



**Specialist Application**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

**Education: List all degrees, credentials, and endorsements**

Degree, Credential, or Endorsement: \_\_\_\_\_

Institution: \_\_\_\_\_ Subject: \_\_\_\_\_

Degree, Credential, or Endorsement: \_\_\_\_\_

Institution: \_\_\_\_\_ Subject: \_\_\_\_\_

Degree, Credential, or Endorsement: \_\_\_\_\_

Institution: \_\_\_\_\_ Subject: \_\_\_\_\_

**LIST ALL EXPERIENCE IN AN EDUCATIONAL SETTING**

Please complete the following for each school:

School Name: \_\_\_\_\_ Location: \_\_\_\_\_

Role: \_\_\_\_\_ Number of Children: \_\_\_\_\_ Age(s) of Students: \_\_\_\_\_

How many years total did you work there? \_\_\_\_\_

School Name: \_\_\_\_\_ Location: \_\_\_\_\_

Role: \_\_\_\_\_ Number of Children: \_\_\_\_\_ Age(s) of Students: \_\_\_\_\_

How many years total did you work there? \_\_\_\_\_

School Name: \_\_\_\_\_ Location: \_\_\_\_\_

Role: \_\_\_\_\_ Number of Children: \_\_\_\_\_ Age(s) of Students: \_\_\_\_\_

How many years total did you work there? \_\_\_\_\_

School Name: \_\_\_\_\_ Location: \_\_\_\_\_

Role: \_\_\_\_\_ Number of Children: \_\_\_\_\_ Age(s) of Students: \_\_\_\_\_

How many years total did you work there? \_\_\_\_\_

*Ridgeline Montessori Public Charter School prohibits discrimination and harassment on any basis protected by law, including but not limited to an individual's perceived or actual race, color, religion, sex, sexual orientation, national or ethnic origin, marital status, age, mental or physical disability, pregnancy, familial status, economic status or veterans' status, because of the perceived or actual race, color, religion, sex, sexual orientation, national or ethnic origin, marital status, age, mental or physical disability, pregnancy, familial status, economic status or veterans' status of any other persons with whom the individual associates.*

References (3 Required)

List three professional educational references, not related to you, who have known you for more than one year.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**VETERAN'S PREFERENCE**

Are you a "Veteran" as defined under Oregon law (ORS 408.225(f))?      Yes  No   
If yes, ATTACH Form DD-214 or other similar discharge document.

Are you a "Disabled Veteran" as under Oregon law (ORS 408.225(c))?      Yes  No   
If yes, ATTACH document verifying disabled veteran status.

Are you requesting a "veteran's preference" according to ORS 408.230?      Yes  No   
If yes, ATTACH a separate document explaining which transferable skills acquired in the military address the skills required for this position.

**Verification**

The information that I have provided in this application is true and accurate to the best of my knowledge. I have answered all of the questions to the best of my ability and I have not knowingly withheld information that would negatively affect my application. (Please attach a brief explanation for any circumstances arising from the Questions above which you believe might negatively affect your application including: criminal convictions, professional license discipline, and pending investigations in any state). Any misrepresentations or omissions of fact in this application, any materials submitted with this application, or during interviews may be cause for rejection of this application or subsequent dismissal from employment, if hired.

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Signed (a typed name in this field on the part of the application constitutes a valid signature).      Date

Please return the completed and signed application form with other application materials in either PDF or Word format as e-mail attachments to: [careers@ridgeline.org](mailto:careers@ridgeline.org)