LICENSED EMPLOYMENT APPLICATION

JACKSON COUNTY SCHOOL DISTRICT #6

Gold Hill.....Central Point.....Sams Valley



ADMINISTRATION OFFICE

300 Ash Street Central Point, OR 97502 Phone: (541) 494-6200 Fax: (541) 664-1637

School District #6 MISSION STATEMENT

School District #6 in partnership with parents and community, is dedicated to assisting students to reaching their individual potential as productive, responsible participants in society. Within an environment that encourages learning, students will acquire skills, knowledge and attitudes necessary to successfully meet the opportunities of the 21st Century.

APPLICATIO	ON CHECKLIST
Before you will be considered for employment with School I required:	District #6, your file must be complete. The following items are
☐ Completed Application	☐ 500 Word Autobiographical Sketch
☐ Complete Current Resume	☐ Placement File and/or Letters of Reference (min 3)
☐ College Transcript(s)	☐ Copy of Teaching License (both sides)



OREGON STATEWIDE TEACHER APPLICATION

OFFICE USE ONLY
Date Received

Produced by Oregon School Personnel Association • 1994

(Note: Individual school districts may require additional information other than that asked for on this application.)

PERSONAL INFORMATION										
Application Date:		Soci	ial Security Nu	mber						
Full Name				Date of Av	ailability _					
Last		First	Middle	•	•	Month	Day	Year		
Application Date:										
Previous Mailing Address					Phone ()				
ı						□ pho	ne number i	s unlisted		
·					Msg. Ph	one (_)			
City		State		Zip Code	-					
						•				
Permanent Mailing Addr					Phone ()	L au i	· · · . J		
	Street					⊔ pno	one number i	s unlisted		
City		State		Zip Code						
Name of contact if other t	han applicant									
•										
If yes: School District				City						
		etc.)								
Endorsement(s)	(e.g. Physical Educati	ion)								
Authorization(s	(e.g. 018)									
•										
	•									
in no oregon meense,	en is it expected		/ear							
		☐ Part-Tine Contra	ct							
☐ Temporary (Contract	☐ Substituting		☐ Othe	er					
Personal History										
Have you ever:										
YES NO □ □ • been d	lismissed from a tead	hing position?								
🗆 🗅 • been a	sked to resign from	a teaching position?								
🗆 🗅 • been r	efused continuing er	nployment as a teache	er?							
	eaching license revo			2						
		, or pled nolo contend			-1-:1-l abus		ار محاد			
🗀 🗅 • had a i	report of child abuse	y, or pled nolo contend or sexual activities in a police agency, or in	volving a K-12					ol district,		
If yes, please explain		1 0 0								

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 be	ing your first choice. 6-8 9-12	
☐ Computer Science ☐ P☐ General Music ☐ P☐	Orchestra □ Staff Dev	•
	SPECIAL SERVICES	
Indicate your grade preference, with 1 be		
Check the box(es) for the area(s) you are	licensed to teach and are applying:	
 □ Adaptive PE □ Bilingual/ESL/Multicultural □ Chapter I □ Counselor/Child Development Speciali □ Developmentally Disabled □ Drug/Alcohol Specialist □ Handicapped Learner □ Hearing Impaired □ Home Teaching/Tutoring □ Learning Disabled □ Mildly Mentally Retarded □ Moderately to Severely Mentally Retard □ Multi-Handicapped 	 □ Physical Therapy □ Sensory Impaired □ Severely Emotionally Disturb □ Social Worker □ Speech/Language □ Structured Learning Center □ Visually Impaired 	oed
	ELEMENTARY	
Indicate your grade preference, with 1 be	ing your first choice Middle School (with eler	
Primary (grades 1-3) Intermediate (grades 4-6*) * Grade 6 is in the elementary school in so	Blended or Multi-Age Cla Other (see Specialists)	
Intermediate (grades 4-6*)	Blended or Multi-Age Cla Other (see Specialists) ome districts, and in the middle school in othe	
Intermediate (grades 4-6*)	Blended or Multi-Age Classification Other (see Specialists) ome districts, and in the middle school in other SPECIALIST sing your first choice 9-12 Alternative Sch	rs.

EDUCATIONAL/WORK EXPERIENCE

	DUC A	MOIT!	AL A	ND P	ROFESS	IONA	L BACK	G	ROUND			
High School, Colleges, Universities Name, City, State				Dates Att Mo/Yr to			Type of D Earned)egr	ee		njor & nor (if any)	ı
High School			\neg									
College/University			_									
<i>y</i>												
										+		
										+		
			T15/	CHI	NG EXP	RDHRM	C.E.					
Include only those positions for which	h a teac	hing lice						al o	f experience sh	all be o	determined	at the time of
employment. You will be asked to pr	ovide of	fficial ver	rification	1.								
District Name Address (Street, City, State)	Name of Scho	ool		Grade Taught	Subject(s) Taught		Full-Time Part-Time		Dates of Employment		Reason for Leavin	g
		ST	IIDEN	TT TEA	CHING	l RYPE	RIENCI	ì				
Please list experiences in a recognize	ed teach											
District Name & School			Grade(s))		T		D-4	T	•	• •	
Address (Street, City, State)			Taught	Т	Subject(s)	laught		Dat	es Taught	Super	vising Teac	her
		EXPE	RIEN	CE O	THER TH	HAN T	EACHI	NG				
Do not list military experience here.												
Employer	1	Address						Pos	sition		Dates o	f Employment
				RH	FEREN (CES						
Give references (a minimum of three		cially sup	perinten				om you ha	ve t	aught, who hav	e first	-hand knov	vledge of your
character, personality, and teaching Name	ability.	Position	/District	ŀ		Address				Wor	k Phone	Home Phone
. valid		2 OSKIVII	, PAUK	•		Audiess				7701	A I HUHE	TOME THORE

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**Equity Awareness Portfolios Authentic Assessment Remedial Education** Child Abuse/Personal Safety Gifted Education **Computer Training Inclusive Education** Signing Cooperative Learning Integrated Curriculum Study Skills _ Conduct Disorders ITIP Task Writing/Rubrics __ Critical Thinking Skills __ Visual/Manipulative Math _ Learning Skills **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 □ No Do you have current placement file(s)? ☐ Yes I requested a copy of my placement file to be sent to the appropriate school district. ☐ Yes □ No MILITARY EXPERIENCE Type of Discharge **Branch of Service** Job Classification **Inclusive Dates 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 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

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)
Americar	Indian/Alaskan Native
☐ Asian/Pa	cific Islander
☐ White	
☐ Black	
Hispanic	
Other	

COACHING & ADVISING

Extra/Co-Curricular Activities (Middle/High Schools)

Check those you are capable of and willing to supervise (e.g. V = Varsity, JV = Junior Varsity, F = Freshman). For non-coaching activities, check Head or Asst. only under "Positions Qualified to Conduct."

	POSITIONS QUALIFIED TO CONDUCT					COACHING/ADVISORY EXPERIENC					
	HEAD	ASST.	V	JV	F		ELEM	MS	HS	COLI	
Activities Coordinator											
Annual											
Athletic Director											
Athletic Trainer											
Band											
Baseball											
Basketball											
Chess											
Club Advisor											
Computer Club											
Cross Country											
Dance											
Debate Team											
Drama											
Driver's Education											
Football											
Golf											
Gymnastics											
Hockey											
Honor Society	_									_	
Intramurals	_	ā			_		_	_		ā	
Language Clubs	ā	ā	ā	_	_		_		_	ā	
Literary Magazine	_	ā	_		_		_	_		ā	
Mock Trial	ā	ā		_	_		_	ā	_	ā	
Model U.N.	_	ā		ū	_		_	ā		ū	
Musical	_	ā			_		_	_		ā	
Newspaper	_	ā		_	_		_	ā		ū	
Orchestra	ā	ā		ā	_		_			ā	
Outdoor Education	ā	ā		ā	_		_	ā	_	ā	
P.E. Club	ā	ā	_	_	_		_		_		
Photography	ā	ā	ā	_	_		_	ā	_	ā	
Rally	ā	ā		_	_		_				
Rifle/Shooting	_	ā	ā	_	_		_		_	ā	
Science Club	_	ā		_				_		ū	
Skiing	_	ā		ū	_		_			ū	
Soccer	ā	ā		ā	_		_			ā	
Softball	_	ā		_	_		_			ū	
Speech Team	ā	ā		ō	_		_	ū	_	ā	
Student Council	ā	ā		_	_		_	ū		ā	
Swimming	ū	ā		ō	<u> </u>		_	ū	_	ū	
Tennis	<u> </u>	ū		_	_		_			_	
Track	<u> </u>	_		_						٥	
Vocal Music	0	<u> </u>								0	
Volleyball	0	_			0		٥			0	
Water Polo	0	0			0					ū	
Weight Lifting											
Wrestling											
vvi County	_	_	_	_	_		_	_	_		