

**Substitute Teaching Application**

**Siletz Valley Schools**

PO Box 247 Siletz Oregon 97380

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| --- | --- | --- | --- | --- |
| Last Name: | First Name: | Middle Initial: | Social Security Number: | |
| Street Address: | | | Email Address: | Phone Number: |
| City: | State: | Zip: | Alternate Telephone Number: | |

Please circle specific grade level(s) you prefer to SUBSTITUTE in or circle ANY grade level:

**ELEM**: Choose an item. **MS**: Choose an item. **HS**: Choose an item.

Are you employed? YES

Company and Position - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a U.S. Citizen? Choose an item.

If not a U.S citizen, state type of Work Visa Have you ever been dismissed or resign from any position? NO If so when

If applying for a position that requires driving, can you show or obtain a valid Oregon State driver’s license? YES

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| --- | --- | --- | --- | --- | --- | --- |
| **EDUCATION AND TRAINING** (A bachelor’s degree is REQUIRED to sub) | | | | | | |
| Are you a college graduate? | | YES | If not, do you have other credentials or certifications? | | YES | |
|  | **NAME OF COLLEGE OR INSTITUTION** | | **CITY AND STATE** | **DATE OF**  **EDUCATION** | | **DEGREE OR CERTIFICATION** | |
| **Vocational technical school**  **or Specialized training** |  | |  |  | |  | |
|  | |  |  | |  | |
| **College / University**  **(list in order of attendance)** |  | |  |  | |  | |
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| **Additional Related Courses or**  **Trainings** |  | |  |  | |  | |
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The Siletz Valley Schools is an Affirmative Action/ Equal Opportunity Employer.

Administration PO Box247

Siletz, Oregon 97380

(541)444-1100

**WORK EXPERIENCE**

(List previous work experience starting with most recent position)

Employer Name and Address: 

Dates Employed: From\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_ Reason for Leaving: 

Salary:       Position/Title:       May we contact supervisor? Choose an item.

Supervisor Name and Phone: 

Employer Name and Address: 

Dates Employed: From\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_ Reason for Leaving: 

Salary:       Position/Title:       May we contact supervisor? Choose an item.

Supervisor Name and Phone: 

Employer Name and Address: 

Dates Employed: From\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_ Reason for Leaving: 

Salary:       Position/Title:       May we contact supervisor? Choose an item.

Supervisor Name and Phone: 

**REFERENCES**

|  |  |  |  |
| --- | --- | --- | --- |
| **REFERENCE**  **Names** | **ADDRESS**  **City/State/Zip** | **CURRENT PHONE NUMBER(S)**  **Work/Home include area code** | **OFFICIAL TITLE/POSITION** |
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**APPLICATION PROCEDURE**

## FILING OF APPLICATION

A formal application, information request form and placement of your name on the vacancy registry must be completed to be considered for the position for which you are applying. Letters of interest and resumes alone are not sufficient for consideration, but may be attached to the application.

## CLOSING DATE

Applications may be filed in person or by mail. All applications must be received by 4:00 p.m. on the closing date unless otherwise indicated. Applications will remain "active" for a period of six months starting from the date the application is received in the Office of Human Resources. Reactivation of an application will be done upon request of the applicant.

## SCREENING

The quality and completeness of the information you provide on our application form, Information Request Form and/or supplemental questionnaire, and any additional information you provide may determine whether or not you are called for an interview. **The Information Request Form must be completed in its entirety in order for you to be considered for a position.** Incomplete answers or "see resume" could possibly delay the processing of you application.

## NOTIFICATION

Persons selected for interview normally will be notified within fifteen working days following the closing date on the job announcement. All applicants who are interviewed will be notified of the results of the interview process. When applicable, competency tests will be administered.

## SPECIAL ASSISTANCE

Persons with disabilities needing assistance in the application process may call (541-444-1100)

## NOT SELECTED?

Siletz Valley School will send a formal notification to unsuccessful applicants. Should the same or another position open for which you wish to apply, you may submit an updated application, complete a new Information Request Form and sigh up on the vacancy registry to be considered for the new opening.

Consideration for subsequent openings is not automatic.

INVESTIGATION CONSENT, RELEASE OF LIABILITY AND AGREEMENT

# I certify, under penalty of perjury, that the foregoing is true and correct.

1. I authorize Siletz Valley Schools to make an investigation of any personal, educational, vocational. Or employment history. I further authorize any current or former employers. Persons. Forms or agencies to provide Siletz Valley Schools with any information they have regarding me. I hereby release and discharge Siletz Valley Schools and those who provide information from any and all liability as a result of furnishing and receiving this information.
2. I further agree that falsification of any part of this application, including any accompanying inserts, shall be sufficient cause for dismissal. Reference and personal information, which become a part of this application will be kept as confidential and shall not be revealed to me.
3. I understand that any offer of employment is contingent upon an acceptable outcome of the criminal records background check and that the check is conducted at my expense.

Signature of Applicant Date