



THIS IS A FREE SERVICE

Register for Jobs in Oregon
Recruitment & Retention Project - Jobs Clearinghouse

This information will be available on-line to schools and districts who have registered for this service. This form can either be emailed, mailed or faxed. You will be contacted by schools and districts directly if they have a job opening that meets your qualifications and experience.

Name: _____ Email Address: _____

Address: _____ Contact Phone: _____

City, State, Zip: _____

Position Desired: _____ Date you are available: _____

Licensure or Certification (**Check all that apply**):

- | | |
|--|--|
| <input type="checkbox"/> Administrator | <input type="checkbox"/> Orientation and Mobility Specialist |
| <input type="checkbox"/> Audiologist | <input type="checkbox"/> Physical Therapist |
| <input type="checkbox"/> Special Education - Oregon | <input type="checkbox"/> School Psychologist |
| <input type="checkbox"/> Special Education – Other State | <input type="checkbox"/> School Social Worker |
| <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Speech-Language Pathologist |
| Other _____ | |

Endorsement or Area of Specialization (**Check all that apply**):

- | | |
|---|---|
| <input type="checkbox"/> Adapted Physical Education | <input type="checkbox"/> Early Intervention EI/ECSE |
| <input type="checkbox"/> Alternative Education | <input type="checkbox"/> Instructional Assistant |
| <input type="checkbox"/> Autism Specialist | <input type="checkbox"/> Interpreter of the Deaf |
| <input type="checkbox"/> Behavior Specialist | <input type="checkbox"/> Teacher of the Blind |
| <input type="checkbox"/> Communication Disorders | <input type="checkbox"/> Teacher of the Deaf |
| Other _____ | |

Age Range/Instructional Level of Students Served: _____

Education, Degrees: _____

Years of Experience: _____

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