



## OREGON

### STATEWIDE TEACHER APPLICATION

#### 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 education 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? \_\_\_\_\_

Month Year

" Full-Time Contract

" Part-Time Contract

" 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 \_\_\_\_\_

## 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<br>" Computer Science<br>" General Music<br>" Librarian/Media Specialist | " Orchestra<br>" PE<br>" PT/OT<br>" Reading | " Staff Development<br>" TAG<br>" Testing/Assessment<br>" 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<br>" Bilingual/ESL/Multicultural<br>" Chapter I<br>" Counselor/Child Development Specialist<br>" Developmentally Disabled<br>" Drug/Alcohol Specialist<br>" Handicapped Learner<br>" Hearing Impaired<br>" Home Teaching/Tutoring<br>" Learning Disabled<br>" Mildly Mentally Retarded<br>" Moderately to Severely Mentally Retarded<br>" Multi-Handicapped | " Nurse<br>" Occupational Therapy<br>" Other Health Impaired<br>" Psychologist<br>" Physical Therapy<br>" Sensory Impaired<br>" Severely Emotionally Disturbed<br>" Social Worker<br>" Speech/Language<br>" Structured Learning Center<br>" Visually Impaired<br>" Work Experience<br>" Other _____ |
|---|---|

### ELEMENTARY

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

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

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

### SECONDARY

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

\_\_\_\_\_ 6<sup>th</sup> (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.<br>" Art<br>" Business Education<br>" Career Education<br>" Computer Science<br>" Dance<br>" Drama<br>" Driver's Education<br>" English/Language Arts<br>" Foreign Language<br>" French<br>" German<br>" Japanese<br>" Latin<br>" Russian<br>" Spanish<br>" Other _____ | " Health<br>" Home Economics<br>" Industrial Arts/Trades/<br>Technology Ed/Vocational Ed<br>" Agriculture<br>" Auto<br>" Construction<br>" Drafting<br>" Graphics<br>" Metals<br>" Technology Ed<br>Specify _____<br>" Woods<br>" Work Experience Coord.<br>" Other _____ | " Mathematics<br>" Basic Math<br>" Advanced Math<br>" Music<br>" Band<br>" Orchestra<br>" Vocal<br>" Other _____<br>" Physical Education<br>" Science<br>" Biology<br>" Chemistry<br>" Integrated Sciences<br>" Physics<br>" Social Studies<br>" Speech<br>" Other (see Specialists) |
|---|---|--|

## EDUCATIONAL/WORK EXPERIENCE

### EDUCATIONAL AND PROFESSIONAL BACKGROUND

High School, Colleges, Universities Name, City, State	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	Part-Time	Full-Time or Employment	Dates of Years	Total 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.

Name	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**

_____ Authentic Assessment	_____ Equity Awareness	_____ Portfolios
_____ Child Abuse/Personal Safety	_____ Gifted Education	_____ Remedial Education
_____ Computer Training	_____ Inclusive Education	_____ Signing
_____ Cooperative Learning	_____ Integrated Curriculum	_____ Study Skills
_____ Conduct Disorders	_____ ITIP	_____ Task Writing/Rubrics
_____ Critical Thinking Skills	_____ Learning Skills	_____ Visual/Manipulative Math
_____ Current First Aid Card	_____ Middle Level Education	_____ Whole Language
_____ Curriculum Integration	_____ Multi-Age Class	_____ Other _____
_____ Developmentally Appropriate Practices	_____ Multicultural Awareness	
_____ Drug/Alcohol Problems	_____ 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 APPLICATIONS:** Check areas in which you have training or experience to the extent the skill(s) could be used in class.  
 9 Play Piano      9 Teach PE      9 Teach Art      9 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**

Application 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, and 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 \_\_\_\_\_

