

Vale School District #84
 403 "E" Street West
 Vale, OR 97918-1305
 (541) 473-0201
 (541) 473-3294 (Fax)

ADMINISTRATOR APPLICATION - Vale School District #84

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 _____		Phone (____) _____	
Street			<input type="checkbox"/> phone number is unlisted
City _____	State _____	Zip Code _____	Msg. Phone (____) _____
			Where you can always be reached
			<input type="checkbox"/> phone number is unlisted
Permanent Mailing Address _____		Phone (____) _____	
Street			<input type="checkbox"/> 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: (check those items that apply)

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	been dismissed from a teaching position?
<input type="checkbox"/>	<input type="checkbox"/>	been asked to resign from a teaching position?
<input type="checkbox"/>	<input type="checkbox"/>	been refused continuing employment as a teacher?
<input type="checkbox"/>	<input type="checkbox"/>	had a teaching license revoked?
<input type="checkbox"/>	<input type="checkbox"/>	been convicted, pled guilty, or pled no contest to a felony?
<input type="checkbox"/>	<input type="checkbox"/>	been convicted, pled guilty, or pled no contest to a crime involving child abuse or sexual abuse?
<input type="checkbox"/>	<input type="checkbox"/>	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. _____

The information on all items below should be as complete and accurate as possible. Please do not refer the reader to your resume or placement file.

EDUCATION

	Name of School City, State	Dates Attended Mo/Yr to Mo/Yr	Type of Degree Earned	Major & Minor (if any)
High School				
Undergraduate				
College or				
University				
Post Graduate				
College Work				

TEACHING EXPERIENCE

Include those positions for which a teaching license was required. List most recent experience first.

District Name Address, City, State	Name of School	Grade Taught	Subject(s) Taught	Dates of Employment Mo/Yr to Mo/Yr	Full-Time or Part-Time	Total Years	Reason For Leaving

ADMINISTRATIVE EXPERIENCE

Include those positions for which an administrative license was required. List most recent experience first.

District Name Address, City, State	Name of School	Dates of Employment Mo/Yr to Mo/Yr	Total Years	Reason For Leaving

OTHER EMPLOYMENT EXPERIENCE (List most recent experience first.)

Employer Name Address, City, State	Position	Dates of Employment Mo/Yr to Mo/Yr	Reason For Leaving

REFERENCES

Please list the names of at least three people who are knowledgeable of your professional work that we can contact, including your current employer and at least one current school board member.

Name	Current Address	Phone Number	Official Position

Professional Organization Memberships, Offices Held (List most recent first)

Community Service and Honors (List most recent first)

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 work for which you are applying (either with or without reasonable accommodations)? Yes No

PLEASE READ AND SIGN

The facts set forth on this application for employment are true and complete to the best of my knowledge. I understand that if employed, false statements on this application shall be considered sufficient cause for immediate dismissal. I hereby grant the district or its agent permission to check civil or criminal records to verify any statement made on this application.

Signature of Applicant _____ Date _____

VALE SCHOOL DISTRICT 84
AN EQUAL OPPORTUNITY EMPLOYER

EQUAL OPPORTUNITY INFORMATION

Vale School District 84 is an Equal Opportunity Employer and complies with all applicable state and federal statutes and regulations in employment and school district programs.

Drug-free Workplace

Vale School District 84 is committed to maintaining a drug-free workplace and complies strictly with all applicable state and federal statutes and regulations in employment and school district programs.

Name

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 _____

Authorization to Obtain and Release Information:

I authorize any 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 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 _____

DISCLOSURE STATEMENT/AUTHORIZATION

The personal information contained within this application packet may or may not be disclosed as indicated below:

Yes, my personal information may be disclosed as requested.

Signature _____ Date _____

No, I do not want my personal information disclosed, unless I become a finalist.

Signature _____ Date _____