

SAUVIE ISLAND ACADEMY

Application for Employment – Program Specialist (PM Care)

APPLICANT INFORMATION

Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		State		Zip	
Cell Phone		E-mail Address			
Work Phone		Permission to Contact at work? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Date Available		Social Security No.		Desired Salary	
Position Applied for: Program Specialist (PM Care)					
Are you a citizen of the United States?		YES <input type="checkbox"/> NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.?	
				YES <input type="checkbox"/> NO <input type="checkbox"/>	
If selected for employment are you willing to submit to a pre-employment drug screening test and / or TB test?		YES <input type="checkbox"/> NO <input type="checkbox"/>			
Have you ever been convicted of a felony?		YES <input type="checkbox"/> NO <input type="checkbox"/>			

EXPERIENCE

Total Years Experience:		Administrative:		Teaching:	
Title of Current Position:			Years in Current Position :		
Salary of Current Position:					
Work Experience					
Institution / School District	Address / Phone Number	Title	Start Date	End Date	

RECORD OF PROFESSIONAL EDUCATION

Institution	Dates	Major	Degree

Please complete the following questions on a separate piece of paper.

1. Please explain how you would develop and manage activities for grade K-8 during our afternoon care. What qualities and skills do you have in this area?
2. This position will facilitate the billing for PM care. What experience do you have in managing billing for a program?
3. How would you describe active supervision in afternoon care?

REFERENCES

Please list three professional references. Include Superintendents, Principals, Supervisors, Team Leaders, etc., for whom you have worked.

Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

MILITARY SERVICE (IF ANY)

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature	Date
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You may email or mail your application.

Email: info@sauvieislandacademy.org Fax # 503-621-3384

Mail: Sauvie Island Academy, 14445 NW Charlton Road, Portland, OR 97231