Phone

Special Training

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

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

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

Placement File

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

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

Citizenship/Health

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 and/or extracurricular work for which you are applying (either with or without reasonable accommodations)? Yes ☐ No ☐

Applications:

Applications will remain active for one year.

I understand that any omission on this application may prevent my application from being evaluated. I authorize Dufur School District #29 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 Dufur School District #29 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 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 _____

In your own handwriting, using only the space below, please tell us why you want this job.
