

Ashwood School District #8
18624 NE Main
Ashwood, Oregon 97711
Phone: 541/489/3297 FAX: 541/489/3385
www.ashwood.k12.or.us

Head Teacher Supplemental Application Criteria:

Please submit with Employee Application

1. Fingerprint-based criminal history verification form
2. Employment Eligibility Verification form
3. Proof of Valid Driver's License
4. Two previous/current employer or professional references
 - a. Questionnaire provided
5. Two personal references
 - a. Questionnaire provided
6. Professional Essay Questionnaire
7. Covid 19 Vaccine/Exemption form
8. Signed acceptance of Job Description/Duties required

FINGERPRINT-BASED CRIMINAL HISTORY VERIFICATION FOR EMPLOYEES

Please make copy for your own records.

Return the original to:

Pupil Transportation and Fingerprinting Unit
Oregon Department of Education
255 Capitol Street NE
Salem, OR 97310

ODE USE ONLY

The person whose name appears below is an employee, has been offered employment, or has been assigned to a contractor for the school district or a private career school. All employees and contractors are subject by law to fingerprinting and criminal record checks.
(ref. OAR 581-021-0500, 581-045-0586 and 715-045-0003)

Fingerprints are the means used to access records maintained by the Federal Bureau of Investigation. The applicant is entitled to review his/her criminal history for inaccurate or incomplete information. The applicant may appeal a determination prohibiting employment as a contested case under ORS 183.413 to 183.470.

Information is subject to the Privacy Act of 1974 (PL 93-579).

Employee of:					
<input type="checkbox"/> District	<input type="checkbox"/> Contractor	<input type="checkbox"/> Charter School	<input type="checkbox"/> Private School	<input type="checkbox"/> Private Career School	<input type="checkbox"/> Private Alternative Ed
School District/Private School/Private Career School		Position Held or Applied For		Date	
Address		City	State	Zip	
Signature of Authorized School Official		Name of Authorized School Official (Print or type)		Phone	
Name (Last)	(First)	(Full Middle)	Date of Birth	Sex <input type="checkbox"/> M <input type="checkbox"/> F	
Mailing Address		City	State	Zip	
List Other Names Previously Used			Home Phone		
WARNING: Knowingly falsifying statements to any question below may result in your termination of employment without regard to school district policy, collective bargaining agreements or fair dismissal appeals law. It is not a defense that you did not intend to make a false statement regarding criminal history. The following are included as criminal convictions: <ul style="list-style-type: none">• judgments entered by a court;• guilty pleas;• "no contest" pleas;• situations regarding suspended sentences, delayed entry of judgment or any equivalent according to the laws of any jurisdiction. Convictions of misdemeanor or felony crimes DO NOT automatically drop off your record after a period of time. If you believe a crime has been removed from your record and you are mistaken, it will result in a finding that you knowingly made a false statement.					
I have read and understand the above warning. _____ (initials)					
1. Have you EVER been convicted of ANY crimes listed under 1 on the reverse side of this form? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, was the crime in Oregon or a similar crime in another state? _____					
2. A crime includes a felony or misdemeanor. Have you EVER been convicted of ANY other crime NOT included in the list under question 1, this includes major traffic violations (including DUII, etc)? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Applicant's Signature			Date		
OREGON DEPARTMENT OF EDUCATION USE ONLY					
Final approval	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date _____	Initials _____	
<input type="checkbox"/> Not a subject individual to be fingerprinted					
<input type="checkbox"/> Did not complete fingerprinting process					
<input type="checkbox"/> FBI processed by name and date of birth					
<input type="checkbox"/> No longer employed by the school or district					

Subject individuals who have been convicted of any of the crimes listed in ORS 342.143, (listed below under crimes relating to question 1), or the substantial equivalent of any of those crimes if the conviction occurred in another jurisdiction or in Oregon under a different statutory name or number, shall be refused continued employment or have employment terminated upon notification from the Superintendent of Public Instruction.

CRIMES RELATING TO QUESTION 1 OREGON LAWS

163.095	Aggravated Murder	167.062	Sadomasochistic Abuse or Sexual Conduct in Live Show
163.115	Murder	167.075	Exhibiting an Obscene Performance to a Minor
163.185	Assault 1 in the First Degree	167.080	Displaying Obscene Materials to Minors
163.235	Kidnapping in the First Degree	167.090	Publicly Displaying Nudity or Sex for Advertising Purposes
163.355	Rape in the Third Degree	475.808	Unlawful manufacture of hydrocodone within 1,000 feet of school
163.365	Rape in the Second Degree	475.810	Unlawful delivery of hydrocodone
163.375	Rape in the First Degree	475.812	Unlawful delivery of hydrocodone within 1,000 feet of school
163.385	Sodomy in the Third Degree	475.818	Unlawful manufacture of methadone within 1,000 feet of school
163.395	Sodomy in the Second Degree	475.820	Unlawful delivery of methadone
163.405	Sodomy in the First Degree	475.822	Unlawful delivery of methadone within 1,000 feet of school
163.408	Unlawful Sex Penetration in the Second Degree	475.828	Unlawful manufacture of oxycodone within 1,000 feet of school
163.411	Unlawful Sex Penetration in the First Degree	475.830	Unlawful delivery of oxycodone
163.415	Sexual Abuse in the Third Degree	475.832	Unlawful delivery of oxycodone within 1,000 feet of school
163.425	Sexual Abuse in the Second Degree	475.848	Unlawful Manufacture of Heroin within 1,000 Feet of School
163.427	Sexual Abuse in the First Degree	475.852	Unlawful Delivery of Heroin within 1,000 Feet of School
163.432	Online Sexual Corruption of a Child in the Second Degree	475.868	Unlawful Manufacture of 3, 4-Methylenedioxymethamphetamine within 1,000 Feet of School
163.433	Online Sexual Corruption of a Child in the First Degree	475.872	Unlawful Delivery of 3, 4-Methylenedioxymethamphetamine within 1,000 Feet of School
163.435	Contributing to the Sexual Delinquency of a Minor	475.878	Unlawful Manufacture of Cocaine within 1,000 Feet of School
163.445	Sexual Misconduct	475.880	Unlawful Delivery of Cocaine
163.465	Public Indecency	475.882	Unlawful Delivery of Cocaine within 1,000 Feet of School
163.515	Bigamy	475.888	Unlawful Manufacture of Methamphetamine within 1,000 Feet of School
163.525	Incest	475.890	Unlawful Delivery of Methamphetamine
163.547	Child Neglect in the First Degree	475.892	Unlawful Delivery of Methamphetamine within 1,000 Feet of School
163.575	Endangering the Welfare of a Minor	475.904	Unlawful Manufacture or Delivery of Controlled Substance within 1,000 Feet of School
163.670	Using Child in Display of Sexually Explicit Conduct	475.906	Penalties for Distribution to Minors
163.675	Sale of Exhibition of Visual Reproduction of Sexual Conduct by Child	161.405	Attempt to Commit Any of the Above-Listed Crimes
163.680	Paying for Viewing Sexual Conduct Involving a Child		
163.684	Encouraging Child Sex Abuse in the First Degree		
163.686	Encouraging Child Sex Abuse in the Second Degree		
163.687	Encouraging Child Sex Abuse in the Third Degree		
163.688	Possession of Materials Depicting Sexually Explicit Conduct of a Child in the First Degree		
163.689	Possession of Materials Depicting Sexually Explicit Conduct of a Child in the Second Degree		
164.325	Arson in the First Degree		
164.415	Robbery in the First Degree		
166.005	Treason		
166.087	Abuse of Corpse in the First Degree		
167.007	Prostitution		
167.008	Patronizing a Prostitute		
167.012	Promoting Prostitution		
167.017	Compelling Prostitution		
167.057	Luring a Minor		



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9

OMB No. 1615-0047
Expires 08/31/2019

► **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (*Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.*)

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [][] - [][] - [][][][]		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	<div>QR Code - Section 1 Do Not Write In This Space</div>
<input type="checkbox"/> 2. A noncitizen national of the United States (<i>See instructions</i>)	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (<i>See instructions</i>)	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	

Signature of Employee	Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one):

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page





Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		<div>Additional Information</div> <div>QR Code - Sections 2 & 3 Do Not Write In This Space</div>		
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions)

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative		
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name		
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	
C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.				
Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)		
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.				
Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative		

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 		<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

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Previous/Current/Professional References Questionnaire

1. How long did you and the candidate work together?
2. What was the candidate's day to day responsibilities?
3. Why did the candidate leave?
4. Could the candidate have stayed if they had wanted to?
5. If you were hiring people, would you hire the candidate?
6. Can you describe the candidate's work performance?
7. Was the candidate accountable in performing tasks?
8. What are the candidate's strengths and weaknesses?
9. Is there anything else you would like to share about this candidate?

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Personal References Questionnaire

1. How are you related to the candidate?
2. How long have you known the candidate?
3. What are the candidate's strengths and weaknesses?
4. Would you trust the candidate with large sums of money, children, or fragile individuals?
5. How does the candidate relate to others?
6. How does the candidate react to stressful situations?
7. Is there anything else you would like to share about this candidate?

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Head Teacher Essay Questionnaire

(Please answer each question in essay format of your choice)

1. What do you want to accomplish as a teacher?
2. How will(do) you find out about students' attitudes and feelings about your class?
3. How do you decide what should be taught in your class?
4. A parent comes to you and complains that what you are teaching this child is irrelevant to the child's needs. How would you respond?
5. How do you find out your student's strengths?
6. A student is doing poorly in your class. She tells you that your class is boring. What would you do?
7. Instructionally, how do you provide for individual differences among students?
8. Would you be willing to relocate to the Ashwood Area? If no, please explain?
9. Please describe your teaching philosophy?

COVID-19 Vaccine Medical Exception Request Form

Instructions: Please refer to the [Instructions for filling out the COVID-19 Medical Exception Request Form](#). If you are requesting an exception from the COVID-19 vaccination requirement for medical reasons you must fill out this form and **submit it to your employer or other responsible person**.

DO NOT SEND THIS FORM TO THE OREGON HEALTH AUTHORITY.

I am requesting an exception from the COVID-19 vaccination requirement on the basis of a diagnosed physical or mental condition that limits my ability to receive the COVID-19 vaccination, as certified by my medical provider below.

Individual's name:	Date of birth:
Phone number:	
Signature:	Date:
Employer/organization:	Job title/position:

Please note that if your exception request is approved, you may be required by your employer or other responsible party to take additional steps to protect you and others from contracting and spreading COVID-19. Workplaces are not required to provide this exception accommodation if doing so would pose a direct threat to the excepted individual or others in the workplace or would create an undue hardship.

Statement from Medical Provider

Your patient, named above, has requested an exception to the COVID-19 vaccination requirement due to a medical condition. Please provide the information below.

Please check an option below and complete related questions:

☐ The patient should not receive the COVID-19 vaccination due to a medical condition.

What is the medical condition that prevents them from receiving the COVID-19 vaccination?

☐ Yes ☐ No Is the medical condition permanent?

☐ Yes ☐ No Is the medical condition temporary? If yes, what is the expected duration?

Please describe how this medical condition impacts their ability to receive the COVID-19 vaccination.

☐ The patient may not receive a certain type of COVID-19 vaccination. The patient may receive a vaccination manufactured by _____.

☐ The patient may receive a COVID-19 vaccination.

I certify the above information to be true and accurate.

Printed name of medical provider:	Date:
Signature of medical provider:	Work address:
	Work telephone number:

Document accessibility: For individuals with disabilities or individuals who speak a language other than English, OHA can provide information in alternate formats such as translations, large print, or braille. Contact the Health Information Center at 1-971-673- 2411, 711 TTY or COVID19.LanguageAccess@dhsosha.state.or.us.

COVID-19 Vaccine Religious Exception Request Form

Instructions: Please refer to the [Instructions for filling out the COVID-19 Religious Exception Request Form](#). If you are requesting an exception from the COVID-19 vaccination requirement for religious reasons you must fill out this form and **submit it to your employer or other responsible person**.

DO NOT SEND THIS FORM TO THE OREGON HEALTH AUTHORITY.

I am requesting an exception from the COVID-19 vaccination on the basis of a sincerely held religious belief.

Individual's name:	Date of birth:
Phone number:	
Employer/Organization:	Job Title/Position:

Please check the boxes below as appropriate and complete related questions:

☐ Receiving the COVID-19 vaccination conflicts with my religious observances, practices or beliefs as described below.

Please describe your religious belief and how it affects your ability to receive a COVID-19 vaccination

I certify the above information to be true and accurate and that I sincerely hold the religious beliefs described above.

Signature:	Date:
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Please note that if your exception request is approved, you may be required by your employer or other responsible party to take additional steps to protect you and others from contracting and spreading COVID-19. Workplaces are not required to provide this exception accommodation if doing so would pose a direct threat to the excepted individual or others in the workplace or would create an undue hardship.

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