

SAUVIE ISLAND SCHOOL

Application for Employment – 1st Grade Teacher

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: 1st Grade Teacher			
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

- 1. QUESTION:** Tell us why you are interested in working at Sauvie Island School.
- 2. QUESTION:** Please explain why you are uniquely qualified for this position.
- 3. QUESTION:** What is your philosophy of Place-based Education? What do you feel are the benefits and challenges of Place-based learning?
- 4. QUESTION:** Please give an example of a Project-based learning experience that you led or participated in.
- 5. QUESTION:** Describe your teaching style and how it helps meet the needs of both learners who are above and below grade-level.
- 6. QUESTION:** Describe your experience with facilitating and utilizing standards-based assessments, as well as proficiency-based assessments.

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