

**ADMINISTRATOR APPLICATION
AN EQUAL OPPORTUNITY EMPLOYER**

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 _____

Present Mailing Address _____ Phone (____) _____
Street

City _____ State _____ Zip Code _____ Other Phone(____) _____

Permanent Mailing Address _____ Phone (____) _____
Street

City _____ State _____ Zip Code _____ E-mail _____

Name of contact other than applicant _____

Are you currently under contract with another school district? Yes No

If yes: School District _____ City _____ State _____

Current Oregon Licensure

Types (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? _____

Personal History

YES NO

— — Have you ever been dismissed from a teaching/administrative position?

— — Have you ever been asked to resign from a teaching/administrative position?

— — Have you ever been refused continuing employment as a teacher/Administrator?

— — Have you ever had a teaching/Administrative license revoked?

— — Have you ever been convicted, pled guilty or pled nolo contendere to a felony?

— — Have you ever been convicted, pled guilty or pled nolo contendere to a crime involving child abuse or sexual abuse?

— — Have you 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 a court?

— — Have you previously applied for employment here? If yes, when? _____

— — Have you previously been employed by this school district? If yes, when _____

If any marked yes, please explain. _____

EDUCATIONAL/WORK EXPERIENCE

EDUCATIONAL AND PROFESSIONAL BACKGROUND

Colleges, Universities Name, City, State	Dates Attended Mo/Yr to Mo/Yr	Type of Degree Earned	Major & Minor (if any)

PROFESSIONAL EXPERIENCE

Employer	Address	Dates of Employment	Total Years	Reason for Leaving

REFERENCES

Give references (a minimum of three), of individuals, especially supervisors, with first-hand knowledge of your character, personality, and educational abilities.

Name	Position/District	Relationship with Applicant	Phone Contact

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

APPLICATIONS

Applications received by the school district will remain active for one (1) year following the date of receipt. Renewal will be made for the ensuing year upon request of the applicant. A personal interview is required before an applicant can be recommended for hire. Interviews are held only when there is an opening. Do not include letters of recommendation you wish returned but attach copies instead.

I understand that any omissions on this application may prevent my application from being evaluated. I authorize the school district 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 or for discharge if I have been employed.

AUTHORIZATION TO OBTAIN AND RELEASE INFORMATION

I authorize the school district 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 the 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 _____