

Washtucna School District
730 E. Booth St.
Washtucna, WA 99371
509-646-3237 FAX# 509-646-3249



Certificated Application

All sections must be completed. Please print name as it appears on your Social Security Card.

First Name Middle Name Last Name Maiden Name (if applicable)

Other names in which records are recorded: _____

Address City State Zip

Phone Message Phone (if different) E-Mail Address

CERTIFICATES AND LICENSES

Do you hold a Washington State Teaching Certificate? Yes No

Type of Certificate Certification Number Date Issued Expiration Date

If you do not hold a current Washington State Certificate, have you applied for one? Yes No

Have you requested your placement file to be sent to our district? Yes No

Endorsements

List any additional licenses: (First Aid/CPR/RN):

Drivers License Number: _____ Expiration Date _____

My credentials are on file at:

Name of Institution Address

POSITION APPLIED FOR

Pre School
Elementary 1st 2nd 3rd 4th 5th 6th
Secondary Junior High Senior High Special Education Administration

Specific Position: _____

SECONDARY ACTIVITIES OR COACHING INTERESTS

Band _____	Volleyball _____	Class Advisor _____	Other _____
Drama _____	Track _____	Tennis _____	Other _____
Basketball _____	Cheerleading _____	Softball _____	Other _____
Football _____	FFA _____	FBLA _____	Other _____

EDUCATION

Please list in order of attendance.

Name of Institution	Dates		Degree of Diploma Credit Hours	Graduation Date		Field of Study	
	From	To		Month	Year	Major	Minor
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Total college hours (Quarter) after initial degree _____

Dates of Military Service

From: Month/Year	To: Month Year	Branch of Service	Duties, Assignment, Rank
_____	_____	_____	_____

TEACHING/ADMINISTRATION EXPERIENCE

List most recent experience first. Please include student teaching if you are a beginning teacher.

Dates		District	Number of years	Grade & Subjects or positions held	Supervisor	Phone
From	To					
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Total years of teaching/administration experience under contract _____

Please list coursework, additional training and conferences you have either taken and/or attended which will support the District's Mission Statement.

How would you describe a small school? What would you do in order to promote a small, rural school? (Use a separate sheet of paper if you require additional space.)

REFERENCES

Principals, supervisors or others with firsthand knowledge of your professional performance.

Name	Title	School District and Address	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been convicted of a crime? Yes No

Note: A conviction will not necessarily disqualify you for employment. If yes, please attach a written explanation.

Are you a member of the Washington State Teacher’s Retirement System? Yes No

Plan # _____ Retirement # _____

Additional Comments:

I certify that answers given herein are true and complete to the best of my knowledge. I understand that false or misleading information on my application or interview may result in withdrawal from consideration or discharge if employed. I understand that if I am hired by the district, I will be required to have a state and national background check, and will be employed on a temporary basis subject to favorable reporting of the background check. I authorize the district to make such investigations and inquiries of my person, employment, financial or medical history as may be necessary in arriving at an employment decision. I hereby release employers or persons from all liability in responding to inquiries in connection with my application.

Signature of Applicant Date

AN EQUAL OPPORTUNITY EMPLOYER

Immigration Reform and Control Act Requirements: All new hires must complete an Employment Eligibility Form and present documentation for review and verification.

Disclosure Statement: Pursuant to Chapter 486, Laws of 1987, all applications must complete the disclosure form provided at the time of application.

Background check: Pursuant to ESHB 2518, Laws of 1992, all new hires will be required to have a state and national fingerprints background check with the fee to be paid by the applicant. Employment is contingent upon the information received from both state and national checks.

Job Sharing: Pursuant to Chapter 206, Laws of 1989, the district will accept applications from individuals wishing to share a position.

The Washtucna School District #109 complies with all federal rules and regulations and does not discriminate on the basis of sex, race, creed, religion, color, national origin, age, honorably discharged veteran or military status, sexual orientation, including gender expression or identity, the presence of any sensory, mental, or physical disability, or the use of a trained dog guide or service animal by a person with a disability in its programs and activities and provided equal access to the Boy Scouts and other designated youth groups. Inquiries regarding compliance procedures may be directed to the school district’s Title IX Officer Luke Glidden; Section 504 Coordinator Lacy Nichols; and Civil Rights Compliance Coordinator Vance Wing @ 730 E. Booth Avenue, Washtucna, WA 99371; 509-646-3237 or 509-646-3401.

**WASHTUCNA SCHOOL DISTRICT
APPLICANT DISCLOSURE FORM**

Please complete the following questions and sign the declaration. Any falsification or deliberate misrepresentation, including omission of a material fact or failure to complete any part of your application or this questionnaire can be grounds for denial of employment or continued employment with Washtucna School District.

All required documentation request below must accompany this form. All questions must be answered. If additional space is needed, attach a sheet of paper.

SECTION I: PERSONAL INFORMATION (please print or type)

1. Name _____
First Last Middle

2. Please list all former names (a) you have used when working for another employer or (b) by which you are known to reference. If more than three, list on a separate sheet of paper.

SECTION II: PROFESSIONAL FITNESS

If you answer "yes" to question 1 through 4, on a separate sheet of paper, give a complete explanation, including duties, circumstances, and any supporting documentation.

- | | | |
|--------------------------|--------------------------|--|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Have you ever been dismissed, discharged or fired from any employment? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Have you ever resigned from or otherwise left any employment while allegations of misconduct on your part were pending or under investigation? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Have you ever been disciplined by a past or present employer because of allegations of misconduct? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Are you currently the subject of any investigation or inquiry by an employer because of allegations of misconduct or harassment on your part or have you ever been found to be guilty of misconduct or harassment by an employer? |

SECTION III: CRIMINAL HISTORY

1. Check any of the following for which you have been convicted, including any of these crimes as they may have been renamed: (The term "convicted" includes all instances in which a finding of guilt, a plea of guilty or nolo contendere, or stipulation to facts or deferred or suspected sentence occurred).

- | | | |
|---|--|--|
| <input type="checkbox"/> Custodial Assault | <input type="checkbox"/> Child Buying or Selling | <input type="checkbox"/> 1 st Degree Arson |
| <input type="checkbox"/> 1 st , 2 nd , or 3 rd Degree Manslaughter | <input type="checkbox"/> Indecent Liberties | <input type="checkbox"/> Malicious Harassment |
| <input type="checkbox"/> 1 st , 2 nd , or 3 rd Degree Rape | <input type="checkbox"/> Felony Indecent Exposure | <input type="checkbox"/> 1 st Degree Burglary |
| <input type="checkbox"/> Prostitution | <input type="checkbox"/> Sexual Exploitation of Minor(s) | <input type="checkbox"/> Criminal Abandonment |
| <input type="checkbox"/> 1 st Degree Promoting Prostitution | <input type="checkbox"/> Vehicular Homicide | <input type="checkbox"/> Aggravated Murder |
| <input type="checkbox"/> 1 st or 2 nd Degree Robbery | <input type="checkbox"/> Incest | <input type="checkbox"/> 1 st or 2 nd Degree Murder |
| <input type="checkbox"/> Patronizing a Juvenile Prostitute | <input type="checkbox"/> Unlawful Imprisonment | <input type="checkbox"/> Promoting Pornography |
| <input type="checkbox"/> 1 st , 2 nd , or 3 rd Degree Extortion | <input type="checkbox"/> Simple Assault | <input type="checkbox"/> 1 st or 2 nd Degree Kidnapping |
| <input type="checkbox"/> 1 st , 2 nd or 3 rd Degree Assault of a Child | <input type="checkbox"/> 1 st or 2 nd Degree Criminal Mistreatment | <input type="checkbox"/> 1 st , 2 nd , or 3 rd Degree Child Molestation |
| <input type="checkbox"/> 1 st , 2 nd or 3 rd Degree Misconduct with Minor(s) | <input type="checkbox"/> 1 st or 2 nd Degree Criminal Custodial Interference | <input type="checkbox"/> Communication with a Sexual Minor for Immoral Purposes |
| <input type="checkbox"/> Child Abuse or Neglect as defined in RCW 26.44.020 | <input type="checkbox"/> Selling or Distributing Erotic Materials to Minor(s) | <input type="checkbox"/> 1 st , 2 nd , or 3 rd Degree Rape of Child |
| <input type="checkbox"/> Violation of Child Abuse Restraining Order | | |

Check here if you have not been convicted of any of the above, including any of these crimes as they may have been renamed.

Yes No

- 2. Have you been convicted of crimes relating to financial exploitation if the victim was a vulnerable adult as defined in Chapter 43.43.830(6) RCW as amended, and listed as follows: 1st, 2nd, or 3rd degree extortion. 1st or 2nd degree robbery: 1st, 2nd, or 3rd degree theft: Forgery, or any of these crimes as they may be renamed in the future?
- 3. Have you ever been found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor or to have physically abused any minor?
- 4. Have you ever been found by a court in a domestic relations proceeding under Title 26 RCW to have sexually assaulted or exploited any minor, or to have physically abused any minor?
- 5. Have you ever been found by a court in a protection proceeding under Chapter 74.34 RCW to have abused or financially exploited a vulnerable adult?
- 6. Have you ever been found in a disciplinary board final decision, or by the director of the department of licensing in the following businesses or professionals, to have sexually or physically abused any minor, or developmentally disabled person, or to have abused or financially exploited any vulnerable adult: chiropractic, dentistry, dental hygiene, naturopathy, massage, midwifery, osteopathic medicine and surgery, physical therapy, physicians, practical nursing, registered nursing, psychology, real estate brokers, and salespersons?
- 7. Have you ever been convicted of any crime? (Note: for the purpose of this question "convicted" includes (1) all instances in which a plea of guilty or nolo contendere is the basis of conviction, and (2) all proceedings in which a sentence has been suspended or deferred). You need not list traffic violations for which a fine or forfeiture of less than \$150 was imposed.
- 8. (a) Do you currently have any outstanding criminal charges or warrants of arrest pending against you in Washington? (b) Do you currently have any outstanding criminal charges or warrants of arrest pending against you in any other state, province, territory, and/or country?
- 9. Are you presently under investigation in any jurisdiction for possible criminal charges: If your answer is "yes", identify agency and location (street address, city, state):

If you answered "yes" to questions 1 through 8 of (Section III), please provide the following: *A detailed statement including what occurred, the nature of the offense, charge or warrant. *The name and address of the arresting agency: *The date of the arrest: *The final disposition, if any: *If a court was involved, the name and address of the court: *The complete arrest report and sentence and judgment: and *A complete driving abstract for five years if the arrest was driving related. A "yes" answer to questions 6 through 8 above will not necessarily bar you from employment.

Section IV: FITNESS

Yes No

- 1. Do you currently use illegal drugs?
- 2. Have you used illegal drugs in the last year? If "yes", explain on a separate sheet of paper.
- 3. Have you ever been convicted of crimes related to drugs or controlled substances?
- 4. Have you ever been found in any dependency or domestic relation matter to have physically abused any person?

If you answered "yes" to questions 3 or 4, attach copies of any court orders entered in the above proceeding.

DECLARATION

An inquiry to the Washington State Patrol and the Federal Bureau of Investigation will be made on the selected candidate. If the information provided or answer(s) to any question on the application or the Pre-Employment Background Questionnaire change prior to my being hired I understand that I must immediately notify Washtucna Public School.

Pursuant to RCW 9A,72.08a5, I certify under penalty of perjury under laws of the state of Washington that the foregoing is true and correct. I authorize Washtucna School to inquire with former employers or references and obtain any employer and all information regarding my job related background. I release and waive Washtucna School, my former employer and all references from any and all liability in obtaining or disclosing such information. I agree that if I have provided false or incomplete statements, the district may, at its sole discretion, without notice or due process procedures, terminate my employment contract. If such action is taken by the district, the contract shall be deemed void from its inception.

Signature

Date

City/State

**Washtucna Public School
730 E. Booth Ave.
Washtucna, WA 99371
509-646-3237
FAX 509-646-3249**

The Washtucna Public School District is proud of its fair employment practices. We are being asked, in accordance with our Affirmative Action Program, to record the number of minorities, disabled, and veterans whom we contact and consider for employment. From this standpoint, it would be helpful to us if you would indicate your race, sex, and military status. *The information requested is intended for use solely in connection with its remedial action obligations, or its voluntary or affirmative action efforts. It is being requested on a voluntary basis, and will be kept confidential. Refusals to provide the information will not subject application or employee to any adverse treatment.*

THANK YOU FOR YOUR COOPERATION

NAME: _____

DATE: _____

Are you over 40 years of age? Yes No

Position Applied for: Administrative Certificated Classified
(Check all applicable)

RACE American Indian/Alaskan Native
 Black
 Caucasian
 Asian, Pacific Islander, East Indian
 Other (Please specify) _____

SEX Female
 Male

OTHER Vietnam Era Veteran
 Veteran
 Disabled Veteran
 Disabled