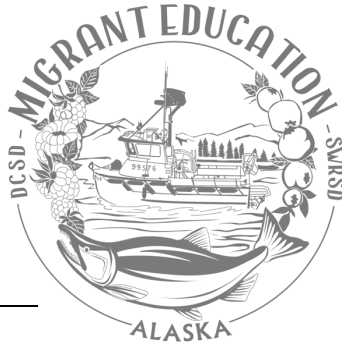


## Academic Interventionist Application for Employment

Southwest Region School District  
 P.O. Box 90  
 Dillingham, Alaska 99576  
 Dianna Schollmeier  
 (907) 842-8210 / [dschollmeier@swrsd.org](mailto:dschollmeier@swrsd.org)



Dillingham City School District  
 P.O. Box 170  
 Dillingham, AK 99576  
 Robyn Chaney  
 (907) 842-6779 / [rchaney@dlgsd.org](mailto:rchaney@dlgsd.org)

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

Name \_\_\_\_\_  
 (Last) (First) (Middle)

Address: \_\_\_\_\_  
 (Street/PO Box)  
 \_\_\_\_\_  
 (City, State) (Zip Code)

Graduation Information: \_\_\_\_\_  
 (University) (Univ. City, State)  
 \_\_\_\_\_  
 (Graduation Degree) (Graduation Date)

Cell Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

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

In which of the following areas will you be certified to teach?

- Primary K – 2 ( )
- Upper Elementary 3 – 5 ( )
- Middle School 6 – 8 ( )
- High School 9 – 12 ( )
- Specialist Area(s): \_\_\_\_\_

List specific subject area and grade span (K – 12) that you feel would be an area that you could successfully implement RTI interventions to below grade level students or students in need of support. Does not need to be an area of certification.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

List activities or hobbies that interest you.

\_\_\_\_\_  
 \_\_\_\_\_

References: Please provide references or attach a resume with references.

	<i>Name &amp; Email</i>	<i>Phone Number</i>	<i>Professional Relationship</i>	<i>Years of Acquaintance</i>
1)				
2)				
3)				

**AFFIDAVIT**

**YES      NO**

Are you presently under contract with another school district?           

If yes, for school year \_\_\_\_\_ if yes, which district? \_\_\_\_\_

Are you a citizen of the United States?           

Have you ever failed to be rehired, been asked to resign, resigned to avoid termination, or been terminated from employment?           

Have you ever been convicted of a crime? \*              
\*If YES, give complete details on next page.

Can you perform all the essential job function(s) of the position(s) for which you are applying, with or without reasonable accommodation?           

List any needed accommodations: \_\_\_\_\_

I CERTIFY THAT the statements made by me in this application are true and correct to the best of my knowledge, and will become a part of my official record. I authorize the release of any data needed to support this application form from previous or current employers and/or any law enforcement agency by signing this affidavit and checking "yes" on this form.

Yes     No

SIGNATURE OF APPLICANT \_\_\_\_\_

DATE \_\_\_\_\_

**PLEASE READ CAREFULLY BEFORE SIGNING**

I hereby authorize the District to investigate all statements made in this application or attachments; to contact any of my former employers, education institutions, personal references or any other person or organization that may have information relevant to my employment; to obtain records concerning my past work, character, education, or military background; to obtain a "consumer report" and/or "investigative consumer report" as defined by the Fair Credit Reporting Act; to obtain driving records; to obtain any records pertaining to prior felony or misdemeanor convictions or pending felony or misdemeanor charges. I authorize that such contact or investigation may occur at any time before or during employment. I will hold the District, its attorneys, and former employers, educational institutions and any other persons giving references free of liability for the exchange of the information and any other reasonable and necessary information incident to the employment process.

Signature of Applicant: \_\_\_\_\_

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

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_