



OREGON STATEWIDE TEACHER APPLICATION

OFFICE USE ONLY
Date Received

Produced by Oregon School Personnel Association ♦1994

(Note: Individual school districts may require additional information other than that asked for on this application.)

PERSONAL INFORMATION

Application Date: _____

Full Name _____ Date of Availability _____
Last First Middle Month Day Year

Previous or other surname(s) reflected on employment or educational records _____

Present Mailing Address _____ Phone (____) _____
Street phone number is unlisted

City _____ State _____ Zip Code _____ Msg. Phone (____) _____
Where you can always be reached
phone number is unlisted

Permanent Mailing Address _____ Phone (____) _____
Street phone number is unlisted

City _____ State _____ Zip Code _____

Name of contact if other than applicant _____

Currently under contract with another school district? Yes No

If Yes: School District _____ City _____

Current Oregon Teaching License

Type(s) (e.g. Basic D-474, Temporary, etc.) _____

Endorsement(s) (e.g. Physical Education) _____

Authorization(s) (e.g. 018) _____

Date of Expiration _____

Added endorsements expected _____

If no Oregon License, when is it expected? _____

Full-Time Contract _____ Part-Time Contract _____
Temporary Contract _____ Substituting _____ Other _____
Month Year

Personal History

Have you ever:

YES NO

- been dismissed from a teaching position?
- been asked to resign from a teaching position?
- been refused continuing employment as a teacher?
- had a teaching license revoked?
- been convicted, pled guilty, or pled nolo contendere to a felony?
- been convicted, pled guilty, or pled nolo contendere to a crime involving child abuse or sexual abuse?
- had a report of child abuse or sexual activities involving a K-12 student or minor filed against you with a school district, Children Services Division, a police agency, or in court?

If yes, please explain. _____

POSITION PREFERENCE(S)

Denote any **licensed** area for which you are applying. List your preference by indicating "1" as your first choice.

Failure to prioritize could adversely affect your chances of being considered.

SPECIALIST

Indicate your grade preference, with 1 being your first choice.

_____ Preschool _____ K-5 _____ 6-8 _____ 9-12

Check any area(s) for which you are applying

Band	Orchestra	Staff Development
Computer Science	PE	TAG
General Music	PT/OT	Testing/Assessment
Librarian/Media Specialist	Reading	Other _____

SPECIAL SERVICES

Indicate your grade preference, with 1 being your first choice.

_____ Preschool _____ K-5 _____ 6-8 _____ 9-12

Check the box(es) for the area(s) you are licensed to teach and are applying:

<input type="checkbox"/> Adaptive PE	<input type="checkbox"/> Nurse
<input type="checkbox"/> Bilingual/ESL/Multicultural	<input type="checkbox"/> Occupational Therapy
<input type="checkbox"/> Chapter 1	<input type="checkbox"/> Other Health Impaired
<input type="checkbox"/> Counselor/Child Development Specialist	<input type="checkbox"/> Psychologist
<input type="checkbox"/> Developmentally Disabled	<input type="checkbox"/> Physical Therapy
<input type="checkbox"/> Drug/Alcohol Specialist	<input type="checkbox"/> Sensory Impaired
<input type="checkbox"/> Handicapped Learner	<input type="checkbox"/> Severely Emotionally Disturbed
<input type="checkbox"/> Hearing Impaired	<input type="checkbox"/> Social Worker
<input type="checkbox"/> Home Teaching/Tutoring	<input type="checkbox"/> Speech/Language
<input type="checkbox"/> Learning Disabled	<input type="checkbox"/> Structured Learning Center
<input type="checkbox"/> Mildly Mentally Retarded	<input type="checkbox"/> Visually Impaired
<input type="checkbox"/> Moderately to Severely Mentally Retarded	<input type="checkbox"/> Work Experience
<input type="checkbox"/> Multi-Handicapped	<input type="checkbox"/> Other _____

ELEMENTARY

Indicate your grade preference, with 1 being your first choice.

_____ Early Childhood Ed./Kindergarten	_____ Middle School (with elementary certificate)
_____ Primary (grades 1-3)	_____ Blended or Multi-Age Classrooms
_____ Intermediate (grades 4-6*)	_____ Other (see Specialists)

* Grade 6 is in the elementary school in some districts and in the middle school in others.

SECONDARY

Indicate your grade preference, with 1 being your first choice.

_____ 6th (middle school) _____ 7-8 _____ 9-12 _____ Alternative school (6-12)

Check the area(s) for which you are applying and hold endorsement(s)

<input type="checkbox"/> Agricultural Sci. Tech.	<input type="checkbox"/> Health	<input type="checkbox"/> Mathematics
<input type="checkbox"/> Art	<input type="checkbox"/> Home Economics	<input type="checkbox"/> Basic Math
<input type="checkbox"/> Business Education	<input type="checkbox"/> Industrial Arts/Trades/	<input type="checkbox"/> Advanced Math
<input type="checkbox"/> Career Education	<input type="checkbox"/> Technology Ed/Vocational Ed	<input type="checkbox"/> Music
<input type="checkbox"/> Computer Science	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Band
<input type="checkbox"/> Dance	<input type="checkbox"/> Auto	<input type="checkbox"/> Orchestra
<input type="checkbox"/> Drama	<input type="checkbox"/> Construction	<input type="checkbox"/> Vocal
<input type="checkbox"/> Driver's Education	<input type="checkbox"/> Drafting	<input type="checkbox"/> Other _____
<input type="checkbox"/> English/Language Arts	<input type="checkbox"/> Graphics	<input type="checkbox"/> Physical Education
<input type="checkbox"/> Foreign Language	<input type="checkbox"/> Metals	<input type="checkbox"/> Science
<input type="checkbox"/> French	<input type="checkbox"/> Technology Ed	<input type="checkbox"/> Biology
<input type="checkbox"/> German	<input type="checkbox"/> Specify _____	<input type="checkbox"/> Chemistry
<input type="checkbox"/> Japanese	<input type="checkbox"/> Woods	<input type="checkbox"/> Integrated Sciences
<input type="checkbox"/> Latin	<input type="checkbox"/> Work Experience Coord.	<input type="checkbox"/> Physics
<input type="checkbox"/> Russian	<input type="checkbox"/> Other _____	<input type="checkbox"/> Social Studies
<input type="checkbox"/> Spanish		<input type="checkbox"/> Speech
<input type="checkbox"/> Other _____		<input type="checkbox"/> Other (see Specialists)

EDUCATIONAL AND PROFESSIONAL BACKGROUND

High School, Colleges, Universities Name, City	Dates Attended Mo/Yr to Mo/Yr	Type of Degree Earned	Major & Minor (if any)
High School			
College/University			

TEACHING EXPERIENCE

Include only those positions for which a teaching license was required (list most recent first). Approval of experience shall be determined at the time of employment. You will be asked to provide official verification.

District Name Address (Street, City, State)	Name of School	Grade Taught	Subject(s) Taught	Full-Time or Part-Time	Dates of Employment	Total Years	Reason for Leaving

STUDENT TEACHING EXPERIENCE

Please list experiences in a recognized teacher preparation program only.

District Name & School Address (Street, City, State)	Grade(s) Taught	Subject(s) Taught	Dates Taught	Supervising Teacher

EXPERIENCE OTHER THAN TEACHING

Do not list military experience here.

Employer	Address	Position	Dates of Employment

REFERENCES

Give references (a minimum of three), especially superintendents or principals under whom you have taught, who have first-hand knowledge of your character, personality, and teaching ability.

Employer	Position/District	Address	Work Phone	Home Phone

TRAINING AND PREPARATION

SPECIAL TRAINING

Please use key to indicate experience or training in any of the following specific classes or workshops.

KEY: T = Training E = Experience T/E = Both

- | | | |
|--|--|---|
| <input type="checkbox"/> Authentic Assessment | <input type="checkbox"/> Equity Awareness | <input type="checkbox"/> Portfolios |
| <input type="checkbox"/> Child Abuse/Personal Safety | <input type="checkbox"/> Gifted Education | <input type="checkbox"/> Remedial Education |
| <input type="checkbox"/> Computer Training | <input type="checkbox"/> Inclusive Education | <input type="checkbox"/> Signing |
| <input type="checkbox"/> Cooperative Learning | <input type="checkbox"/> Integrated Curriculum | <input type="checkbox"/> Study Skills |
| <input type="checkbox"/> Conduct Disorders | <input type="checkbox"/> ITIP | <input type="checkbox"/> Task Writing/Rubrics |
| <input type="checkbox"/> Critical Thinking Skills | <input type="checkbox"/> Learning Skills | <input type="checkbox"/> Visual/Manipulative Math |
| <input type="checkbox"/> Current First Aid Card | <input type="checkbox"/> Middle Level Education | <input type="checkbox"/> Whole Language |
| <input type="checkbox"/> Curriculum Integration | <input type="checkbox"/> Multi-Age Class | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Developmentally Appropriate Practices | <input type="checkbox"/> Multicultural Awareness | |
| <input type="checkbox"/> Drug/Alcohol Problems | <input type="checkbox"/> Peer Coaching | |

EXPERIENCE OTHER THAN TEACHING

OTHER LANGUAGES: Please list any foreign language(s) you can use. _____

Fluent skills (speak, read, write)

Minimal skills (please list abilities) _____

Actual language training _____

ELEMENTARY APPLICANTS: Check areas in which you have training or experience to the extent the skill(s) could be used in class.

Play Piano

Teach PE

Teach Art

Teach Vocal Music

PLACEMENT FILE

Do you have current placement file(s)? Yes No
 I requested a copy of my placement file to be sent to the appropriate school district. Yes No

MILITARY EXPERIENCE

Branch of Service	Job Classification	Inclusive Dates	Type of Discharge

Citizenship: Are you a U.S. citizen or otherwise legally authorized to work in the U.S.? Yes No
Health: Is your physical/mental health condition such that you can fulfill the essential job functions of the teaching/extracurricular work for which you are applying (either with or without reasonable accommodations)? Yes No

APPLICATIONS

Applications which are forwarded to a school district will remain active at that district for one year. The district will normally keep the application on file for three years. Contact individual districts about procedures for reactivating an application that is more than one year old.

I understand that any omissions on this application may prevent my application from being evaluated or referred to an individual school district. I authorize any school district to which this application is submitted to obtain information about my criminal records. I authorize all governmental agencies to provide information about my criminal records to the school district. I verify that all information on this employment application is true and complete. I understand that any misrepresentation, falsification, or omission on this application or on other documents submitted to the school district will be sufficient cause for this application not to be considered by the school district, not to be referred to a school district, or for discharge if I have been employed.

AUTHORIZATION TO OBTAIN AND RELEASE INFORMATION

I authorize any Oregon school district for which I have completed an employment application to check my references, to obtain information from my prior employers and educational institutions, add to take other actions to investigate any information provided in my employment application, and to obtain information relevant to evaluating my qualifications and fitness for a teaching position. I authorize my listed references, past employers and educational institutions, and anyone else who has information about my work history, education qualification or fitness, to provide such information to any school district for which I have completed an employment application. I release the school district and all persons providing information to the school district from any liability whatsoever for obtaining and providing that information, regardless of the results.

Signature _____

Date _____



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AN EQUAL OPPORTUNITY EMPLOYER

EQUAL OPPORTUNITY INFORMATION

Oregon school districts are equal opportunity employers and comply with all applicable state and federal statutes and regulations in employment and school district programs.

Drug-free Workplace

Oregon school districts are committed to maintaining drug-free workplaces and comply strictly with all applicable state and federal statutes and regulations in employment and school district programs.

Name _____

Position for which you are applying _____

If you prefer not to provide the information requested below, please sign and date.

Signature _____

Date _____

VOLUNTARY INFORMATION

This information is voluntary and is collected only for Equal Employment Opportunity reporting purposes. This form will be physically separated from you other application materials and will not affect the application process in any manner. Should you prefer not to provide this information, there will be no effect on your application.

Sex

Female

Male

Date of Birth ____/____/____

Race or Cultural Group (Check one only)

American Indian / Alaskan Native

Asian / Pacific Islander

White

Black

Hispanic

Other _____