

SAUVIE ISLAND SCHOOL

Application for Employment – EDUCATIONAL ASSISTANT-Kindergarten

APPLICANT INFORMATION

Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	Zip	
Cell Phone	E-mail Address		
Work Phone	Permission to contact current employer? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Date Available	Desired Salary		
Position Applied for: EDUCATIONAL ASSISTANT - Kindergarten			
Are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>			
If selected for employment, are you willing to submit to a pre-employment drug screening test and/or TB test? YES <input type="checkbox"/> NO <input type="checkbox"/>			
If selected for employment, are you willing to submit to a background check and fingerprinting? YES <input type="checkbox"/> NO <input type="checkbox"/>			

EXPERIENCE

Total Years Experience:	Administrative:	Licensed:	Non-licensed:	
Title of Current Position:		Years in Current Position :		
Work Experience				
Institution / School District	Address / Phone Number	Title	Start Date	End Date

RECORD OF PROFESSIONAL EDUCATION

Institution	Dates	Major	Degree

Please answer the following question:

1. Please tell us why you are interested in working at Sauvie Island School.
2. This position supports the Kindergarten students and the Kindergarten teacher throughout the day in all academic areas, as well as specials (Art, Music, PE, Lib, etc). Please describe how you would be uniquely qualified for this position.
3. This position involves interacting with and supervising K-8 students at recess and throughout the building. Please describe your comfort level and/or experience supervising and working with K-8 students.

REFERENCES

Please list three professional references. Include Superintendents, Principals, Supervisors, Team Leaders, etc., for whom you have worked.

Full Name	Relationship
Company	Phone ()
Address	

Full Name	Relationship
Company	Phone ()
Address	

Full Name	Relationship
Company	Phone ()
Address	

MILITARY SERVICE (IF ANY)

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date

You may email or mail your application.

Email: dmeeuwsen@sauvieislandschool.org

Mail: Sauvie Island School, 14445 NW Charlton Road, Portland, OR 97231

Fax: 503-621-3384