



# 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 \_\_\_\_\_

Previous 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

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

# EDUCATIONAL/WORK EXPERIENCE

## EDUCATIONAL AND PROFESSIONAL BACKGROUND

| High School, Colleges, Universities<br>Name, City, State | Dates Attended<br>Mo/Yr to Mo/Yr | Type of Degree<br>Earned | Major &<br>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<br>Address (Street, City, State) | Name<br>of School | Grade<br>Taught | Subject(s)<br>Taught | Full-Time or<br>Part-Time | Dates of<br>Employment | Total<br>Years | Reason<br>for Leaving |
|--|-------------------|-----------------|----------------------|---------------------------|------------------------|----------------|-----------------------|
|  |                   |                 |                      |                           |                        |                |                       |
|  |                   |                 |                      |                           |                        |                |                       |
|  |                   |                 |                      |                           |                        |                |                       |
|  |                   |                 |                      |                           |                        |                |                       |
|  |                   |                 |                      |                           |                        |                |                       |
|  |                   |                 |                      |                           |                        |                |                       |
|  |                   |                 |                      |                           |                        |                |                       |
|  |                   |                 |                      |                           |                        |                |                       |
|  |                   |                 |                      |                           |                        |                |                       |

## STUDENT TEACHING EXPERIENCE

**Please list experiences in a recognized teacher preparation program only.**

| District Name & School<br>Address (Street, City, State) | Grade(s)<br>Taught | Subject(s) Taught | Dates Taught | Supervising Teacher |
|---|--------------------|-------------------|--------------|---------------------|
|   |                    |                   | Aug-Dec      |                     |

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



# 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 \_\_\_\_\_

