

TEACHER APPLICATION PROCEDURES

Thank you for considering Vale Schools.

1. Please send a letter of application to Superintendent, Scott Linenberger. Include information that you think would be helpful to our selection committee.
2. Complete a state employment application form and a current resume. Provide a copy of unofficial transcripts showing degree(s) or the anticipated date when your degree will be conferred. Submit three recent letters of recommendation. Finally, include a copy of your current Oregon Teacher's License or a statement of anticipated certification and issue date.

After your application materials are received, they will be reviewed by a panel and your references may be contacted. Applicants who meet our criteria will be invited for a personal interview.

After the interview process is complete, we will notify the candidate who will be recommended to our Board of Directors for formal employment. It is not always possible for us to notify unsuccessful applicants that positions have been filled. However, you are welcome to call or contact us. Employment application materials are kept on file for one year.

Vale School District #84 is an equal opportunity employer.

VALE SCHOOL DISTRICT #84
 403 E Street West
 Vale, Oregon 97918
 (541)473-0201
 (541)473-3294 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 _____ Zip Code _____

Permanent Mailing Address _____
Street

City _____ State _____ Zip Code _____

Name of contact if other than applicant _____

Phone (____) _____

phone number is unlisted

Msg. Phone (____) _____

Where you can always be reached

phone number is unlisted

Phone (____) _____

phone number is unlisted

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

- | | | |
|--------------------------|--------------------------|--|
| <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 nolo contendere to a felony? |
| <input type="checkbox"/> | <input type="checkbox"/> | been convicted, pled guilty, or pled nolo contendere 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. _____

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

<input type="checkbox"/>	Band	<input type="checkbox"/>	Orchestra	<input type="checkbox"/>	Staff Development
<input type="checkbox"/>	Computer Science	<input type="checkbox"/>	PE	<input type="checkbox"/>	TAG
<input type="checkbox"/>	General Music	<input type="checkbox"/>	PT/OT	<input type="checkbox"/>	Testing/Assessment
<input type="checkbox"/>	Librarian/Media Specialist	<input type="checkbox"/>	Reading	<input type="checkbox"/>	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"/>	Nurse
<input type="checkbox"/>	Bilingual/ESL/Multicultural	<input type="checkbox"/>	Occupational Therapy
<input type="checkbox"/>	Chapter I	<input type="checkbox"/>	Other Health Impaired
<input type="checkbox"/>	Counselor/Child Development Specialist	<input type="checkbox"/>	Psychologist
<input type="checkbox"/>	Developmentally Disabled	<input type="checkbox"/>	Physical Therapy
<input type="checkbox"/>	Drug/Alcohol Specialist	<input type="checkbox"/>	Sensory Impaired
<input type="checkbox"/>	Handicapped Learner	<input type="checkbox"/>	Severely Emotionally Disturbed
<input type="checkbox"/>	Hearing Impaired	<input type="checkbox"/>	Social Worker
<input type="checkbox"/>	Home Teaching/Tutoring	<input type="checkbox"/>	Speech/Language
<input type="checkbox"/>	Learning Disabled	<input type="checkbox"/>	Structured Learning Center
<input type="checkbox"/>	Mildly Mentally Retarded	<input type="checkbox"/>	Visually Impaired
<input type="checkbox"/>	Moderately to Severely Mentally Retarded	<input type="checkbox"/>	Work Experience
<input type="checkbox"/>	Multi-Handicapped	<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)

<input type="checkbox"/>	Agricultural Sci. Tech	<input type="checkbox"/>	Health	<input type="checkbox"/>	Mathematics
<input type="checkbox"/>	Art	<input type="checkbox"/>	Home Economics	<input type="checkbox"/>	___ Basic Math
<input type="checkbox"/>	Business Education	<input type="checkbox"/>	Industrial Arts/Trades/ Technology Ed/Vocational Ed	<input type="checkbox"/>	___ Advanced Math
<input type="checkbox"/>	Career Education	<input type="checkbox"/>	___ Agriculture	<input type="checkbox"/>	Music
<input type="checkbox"/>	Computer Science	<input type="checkbox"/>	___ Auto	<input type="checkbox"/>	___ Band
<input type="checkbox"/>	Dance	<input type="checkbox"/>	___ Construction	<input type="checkbox"/>	___ Orchestra
<input type="checkbox"/>	Drama	<input type="checkbox"/>	___ Drafting	<input type="checkbox"/>	___ Vocal
<input type="checkbox"/>	Driver's Education	<input type="checkbox"/>	___ Graphics	<input type="checkbox"/>	___ Other
<input type="checkbox"/>	English/Language Arts	<input type="checkbox"/>	___ Metals	<input type="checkbox"/>	Physical Education
<input type="checkbox"/>	Foreign Language	<input type="checkbox"/>	___ Technology Ed	<input type="checkbox"/>	Science
<input type="checkbox"/>	___ French	<input type="checkbox"/>	___ Specify:	<input type="checkbox"/>	___ Biology
<input type="checkbox"/>	___ German	<input type="checkbox"/>	___ Woods	<input type="checkbox"/>	___ Chemistry
<input type="checkbox"/>	___ Japanese	<input type="checkbox"/>	___ Work Experience Coord.	<input type="checkbox"/>	___ Integrated Sciences
<input type="checkbox"/>	___ Latin	<input type="checkbox"/>	___ Other	<input type="checkbox"/>	___ Physics
<input type="checkbox"/>	___ Russian	<input type="checkbox"/>		<input type="checkbox"/>	Social Studies
<input type="checkbox"/>	___ Spanish	<input type="checkbox"/>		<input type="checkbox"/>	Speech
<input type="checkbox"/>	___ Other	<input type="checkbox"/>		<input type="checkbox"/>	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 _____

