

Junction City School District 69
Licensed Application Packet

**Licensed Personnel
Application Checklist**

The following items must be included in your application packet in order for it to be considered complete. Please note that incomplete application packets will not be considered.

- Oregon Statewide Teacher Application*
- Letter of application* (cover letter stating your interest in the position).
- Placement file or at least three letters of reference.*
- Letter of Recommendation from most recent supervisor.*
- Copy of Oregon Teaching License*

OPTIONAL

- Any other supportive material you wish to include.*
- Transcripts* (if hired, transcripts will be required).

Please send application packet to:

Junction City School District
Attn: Stephanie White, Personnel
325 Maple Street
Junction City, OR 97448
(541) 998-6311, ext. 600 - Phone
(541) 998-3926 – fax
swhite@junctioncity.k12.or.us



OREGON STATEWIDE TEACHER APPLICATION

Produced by Oregon School Personnel Association • 1994

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

OFFICE USE ONLY

Date Received _____

PERSONAL INFORMATION

Application Date: _____ Social Security Number _____

Full Name _____ Date of Availability _____
Last First Middle Month Day Year

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

Previous Mailing Address _____ Phone (_____) _____
Street phone number is unlisted

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

Permanent Mailing Address _____ Phone (_____) _____
Street 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:

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. _____

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"/> Word 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.

SPECIALIST

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

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

Check the 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 | 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"/> Social Studies |
| <input type="checkbox"/> Spanish | | <input type="checkbox"/> Speech |
| <input type="checkbox"/> Other _____ | | <input type="checkbox"/> Other (see Specialists) |

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

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
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- | | | |
|---|---|--|
| <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"/> ITP
<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 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 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

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 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)

- American Indian/Alaskan Native
 Asian/Pacific Islander
 White
 Black
 Hispanic
 Other _____

