SAUVIE ISLAND SCHOOL

Application for Employment – School Garden Coordinator & Teacher (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? YE	S 🗌 NO 🗌		
Date Available		Desired Salary			
Position Applied for: School Garden Coordinator & Teacher (Part-Time)*-CONTRACTED					
Are you authorized to work in the U.S.?	YES 🗌	NO 🗌			
If selected for employment, are you willing to submit to a pre-employment drug screening test and/or TB test?	YES 🗌	NO			
If selected for employment, are you willing to submit to a background check and fingerprinting?	YES				

EXPERIENCE

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

RECORD OF PROFESSIONAL EDUCATION

Institution	Dates	Major	Degree

1. Why do you want to contract with Sauvie Island School?

2. What is your experience coordinating and teaching a school garden? What ages have you worked with in the past?

3. How would you encourage a reluctant student in the garden to engage and participate? Describe your approach to student management.

4. What experience and ideas do you have for utilizing a school greenhouse?

5. 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: <u>dmeeuwsen@sauvieislandschool.org</u> Mail: Sauvie Island School, 14445 NW Charlton Road, Portland, OR 97231 Fax: 503-621-3384

*This is a CONTRACTED position with Sauvie Island School. 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.