

## Stanfield School District Employment Application - Substitute Teacher 1120 North Main Stanfield OR 97875 (541)449-8766 FAX (541)449-8768

Name				Date	
	Last	First	Middle		
Address	: Street		City	State	Zip Code
Phone:	Home ( )		Cell		
Email:			Soc.Se	ec#:	
Are you currently a PERS member?   YES  NO If yes. what is your PERS number?					
Do you have a current <b>Oregon Teaching License?</b> DYESD NO IF no, when is it expected?					
Type of	License:		Endorsements:	_	
Date of Expiration:					
Have you ever:  • been dismissed from a teaching position?					
ADDITIONAL EXPERIENCE  The Stanfield School District has various opportunities for coaching or advising extra or co-curricular activities. Please indicate any activities/ sports that you are capable of and willing to supervise:					
	Name	Position/District	REFERENCES ve first-hand knowledge of you Address ation from my prior employers	Work Phone	Other Phone
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 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.					