



OREGON STATEWIDE TEACHER APPLICATION

Produced by Oregon School Personnel Association ♦1994

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

OFFICE USE ONLY

Date Received _____

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

- 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

Band

Computer Science

General Music

Librarian/Media Specialist

Orchestra

PE

PT/OT

Reading

Staff Development

TAG

Testing/Assessment

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:

Adaptive PE

Bilingual/ESL/Multicultural

Chapter 1

Counselor/Child Development Specialist

Developmentally Disabled

Drug/Alcohol Specialist

Handicapped Learner

Hearing Impaired

Home Teaching/Tutoring

Learning Disabled

Mildly Mentally Retarded

Moderately to Severely Mentally Retarded

Multi-Handicapped

Nurse

Occupational Therapy

Other Health Impaired

Psychologist

Physical Therapy

Sensory Impaired

Severely Emotionally Disturbed

Social Worker

Speech/Language

Structured Learning Center

Visually Impaired

Work Experience

Other _____

ELEMENTARY

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

_____ Early Childhood Ed./Kindergarten

_____ Primary (grades 1-3)

_____ Intermediate (grades 4-6*)

_____ Middle School (with elementary certificate)

_____ Blended or Multi-Age Classrooms

_____ 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)

Agricultural Sci. Tech.

Art

Business Education

Career Education

Computer Science

Dance

Drama

Driver's Education

English/Language Arts

Foreign Language

French

German

Japanese

Latin

Russian

Spanish

Other _____

Health

Home Economics

Industrial Arts/Trades/

Technology Ed/Vocational Ed

Agriculture

Auto

Construction

Drafting

Graphics

Metals

Technology Ed

Specify _____

Woods

Work Experience Coord.

Other _____

Mathematics

Basic Math

Advanced Math

Music

Band

Orchestra

Vocal

Other _____

Physical Education

Science

Biology

Chemistry

Integrated Sciences

Physics

Social Studies

Speech

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

_____ 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	

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.



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	<input type="checkbox"/> No record of employment
Dates of employment: _____ From To	
The applicant was the subject of any substantiated reports of child abuse or sexual conduct. <input type="checkbox"/> No <input type="checkbox"/> 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. <input type="checkbox"/> No <input type="checkbox"/> 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
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Grant School District #3 Receipt Date	Received By
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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)