



Stanfield School District Employment Application – Substitute Teacher

1120 North Main Stanfield OR 97875 (541)449-8766 FAX (541)449-8768

Name _____ Date _____
Last First Middle

Address: _____
Street City State Zip Code

Phone: Home () _____ Cell() _____

Email: _____ Soc. Sec #: _____

Are you currently a PERS member? YES NO If yes, what is your PERS number? _____

Do you have a current **Oregon Teaching License**? YES NO IF no, when is it expected? _____

Type of License: _____ Endorsements: _____

Date of Expiration: _____

Have you ever:

- been dismissed from a teaching position?..... YES.....NO
- been asked to resign from a teaching position?..... YES.....NO
- been refused continuing employment as a teacher?..... YES.....NO
- had a teaching license revoked??..... YES.....NO
- been convicted, plead guilty, or plead nolo contendere to a felony,
or to a crime involving child abuse or sexual abuse?..... YES.....NO
- 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 agency,
police agency, or in a court? YES.....NO

If you answered yes to any of the above, please explain _____

ADDITIONAL EXPERIENCE

The Stanfield School District has various opportunities for coaching or advising extra or co-curricular activities. Please indicate any activities/sports that you are capable of and willing to supervise:

REFERENCES

List a minimum of three references of individuals who have first-hand knowledge of your character, personality, and teaching ability.

Name	Position/District	Address	Work Phone	Other Phone

I authorize the Echo School District 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 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 _____