



APPLICATION FOR POSITION OF SUPERINTENDENT

Rogue River School District #35
1898 East Evans Creek Road
PO Box 1045
Rogue River, OR 97537
541-582-3235
Fax: 541-582-1600
www.rogueriver.k12.or.us

Please Check Appropriate Area:
New Application _____
Previous Application on File _____
What Year _____
Previous Employee of District _____

If previously employed, list position and dates:

Date of Application: _____
Date of Availability: _____
E-mail address: _____

Name (Last) (First) (Middle) (other names used)

Address (present mailing) (City/State/Zip) (home phone)

Address (permanent) (work/message number)

Last 4 of Social Security Number Driver's License Number

Are you a Veteran? Yes No If so, did you receive an honorable or general discharge Yes No
Are you a disabled Veteran? Yes No (Answering this question is optional)

Federal law requires that public school districts give employment preference to Veterans.
Ethnicity: Hispanic _____ Latino _____
Race: American Indian or Alaska Native _____ Asian _____ Black or African American _____ Native Hawaiian or other Pacific Islander _____ White _____
Language of Origin: English _____ Spanish _____ Other _____ (Please Specify)

Are you now a member of the Public Employees Retirement System? _____
Are you currently licensed as an administrator in Oregon? ____ **Have you applied for an Oregon License** ____
If not, are you eligible ____ yes ____no (Proof of eligibility for licensure must be provided at time of interview)
Current Oregon Administrator License _____ Date of Expiration _____
Endorsements/Authorizations: _____
Current Oregon Teaching License _____ Date of Expiration _____
Endorsements/Authorizations: _____

EDUCATION

| Type of Degree | Major | Name and Address of College | Dates Attended |
|----------------|-------|-----------------------------|----------------|
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House Bill 2062, was passed by the Oregon State legislature in its regular 2009 legislative session. Oregon law now requires that applicants furnish a list of **ALL** current and former employers who are education providers. Please attach additional sheets as needed.

| Experience in Accredited K-12 School (s) | | | |
|---|----------|-------|--------------------|
| Name and Address of School | Position | Dates | Reason for Leaving |
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Initialing here _____ confirms that you attest to having provided this District with a complete and accurate list of all former and current education providing employers.

OTHER EMPLOYMENT HISTORY

| Name and Address | Position | Dates of Employment | Reason for Leaving |
|------------------|----------|---------------------|--------------------|
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REFERENCES

Please list the names of five persons who are knowledgeable of your professional work whom we can contact, including your current employer and at least one school board member.

| Name | Position | Address | Telephone |
|------|----------|---------|-----------|
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May we contact references, both listed and others upon receipt of this application? yes no

Comments:

Personal History:

- Have you ever been dismissed from a teaching or an administrative position? ___ No ___ Yes
- Have you ever been asked to resign from a teaching or an administrative position? ___ No ___ Yes
- Have you ever been refused continuing employment as a teacher or an administrator? ___ No ___ Yes
- Have you ever had a teaching or and administrative license revoked? ___ No ___ Yes
- Have you ever been convicted, pled guilty, or pled nolo contendere to a felony? ___ No ___ Yes
- Have you ever been convicted, pled guilty, or pled nolo contendere to a crime involving child abuse or sexual abuse? ___ No ___ Yes
- Have you ever had a report of child abuse or sexual activities Involving a K-12 student or minor filed against you with a school district, Children Services Division, a police agency or in court? ___ No ___ Yes

Any “yes” answer must be explained fully using a separate sheet of paper.

PLEASE READ CAREFULLY

I hereby certify that I am at least 18 years of age and that this application contains no misrepresentations or falsifications and that the information given is true and complete to the best of my knowledge and belief. I understand that the responses to specific questions will not necessarily disqualify me from further consideration. I further understand that misrepresentation or omission of facts called for in this application is cause for cancellation, of the application and/or dismissal from employment. I authorize and consent this employer, Rogue River School District #35, to make any necessary and appropriate investigations to verify the information contained herein including, but not limited to, obtaining my employment records from my previous employers and discussing my job performance with said employers or their representatives or designates are free to discuss with Rogue River School District #35 representatives my job performance and any and all matters believed to have impacted my job performance. I further hereby release from liability any and all claims or causes of action that I may have against Rogue River School District #35, its agents and employees, my previous employers and their representatives or designates as a result of the disclosure of information referred to above.

Signed

Date

Any offer of employment with the Rogue River School District is pending until the district reviews reports from all prior educational employers and that any offer of employment will be retracted if there are reports of sexual conduct or child abuse or crimes listed in ORS 342.143.

This application will be used as a working document. Please fill in all the blanks – ***Do NOT state “See Attached”, etc., or leave questions unanswered.***

Information about the Oregon Administrator’s License can be obtained by calling the Teacher Standards and Practices Commission at 503-378-3586.

Please return the completed form to:

Rene’ Nevin, HR Specialist
Rogue River School District #35
PO Box 1045, Rogue River, OR 97537
Phone: 541-582-3235 Fax: 541-582-1600

**ROGUE RIVER SCHOOL DISTRICT #35
CRIMINAL HISTORY VERIFICATION OF APPLICANTS**

Please type or print clearly (as appears on license):

Name: _____ Date of Birth: _____ Sex: _____
Last/First/Middle *MM/DD/YY*

List Other Names Previously Used: _____

Social Security Number: _____ Oregon Driver License/Identification Card Number _____

Providing your social security number on this form is voluntary. If you choose not to disclose the social security number, this will not be a basis for denial of employment or any rights, services, or benefits to which you are otherwise entitled. If you do provide the number, the Oregon State Police will use it as an additional identifier to search for any criminal record you may have. Your social security number will be used as stated above. State and Federal laws protect the privacy of your records.

Address: _____
Full Street Address

City: _____ State: _____ Zip _____

A. Have you EVER been convicted of a sex-related crime? yes no

If yes, was the conviction in Oregon or another state? (Please specify if another state.) _____

If yes, did the crime involve force or minors? yes no

B. Have you EVER been convicted of a crime involving violence or threat of violence? yes no

If yes, was the conviction in Oregon or another state? (Please specify if another state.) _____

C. Have you EVER been convicted of a crime involving criminal activity in drugs or alcoholic beverages? yes no

If yes, was the conviction in Oregon or another state? (Please specify if another state.) _____

D. Have you EVER been convicted of any other crime except a minor traffic violation? (Includes traffic crimes) yes no

E. Have you EVER been convicted of any other crime for which there has not yet been an acquittal or dismissal? yes no

Advisory: A check of the applicant's criminal history will be made by Rogue River School District #35 to verify the responses to the preceding questions.

I hereby grant Rogue River School District #35 permission to check civil or criminal records to verify any statement made on this form.

Signature _____
Date

I do not grant permission to Rogue River School District #35 to check civil or criminal records relating to me, and I acknowledge receipt of notice printed below.

Signature _____
Date

Notice: The Oregon Department of Education will conduct a criminal offender record check of applicants for prospective school employees working with or around children. The applicant is entitled to review his/her criminal history for inaccurate or incomplete information. Discrimination by an employer on the basis of arrest records alone may violate federal civil rights law. The applicant may obtain further information concerning the applicant's rights by contacting the Bureau of Labor and Industries, Civil Rights Division, State Office Building, Suite 1070, Portland, OR 97232, telephone 503-731-4075.

FALSIFICATION OF THIS FORM MAY RESULT IN DISCIPLINARY ACTION INCLUDING DISMISSAL