



Please print this form and fill out by hand.

# OREGON STATEWIDE TEACHER APPLICATION

Produced by Oregon School Personnel Association ♦1994

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

OFFICE USE ONLY
Date Received
_____

## PERSONAL INFORMATION

Application Date: \_\_\_\_\_ Social Security Number \_\_\_\_\_

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	Month	Year
Temporary Contract	Substituting		Other _____

### 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. \_\_\_\_\_

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### 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:

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

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

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**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

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**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 \_\_\_\_\_

## COACHING & ADVISING

### Extra/Co-curricular Activities (Middle/High Schools)

Check those you are capable of and willing to supervise (e.g. V = Varsity, JV = Junior Varsity, F = Freshman). For non-coaching activities, check Head or Asst. only under "Positions Qualified to Conduct".

POSITIONS QUALIFIED TO CONDUCT					COACHING/ADVISORY EXPERIENCE			
HEAD	ASST.	V	JV	F	ELEM	MS	HS	COLL

- Activities Coordinator
- Annual
- Athletic Director
- Athletic Trainer
- Band
- Baseball
- Basketball
- Chess
- Club Advisor
- Computer Club
- Cross Country
- Dance
- Debate Team
- Drama
- Driver's Education
- Football
- Golf
- Gymnastics
- Hockey
- Honor Society
- Intramurals
- Language Clubs
- Literary Magazine
- Mock Trial
- Model U. N.
- Musical
- Newspaper
- Orchestra
- Outdoor Education
- P.E. Club
- Photography
- Rally
- Rifle/Shooting
- Science Club
- Skiing
- Soccer
- Softball
- Speech Team
- Student Council
- Swimming
- Tennis
- Track
- Vocal Music
- Volleyball
- Water Polo
- Weight Lifting
- Wrestling
- Other \_\_\_\_\_



# OREGON STATEWIDE TEACHER APPLICATION

## 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 \_\_\_\_\_

When this page is forwarded to an individual school district, the receiving district will remove this page so as to allow the collection of data.

**CERTIFIED APPLICATION**  
**Enterprise School District #21 (Wallowa County)**  
 201 SE 4th St., Enterprise, OR 97828  
 Telephone: (541) 426-3812 Fax: (541) 426-4485

Last Name	First	Middle
Mailing Address		Home Phone #
City	State	Zip
		Message Phone #

**APPLICATION PROCEDURE**

Submission of this district application form, letter of application, resume, transcripts, copy of current teaching certificate or other documentation required for position. Please attach a brief statement, in your own handwriting, of your educational philosophy. Please include any personal experiences that have helped to develop your philosophy.

To ensure that you are not placed in a position, which might be a hazard to you or to others, a physical examination prior to appointment to a position **may** be required. Final appointment for those specific positions will be contingent upon the physical examination.

**PROFESSIONAL INFORMATION**

**Oregon Teaching License(s) held, including endorsements:** \_\_\_\_\_ Date of Expiration \_\_\_\_\_

Degree(s):	College	Location
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Professional Experience (most recent first):**

Name/*Location of School	Supervisor's Name/*Title	Dates	Reason for Leaving:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If currently employed, may we contact your present employer? Yes ( ) No ( )

**REFERENCES**

List two references, other than former employers and relatives, having knowledge of your character, experience or ability.

Name/*Business Name (if applicable)	Address	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

**You must answer each question by writing "Yes or No" whichever is true.**

**CHARACTER**

Have you ever been released or have you ever resigned from any educational position or school related employment because of misconduct or unsatisfactory service?

Have you ever resigned from an educational position while under investigation for misconduct or unsatisfactory service?

Have you ever failed to complete a contract for professional service in any educational position?

**CERTIFICATION**

Have you ever had a certificate revoked or suspended?

Have you ever been denied a certificate for which you applied?

Have you ever surrendered a certificate before its expiration?

Have you ever been disciplined by a state agency responsible for certification of educators?

Any "yes" answer must be explained fully, using a separate sheet of paper.

I certify this application contains no misrepresentations, falsifications or omissions, and the information given is true and complete to the best of my knowledge and belief. I understand that any omissions or falsifications will be sufficient to rescind an offer of employment or if hired, will be grounds for immediate termination. I authorize this employer, ESD-Region 18, to make any necessary and appropriate investigations to verify the information contained herein.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_



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**AFFIRMATIVE ACTION INFORMATION**

**This information is to insure equal employment opportunity under an affirmative action program. To assist in this program please provide the following information:**

- 1. **Race or Cultural Group:**
- 2. **Gender:**
- 3. **Date of Birth:** \_\_\_\_\_

For more information about **Oregon Administrative Licensure** contact:  
Teacher Standards and Practices Commission  
465 Commercial Street, NE  
Salem, Oregon 97301  
Phone: 503-378-3586; [www.tspc.oregon.gov](http://www.tspc.oregon.gov)

**VETERAN'S PREFERENCE**

- Are you a "Veteran" as defined under Oregon law (ORS 408.225(f))?  
If yes, ATTACH Form DD-214 or other similar discharge document.      Yes       No
  
- Are you a "Disabled Veteran" as under Oregon law (ORS 408.225(c))?  
If yes, ATTACH document verifying disabled veteran status.      Yes       No
  
- Are you requesting a "veteran's preference" according to ORS 408.230  
for consideration with this application for this position? If yes, ATTACH  
a separate document explaining which transferable skills acquired in the  
military address the skills required for this position.      Yes       No

**Enterprise School District #21  
EMPLOYMENT RECORD CHECK**

**PLEASE PRINT**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Mailing Address City State Zip

Driver's License # \_\_\_\_\_ Driver's License State \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

Length of Residence in Wallowa County: \_\_\_\_\_

Prior Residence: \_\_\_\_\_  
(If less than one year in county)

The following questions are to assist in determining a prospective employee's fitness as an applicant. The answers to these questions are subject to verification by a police agency. **A "yes" does not automatically disqualify an applicant.** Each case will be judged individually.

1. Have you ever been convicted of a felony? Yes \_\_\_\_ No \_\_\_\_
2. Have you ever been arrested for the possession, use sale or distribution of a controlled substance or alcoholic beverage? Yes \_\_\_\_ No \_\_\_\_
3. Have you ever been convicted of any crime involving theft or violence? Yes \_\_\_\_ No \_\_\_\_
4. Have you ever been **arrested** for a sex offense? Yes \_\_\_\_ No \_\_\_\_
5. Have you ever been convicted of any crime other than a minor traffic offense? Yes \_\_\_\_ No \_\_\_\_
6. Are you currently charged with or under indictment of any of the above? Yes \_\_\_\_ No \_\_\_\_

The facts set forth on this form are true and complete to the best of my knowledge. **I understand that false statements on this form will be considered sufficient cause to deny employment or for dismissal from employment.** I hereby grant ESD-Region 18 or its agent permission to check civil or criminal records to verify any statement made on this form.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date