



# 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 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 for Equal Employment Opportunity reporting purposes. This form will be physically separated from your 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.

## 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

- |   |                                    |   |
|---|------------------------------------|---|
| <input type="checkbox"/> Band                       | <input type="checkbox"/> Orchestra | <input type="checkbox"/> Staff Development  |
| <input type="checkbox"/> Computer Science           | <input type="checkbox"/> PE        | <input type="checkbox"/> TAG                |
| <input type="checkbox"/> General Music              | <input type="checkbox"/> PT/OT     | <input type="checkbox"/> Testing/Assessment |
| <input type="checkbox"/> Librarian/Media Specialist | <input type="checkbox"/> Reading   | <input type="checkbox"/> 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 I                                | <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"/> Word 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.

### SPECIALIST

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        | <b>Technology Ed/Vocational Ed</b>               | <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                  | 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 Cood.   | <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/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	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.

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

- |  |  |   |
|--|--|---|
| <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, 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 \_\_\_\_\_



**National Questions [United States]**

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

**Regional Questions [Oregon]**

Question	Answer Yes or No
Have you ever left any educational or school-related employment, voluntarily or involuntarily, while the subject of an inquiry, review or investigation of alleged misconduct or alleged violation of professional standards of conduct or when you had reason to believe such investigation was imminent?	
Are you currently the subject of an inquiry, review or investigation for alleged misconduct or alleged violation of professional standard of conduct?	
Have you ever failed to complete a contract for educational services in any educational or school-related position, or for any alleged misconduct or alleged violation of professional standards of conduct?	
Have you ever had a professional certificate, credential or license (of any kind) revoked or suspended or have you been placed on probationary status for any alleged misconduct or alleged violation of professional standards of conduct?	
Have you ever been denied a professional license for which you applied or granted a professional license on a conditional or probationary basis for any alleged misconduct or alleged violation of professional standards of conduct?	
Have you ever surrendered a professional license of any kind before its expiration?	
Have you ever been disciplined by any public agency responsible for licensure of any kind, including but not limited to educational licensure?	
Have you ever been convicted or been granted conditional discharge by any court for: (a) any felony, (b) misdemeanor, or (c) any major traffic violation, such as; driving under the influence of intoxicants or drugs; reckless driving; fleeing from or attempting to elude a police officer; driving while your license was suspended, revoked or used in violation of any license restriction; or failure to perform the duties of a driver or witness at an accident?	
Have you ever been arrested or cited for any offense listed in the question above which is still pending in court?	
Have you ever entered a plea of guilty of No Contest relative to any charge for an offense listed in the question two above?	
Have you ever had any civil judgment or other court order entered against you resulting from abuse, assault, battery, harassment, intimidation, neglect, stalking or other threatening behavior toward other persons?	
If you answered yes to any Oregon regional questions, please explain why in detail on separate sheet of paper.	
I authorize my listed references, current and past employers and educational institutions, and anyone else who has information about my work history, education qualification, or fitness to provide such information to the school district for which I completed and employment application. I release the school district and all persons providing this information to the school district, from any liability whatsoever for obtaining and providing that information, regardless of the results. Please indicate you have read and agree to these terms by placing both your INITIALS and DATE in the text box.	
Have you EVER been the subject of a substantiated report of child abuse or sexual conduct (involving a K-12 student or minor child)? If yes, please explain.	
Are you currently the subject of an ongoing investigation related to a report of suspected child abuse or sexual conduct (involving a K-12 student or minor child)? If yes, please explain.	
Have you listed ALL current and former employers who are education providers in the Experience section of this application?	