

Le Monde French Immersion Public Charter School

Independent Contractor Personal Information Disclosure Form

| WRITE POSITION OF EMPLOYMEN SCHOOL IN BLANK BELOW: POSITION APPLYING FOR: AND/O | | | | AONDE F | RENCH IM | MERSION PUBLIC CHARTER |
|---|-----------------------|-------------------------|----------------------------|-----------|--------------------|------------------------------|
| | | | | | | |
| CONTACT INFORMATION | | | | | | |
| Last Name First | | First | | 1 | M.I. | Date |
| Street Address | | | | , | Apartment# | |
| City | | | Ī | ZIP | | |
| Phone E-mail Ac | | ddress | | | | |
| Date Available | Socio | al Security No. | Date of Birth (mm/dd/yyyy) | | m/dd/yyyy) | |
| list all alias names, maiden n | | | | | | |
| Do you have the ability to pass a Have you ever been convicted o If yes, explain Are you a citizen of the United If no, are you authorized to we | f a felony? CIRCL | E YES NO | ng you to work in a s | cnool set | ting? Cit | RCLE YES NO |
| (Le Monde French Immersion Pub have your own authorization to w | ork in the U.S) | Currently does r | not sponsor teachers | from othe | er countries | to work in the U.S. you must |
| WORK EXPERIENCE (Last Two Jo (FILL OUT THIS INFORMATION IN | | ACHING FULL RE | ESUME) | | | |
| Company/School | | | Phone | (|) | |
| Address | | | Supervisor | | | |
| Job Title S | | Starting Salary/Wage | \$ | | Ending Salary/W | age \$ |
| Responsibilities | | | | | | |
| From To | Reason for Leavin | ng | | | | |
| May we contact your previous su | pervisor for a refere | ence? YES | NO | | | |
| Company/School | | | Phone () | | | |
| Address | | | Supervisor | | | |
| Job Title Starting Salary/Wage | | | \$ | | Ending Salary/V | Vage \$ |

| May we contact your previous supervisor for a reference? YES | NO |
|---|----|
| SUPPLEMENTAL TEACHING INFORMATION | |
| Briefly list any additional teaching experience you have had, not listed above. | |
| DO YOU SPEAK FRENCH? CIRCLE YES NO | |
| ARE YOU FLUENT IN SPEAKING FRENCH? CIRCLE YES NO | |
| | |
| | |
| | |
| | |

Business Disclosure Information:

Responsibilities

From To

Official Name of Your Business:

Is Your Business Registered in Oregon? **CIRCLE YES NO** Name of Business:

Reason for Leaving

Do you have liability Insurance? CIRCLE YES NO

PLEASE ATTACH PROFF OF LIABLITY INSRUANCE

| Times Available to Teach: Please check days & Times Available | Monday | Tuesday | Wednesday | Thursday | Friday |
|--|--------|---------|-----------|----------|--------|
| 8 am – 12 pm | | | | | |
| 12 pm – 3 pm | | | | | |
| 3pm- 5:30pm | | | | | |

| | | * | - |
|---|--|---|--|
| DO YOU HAVE CONTRACTS WITH OTHE | R BUSINESSES, SCHOOLS, OR OTH | ER? | |
| Please list all other independent contrac | cts to which you were a party in the | e last two years: | |
| Other Party's Name | Phone No. () | Contract for | Contract Date |
| Other Party's Name | Phone No. () | Contract for | Contract Date |
| RESUME | | | |
| Please attach Resume. | | | |
| REFERENCES | | | |
| Please list three professional reference | res. | | |
| Full Name | | Relationship | |
| Company | | Phone () | |
| Address | | Thone () | |
| | | Dolarki a malaira | |
| Full Name | | Relationship | |
| Company | | Phone () | |
| Address | | | |
| Full Name | | Relationship | |
| Company | | Phone () | |
| Address | | | |
| | | | |
| DISCLAIMERS, PERMISSIONS AND AS | SSERTIONS | | |
| If I am retained as an independent of Reporting Act compliant background SSN Verification, Address History, Sexugiving my date of birth will not be use understand that my date of birth has Le Monde French Immersion Public C Charter School parents who are interknowledge. If the information contamisleading information in this disclosure. | contractor, I give Le Monde French d check on me. (This includes sor wal Offender Registry and Office of ed for any reason other than to runs no bearing on my application an charter School permission to share rested in me as a teacher. I certificationed in this disclosure form leads to | ne or all of the following: Count Foreign Assets Control exclusion of my background check and to we did will not be shared with anyone my resume with potential Le M by that my answers are true and co an independent teacher control | y and State Criminal Records, database.) I understand that verify my education. I else. If I am retained, I grant onde French Immersion Public complete to the best of my |
| | | | |

Date:

Signature: