OREGON
STATEWIDE TEACHER APPLICATION

OFFICE USE ONLY
Dated Received
_____

Produced by Oregon School Personal Association 1994

(Note: Individual school districts may require additional information other than that asked for on this 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 educational records _____

Present Mailing Address _____ **Phone** (____)_____
Street ☐ Phone number is unlisted

_____ **Msg. Phone** (____)_____
City State Zip Code 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, ect.) _____

Endorsements(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?
☐	☐	• 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. _____
_____
_____

Expiration Date: _____

OFFICE USE ONLY
Applicant's Name: _____

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
- ☐ Computer Science
- ☐ General Music
- ☐ Librarian/ Media Specialist
- ☐ Orchestra
- ☐ PE
- ☐ PT/ OT
- ☐ Reading
- ☐ Staff Development
- ☐ TAG
- ☐ Testing/ Assessment
- ☐ 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 <u>licensed</u> to teach and are applying:

- ☐ Adaptive PE
- ☐ Bilingual/ ESL/ Multicultural
- ☐ Chapter 1
- ☐ Counselor/ Child Development Specialist
- ☐ Development Disabled
- ☐ Drug/ Alcohol Specialist
- ☐ Handicapped Learner
- ☐ Hearing Impaired
- ☐ Home Teaching/ Tutoring
- ☐ Learning Disability
- ☐ Mildly Mentally Retarded
- ☐ Multi - Handicapped
- ☐ Nurse
- ☐ Occupational Therapy
- ☐ Other Health Impaired
- ☐ Psychologist
- ☐ Physical Therapy
- ☐ Sensory Impaired
- ☐ Severely Emotionally Disturbed
- ☐ Social Worker
- ☐ Speech/ Language
- ☐ Structured Learning Center
- ☐ Work Experience
- ☐ 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 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.**
- ☐ **Art**
- ☐ **Business Education**
- ☐ **Career Education**
- ☐ **Computer Science**
- ☐ **Dance**
- ☐ **Drama**
- ☐ **Driver's Education**
- ☐ **English/ Language Arts**
- ☐ **Foreign Language**
  - ☐ French
  - ☐ German
  - ☐ Japanese
  - ☐ Latin
  - ☐ Russian
  - ☐ Spanish
  - ☐ Other _____
- ☐ **Health**
- ☐ **Home Economics**
- ☐ **Industrial Arts/ Trades/ Technology Ed/ Vocational Ed**
  - ☐ Agriculture
  - ☐ Auto
  - ☐ Construction
  - ☐ Drafting
  - ☐ Graphics
  - ☐ Metals
  - ☐ Technology Ed Specify _____
  - ☐ Woods
  - ☐ Work Experience Coord.
  - ☐ Other _____
- ☐ **Mathematics**
  - ☐ Basic Math
  - ☐ Advanced Math
- ☐ **Music**
  - ☐ Band
  - ☐ Orchestra
  - ☐ Vocal
  - ☐ Other _____
- ☐ **Physical Education**
- ☐ **Science**
  - ☐ Biology
  - ☐ Chemistry
  - ☐ Integrated Sciences
  - ☐ Physics
- ☐ **Social Studies**
- ☐ **Speech**
- ☐ **Other** (see Specialists)

EDUCATIONAL/ WORK EXPERIENCE

EDUCATIONAL AND PROFESSIONAL BACKGROUND

High School, Colleges, Universities Name, City, State		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 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 you 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
____ Child Abuse/ Personal Safety
____ Computer Training
____ Cooperative Learning
____ Conduct Disorders
____ Critical Thinking Skills
____ Current First Aid Card
____ Curriculum Integration
____ Development Appropriate Practices
____ Drug Alcohol Problems
____ Equity Awareness
____ Gifted Education
____ Inclusive Education
____ Integrated Curriculum
____ ITIP
____ Learning Skills
____ Middle Level Education
____ Multi-Age Class
____ Multicultural Awareness
____ Peer Coaching
____ Portfolios
____ Remedial Education
____ Signing
____ Study Skills
____ Task Writing/ Rubrics
____ Visual/ Manipulative Math
____ Whole Language
____ Other _____

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.

☐ 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 government 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 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 to all persons providing information to the school district from any liability whatsoever for obtaining and providing that information, regardless of the results.

Signature _____ Date _____