

SAUVIE ISLAND SCHOOL

Application for Employment – ART Teacher K-5 & MS Elective (Part-Time)*-CONTRACTED

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: ART Teacher K-5 & MS Elective (Part-Time)			
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. Why are you interested in contracting with Sauvie Island School?

2. What is your experience teaching art? What ages have you worked with in the past? What medium do you have the most experience working with?

3. How would you encourage an Art reluctant student to engage and participate? Describe your approach to student management.

4. What ideas do you have for an art elective for middle school students? (Drawing, digital animation, sculpting, etc.)

5. Describe your experience producing a school yearbook (or publishing programs).

6. Have you established an LLC, or would you be willing to do so, as this is a contracted position?

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

***This CONTRACT is funded through the Sauvie Island School PTC.** Subject to your accepting and signing a contract agreement. Taxes and Benefits: You will be responsible for all withholding, accruing, and paying all income, social security, and other taxes as required by law. You will be responsible for all statutory insurance, including workers' compensation and unemployment insurance, as may be required by law. In no event are you considered to be an employee of Sauvie Island School.