

SAUVIE ISLAND ACADEMY

Application for Employment – 3rd grade teacher

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: 3 rd grade teacher			
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

Why are you interested being the 3rd grade teacher at SIA?

Explain how you are uniquely qualified for this position. How would these qualities enhance our teaching staff?

What is your philosophy of place-based education? What do you feel are the challenges and benefits of place based education and project-based learning?

Can you give us an example of a project based learning experience that you have been involved with?

Describe your teaching style and how it helps to meet the needs of high achieving students and struggling learners that you will be working with.

Describe your experience with standards and proficiency assessments.

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

You may email or mail your application.

Email: info@sauvieislandacademy.org

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

Fax: 503-621-3384