

MALHEUR EDUCATION SERVICE DISTRICT REGION 14
363 "A" Street West
Vale, OR 97918-1305
(541) 473-3138
(541) 473-3915 (Fax)



OREGON STATEWIDE TEACHER APPLICATION

Application Date: _____ Social Security Number _____

Applicant Name _____ Date of Availability _____
 Last First Middle

Previous or other surname(s) reflected on employment or educational records _____

Present Mailing Address _____
 Street

City State ZipCode

Phone () _____
 phone number is unlisted

Msg. Phone () _____
 Where you can always be reached
 phone number is unlisted

Permanent Mailing Address _____
 Street

City State ZipCode

Phone () _____
 phone number is unlisted

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, Initial, Temporary, etc.) _____

Endorsement(s) (e.g. Physical Education) _____

Authorization(s) (e.g. 018; ML/HS etc.) _____

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: (check those items that apply)

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. _____

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

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 licensed to teach and are applying:

<input type="checkbox"/> Adaptive PE
<input type="checkbox"/> Bilingual/ESL/Multicultural
<input type="checkbox"/> Chapter I
<input type="checkbox"/> Counselor/Child Development Specialist
<input type="checkbox"/> Developmentally Disabled
<input type="checkbox"/> Drug/Alcohol Specialist
<input type="checkbox"/> Handicapped Learner
<input type="checkbox"/> Hearing Impaired
<input type="checkbox"/> Home Teaching/Tutoring
<input type="checkbox"/> Learning Disabled
<input type="checkbox"/> Mildly Mentally Retarded
<input type="checkbox"/> Moderately to Severely Mentally Retarded
<input type="checkbox"/> Multi-Handicapped

<input type="checkbox"/> Nurse
<input type="checkbox"/> Occupational Therapy
<input type="checkbox"/> Other Health Impaired
<input type="checkbox"/> Psychologist
<input type="checkbox"/> Physical Therapy
<input type="checkbox"/> Sensory Impaired
<input type="checkbox"/> Severely Emotionally Disturbed
<input type="checkbox"/> Social Worker
<input type="checkbox"/> Speech/Language
<input type="checkbox"/> Structured Learning Center
<input type="checkbox"/> Visually Impaired
<input type="checkbox"/> Work Experience
<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.

SECONDARY

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

___ 6th (middle school) ___ 7-8 ___ 9-12 ___ Alternative school (6-12)

Check any 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)

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"/> Child Abuse/Personal Safety
<input type="checkbox"/> Computer Training
<input type="checkbox"/> Cooperative Learning
<input type="checkbox"/> Conduct Disorders
<input type="checkbox"/> Critical Thinking Skills
<input type="checkbox"/> Current First Aid Card
<input type="checkbox"/> Curriculum Integration
<input type="checkbox"/> Developmentally Appropriate Practices
<input type="checkbox"/> Drug/Alcohol Problems | <input type="checkbox"/> Equity Awareness
<input type="checkbox"/> Gifted Education
<input type="checkbox"/> Inclusive Education
<input type="checkbox"/> Integrated Curriculum
<input type="checkbox"/> ITIP
<input type="checkbox"/> Learning Skills
<input type="checkbox"/> Middle Level Education
<input type="checkbox"/> Multi-Age Class
<input type="checkbox"/> Multicultural Awareness
<input type="checkbox"/> Peer Coaching | <input type="checkbox"/> Portfolios
<input type="checkbox"/> Remedial Education
<input type="checkbox"/> Signing
<input type="checkbox"/> Study Skills
<input type="checkbox"/> Task Writing/Rubrics
<input type="checkbox"/> Visual/Manipulative Math
<input type="checkbox"/> Whole Language
<input type="checkbox"/> 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 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 a 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 qualification 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 strictly 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 only for Equal Employment Opportunity reporting purposes. The information 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

Male

Female

Date of Birth _____

Race or Cultural Group (Check one only)

African American / Black

American Indian / Alaskan Native

Asian / Pacific Islander

Hispanic

White

Other _____