



**UNIVERSITY OF OREGON**

**Vivian Olum Child Development Center**

5222 University of Oregon, 1650 Columbia St, Eugene, OR 97403-5222

T (541)346-6586 F (541)346-6586 <http://olum.uoregon.edu>

**APPLICATION FOR TEMPORARY SUBSTITUTE TEACHER**

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

Have you or are you currently working at the UO?  No  Yes. Department name \_\_\_\_\_

Have you been or are you currently a student at the UO?  No  Yes Department name \_\_\_\_\_

Child First Aid Training Expiration date: \_\_\_\_\_

Child CPR Training Expiration date: \_\_\_\_\_

Oregon Food Handlers Card Expiration date: \_\_\_\_\_

Child Abuse & Neglect Training Date: \_\_\_\_\_

Oregon Child Care Division Background Registry Expiration date: \_\_\_\_\_ R# \_\_\_\_\_

List all schools attended beyond high school and their location.

Name and location of school	Major	Credits Completed	<input type="checkbox"/> Qtr	<input type="checkbox"/> Sem	Degree
Name and location of school	Major	Credits Completed	<input type="checkbox"/> Qtr	<input type="checkbox"/> Sem	Degree
Name and location of school	Major	Credits Completed	<input type="checkbox"/> Qtr	<input type="checkbox"/> Sem	Degree

List any courses, vocational training, licenses or other qualifications which bear on your suitability for this position.

The information in my application was freely given and is, to the best of my knowledge, true and complete. I understand that any false statement, misleading answer, or any false information on this application or given during the selection process may be sufficient grounds for immediate elimination from consideration or immediate dismissal at any time. The University of Oregon is hereby authorized to contact my present or past employers as references and to receive from them any information about me contained in their personnel records and any evaluations of my job knowledge, skills, and performance. I hereby release the University of Oregon from any liability or damage which may result from furnishing the information requested. The University of Oregon may make copies of this authorization available to those contacted.

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

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

**Related Work Experience:**

Please list all work experience with children in a certified child care center or comparable group program. Include practicum or practice teaching experience. **DO NOT** include experience as a scout leader, coaching or Sunday school teacher. Additional work experience may be attached.

<b>Job 1</b>		
Place of employment	Dates of employment	Hours per week
Supervisor's name and phone number	Ages of children you worked with	
Description of duties		

<b>Job 2</b>		
Place of employment	Dates of employment	Hours per week
Supervisor's name and phone number	Ages of children you worked with	
Description of duties		

<b>Job 3</b>		
Place of employment	Dates of employment	Hours per week
Supervisor's name and phone number	Ages of children you worked with	
Description of duties		

<b>Job 4</b>		
Place of employment	Dates of employment	Hours per week
Supervisor's name and phone number	Ages of children you worked with	
Description of duties		