



## Pinehurst School District #94

15337 Highway 66  
Ashland, OR 97520  
541-482-1910

[www.pinehurst.k12.or.us](http://www.pinehurst.k12.or.us)

### LICENSED PERSONNEL EMPLOYMENT APPLICATION

I am applying for (*check all that apply*):  
 Full-time Teaching     Part-time Teaching  
 Substitute Teaching     Administration  
 Other \_\_\_\_\_

Date of Application: \_\_\_\_\_ Date of Availability: \_\_\_\_\_

Name: \_\_\_\_\_  
          Last                      First                      Middle                      Other Names Used

Email address: \_\_\_\_\_ Cell: \_\_\_\_\_

Present Address: \_\_\_\_\_  
                          Street    City/State/Zip

This information is used to ensure equal employment under the Affirmative Action Act and to monitor the program. If you prefer not to provide the information, it will not affect your application.

Age group: \_\_\_\_\_ under 22    \_\_\_\_\_ 22-30    \_\_\_\_\_ 31-40    \_\_\_\_\_ over 40                      Sex: \_\_\_\_\_ Male    \_\_\_\_\_ Female

Race or Ethnic Group: \_\_\_\_\_ American Indian    \_\_\_\_\_ Asian    \_\_\_\_\_ Black    \_\_\_\_\_ Hispanic    \_\_\_\_\_ White    \_\_\_\_\_ Other (please specify)

#### Emergency Contact Information

Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_  
                          Street    City/State/Zip

#### Licensing

List below teaching, administrative, and special certificates held:

Type of Certificate	State	Date of Expiration

List below any interests in special programs (ie: music, art, science, outdoor education)

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List Membership in Professional Organizations: \_\_\_\_\_

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*Educational Training*

College and/or University: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

Location: \_\_\_\_\_

Degrees & Date Received: \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

College and/or University: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

Location: \_\_\_\_\_

Degrees & Date Received: \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

*Teaching, Administrative or Other Experience (List two most recent experiences).*

Employing Agency/Address: \_\_\_\_\_

Dates: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Duties: \_\_\_\_\_

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Reason for Leaving: \_\_\_\_\_

Employing Agency/Address: \_\_\_\_\_

Dates: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Duties: \_\_\_\_\_

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Reason for Leaving: \_\_\_\_\_

Have you ever been a member of the Oregon Public Employees Retirement System (PERS)? \_\_\_\_\_  
If yes, When? \_\_\_\_\_

*If you answer "yes" to any of the following questions, please provide details.*

Have you ever been placed on a Plan of Assistance?      \_\_\_ yes      \_\_\_ no  
Did you successfully complete your Plan of Assistance?      \_\_\_ yes      \_\_\_ no  
Have you ever had a non-renewal of your contract?      \_\_\_ yes      \_\_\_ no  
Has your license ever been suspended or revoked by TSPC?      \_\_\_ yes      \_\_\_ no

Please Explain:

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Have you ever been convicted of any felony?

Offense	State	County	Date

*I hereby certify that the information herein is true and complete statement of my personal record to date.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The following are requirements, if you are offered a contract:

1. Provide the district with a copy of your regular teaching license or reciprocal teaching license.
2. Provide the district with a copy of your transcript of credits.
3. Provide the district with Fingerprint-Based Criminal History Verification.
4. Previous Oregon State employees must clarify their status with the Public Employees Retirement System (PERS)

If you have any further questions and/or concerns please contact:

The District Office  
[pinehurstschool@pinehurst.k12.or.us](mailto:pinehurstschool@pinehurst.k12.or.us)  
Pinehurst School District #94  
15337 Hwy. 66  
Ashland, OR 97520  
541-482-1910

*Pinehurst School District is an equal opportunity employer.*