**SAUVIE ISLAND ACADEMY**

Application for Employment – Program Specialist (PM Care)

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| **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 ❒ NO ❒ | | |  |  |
| Date Available | | | Social Security  No. | | Desired Salary | | | |
| Position Applied for: Program Specialist (PM Care) | | | | | | | | |
| Are you a citizen of the United States? | YES ❒ | NO ❒ | | If no, are you authorized to  work in the U.S.? | | | YES ❒ | NO ❒ |
| If selected for employment are you willing to submit to a pre-employment drug screening test and / or TB test? | YES ❒ | NO ❒ | |  | | |  |  |
| Have you ever been convicted of a felony? | YES ❒ | NO ❒ | |  | | |  |  |

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| **EXPERIENCE** | | | | | |
| **Total Years Experience:** | Administrative: Teaching: | | | | |
| **Title of Current Position:** | | | | **Years in Current Position :** | |
|  | | | |  | |
| **Work Experience** | | | | | |
| **Institution / School District** | | **Address / Phone Number** | **Title** | | **Start Date End Date** |
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| **Institution** | **Dates** | **Major** | **Degree** |
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**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?

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| **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 | |

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| **MILITARY SERVICE (IF ANY)** | |
| Branch | From To |
| Rank at Discharge | Type of Discharge |
| If other than honorable, explain | |

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| **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](mailto:info@sauvieislandacademy.org) Fax # 503-621-3384

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