**SAUVIE ISLAND ACADEMY**

Application for Employment – Long Term Sub- Kindergarten

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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 YES NO  Contact at work? | | | |
| Date Available | Social Security No. | Desired Salary | | |
| Position Applied for: 1st grade teacher | | | | |
| Are you a citizen of the United States? YES NO If no, are you authorized to YES NO  work in the U.S.? | | | | |
| If selected for employment are you willing to submit  to a pre-employment drug screening test and / or YES NO  TB test? | | | | |
| 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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RECORD OF PROFESSIONAL EDUCATION

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| --- | --- | --- | --- |
| **Institution** | **Dates** | **Major** | **Degree** |
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Why are you interested being long term Kindergarten sub at SIA?

Explain how you are uniquely qualified for long term subbing. How would these qualities enhance our teaching staff?

What is your experience with hands on teaching and applied learning?

This long-term subbing position will entail Spring parent conferences and the end of year report cards. What is your experience and comfort level with these tasks?

Describe your teaching and management style when working with kindergarten students.

Describe your skills and experience with assessing kindergarten students’ literacy and math levels and adjusting as students’ needs change.

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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: [dmeeuwsen@sauvieislandacademy.org](mailto:dmeeuwsen@sauvieislandacademy.org)

Mail: Sauvie Island Academy, 14445 NW Charlton Road, Portland, OR 97231 Fax: 503-621-3384