Principal Position
Powers School District
Application Form

Last Name	First Name	M.I.	Office Phone	Home Phone

Home Address		City	State	Zip

Office Address		City	State	Zip

Education: (Undergraduate and Graduate)

Accredited Institution	Dates Attended	Major	Degree/Certification
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Employment History: Please list all full-time experience within the field of education, with your **current employment listed first**.

Position	School District/Location	Years (From/To)	Enrollment
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Length of present contract _____   Expiration Date _____   Date Available _____

Reason for leaving present position _____

Name of supervisor _____   Supervisor's home phone _____

Are you currently licensed as an administrator in Oregon? {} Yes {} No

If not, are you eligible? {} Yes {} No **Have you applied for an Oregon license?** {} Yes {} No
(Proof of eligibility for licensure must be provided at time of interview.)

Where did you receive information about this position? _____

References: Please list the names of three or more persons who are knowledgeable of your professional work, including your current employer and at least one current school board member.

Name	Position	Present Address	Office Phone	Home Phone
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

May the Board contact references, both listed and others upon receipt of this application?
{} Yes {} No

Comments: _____

_____

Community Service and Honors:

_____

_____

Professional Organization Memberships, Offices Held:

_____

_____

Verification Statement

The information in the Application for Employment is true, correct and complete to the best of my knowledge. I certify that I have answered all questions to the best of my ability and I have not withheld any information that would unfavorably affect my application for employment. I acknowledge that any misrepresentation or omission of any fact in my application, resume or any other materials, or during any interviews, may be the cause for my rejection from employment or may result in my subsequent dismissal if I am hired.

Signature _____ Date _____

This application form will be used as a working document. Please fill in all blanks.

Please return this completed form to:
Powers Public Schools #31
Attn: Marissa Zoubek
P.O. Box 479
Powers, OR 97466
or email mzoubek@powersschools.com

State law requires fingerprinting of all applicants for new certificates.

The Powers School District #31 is an equal opportunity/affirmative action employer. As an equal opportunity and access district, all district educational functions will be performed without reference to race, creed, national origin, age, handicap, or gender.