

Confidential Application

Amity School District 4J
807 S Trade Street
Amity, Oregon 97101
Phone: 503-835-2171 Fax: 503-835-5050

POSITION APPLYING FOR: _____

PERSONAL INFORMATION

Application Date: _____ Social Security Number: Required if Hired _____

Full Name: _____ Date of Availability: _____

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

Street Address: _____

Mailing Address: _____

Home Phone: () _____ Cell Phone: _____

PERSONAL HISTORY

Have you Ever:

Yes	No	
		• Been dismissed from a position?
		• Been asked to resign from a position?
		• 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. _____

References

Name	Position	Address	Work Phone	

EDUCATIONAL AND PROFESSIONAL BACKGROUND

High School, Colleges, Universities

Name, City	Dates Attended	Type of Degree Earned	Major & Minor
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High School			
College/University			

SPECIAL TRAINING

Please use the key to indicate 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	

OTHER EXPERIENCE

OTHER LANGUAGES: Please list any foreign language(s) you can use. _____
 Fluent Skills: _____ (Speak, Read, Write)
 Minimal Skills (Please List Abilities) _____
 Actual Language Training: _____

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 (with or without reasonable accommodations)? ____ Yes ____ No

PAST EMPLOYMENT

List most recent employers (including present employer)

Employer: _____
Supervisor: _____ Date Started: _____
Address: _____ Date Left: _____
Street: _____ City: _____ State: _____ Zip: _____
Position: _____ Duties: _____
Full Time: _____ Part Time: _____ Reason for Leaving: _____
May we contact this employer? No _____ Yes _____ Employer's Phone Number: _____

List most recent employers (including present employer)

Employer: _____
Supervisor: _____ Date Started: _____
Address: _____ Date Left: _____
Street: _____ City: _____ State: _____ Zip: _____
Position: _____ Duties: _____
Full Time: _____ Part Time: _____ Reason for Leaving: _____
May we contact this employer? No _____ Yes _____ Employer's Phone Number: _____

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Employer: _____
Supervisor: _____ Date Started: _____
Address: _____ Date Left: _____
Street: _____ City: _____ State: _____ Zip: _____
Position: _____ Duties: _____
Full Time: _____ Part Time: _____ Reason for Leaving: _____
May we contact this employer? No _____ Yes _____ Employer's Phone Number: _____

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, add 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: _____

