

# VALLEY SCHOOL DISTRICT #070

PO Box 157 3034 Huffman Road  
Valley, WA 99181

## APPLICATION FOR CERTIFICATED EMPLOYMENT *AN EQUAL OPPORTUNITY EMPLOYER*

Soc. Sec. No. \_\_\_\_\_  
Date \_\_\_\_\_

Full Name \_\_\_\_\_  
Last
First
Middle

### PERSONAL INFORMATION

OTHER NAME(S) UNDER WHICH RECORDS MAY BE LISTED _____			
	Last	First	Middle
PRESENT ADDRESS _____	TELEPHONE (____) _____		
Street	City	State	Zip Code
PERMANENT ADDRESS _____	TELEPHONE (____) _____		
Street	City	State	Zip Code
PERSON THROUGH WHOM YOU MAY BE REACHED _____	TELEPHONE (____) _____		
PRESENT POSITION OR EMPLOYMENT STATUS _____	TELEPHONE (____) _____		
MONTH, DAY AND YEAR AVAILABLE FOR EMPLOYMENT _____			
Have you ever been on Washington State Retirement System? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a retiree of the Washington State Retirement System? <input type="checkbox"/> Yes <input type="checkbox"/> No			

### EXPERIENCE OTHER THAN CERTIFICATED SCHOOL EXPERIENCE

(include military service, list in order of occurrence)

From	Dates Until	Firm or Employer	Phone No.	Position	Full time (Yes or No)
	to				
	to				
	to				
	to				

### POSITION APPLYING FOR

1.
2.
3.

### CERTIFICATION INFORMATION

List below teaching, administrative, and special certificates for the State of Washington which you hold or will hold. For

Washington State Initial Teaching Certificate, be certain to list all endorsements.

Have you ever had a certificate revoked?  No  Yes (If yes, identify date, certificate, and reason.)

Reason \_\_\_\_\_

Type of Certificate	Number	Endorsements	Issue Date	Expiration Date

**CERTIFICATED SCHOOL EXPERIENCE** Do not include day care, student teaching, or substitute experience of less than 90 days consecutive days in one assignment.

District Name/Address (Street, City, State)	Assignment Grades/Subjects	Dates of Employment Mo./Yr. To Mo./Yr.	Full-time (Yes/No)	Reason for discontinuing position
		to		
		to		
		to		
		to		

**SUBSTITUTE EXPERIENCE** Identify all certificated substitute experience not listed above. (List in order of occurrence)

District Name/Address (Street, City, State, Zip Code)	Assignment Grade/Subjects	Dates of employment Mo./Yr. To Mo./Yr	No. Of days Subbed
		to	
		to	
		to	
		to	

**REFERENCES** List all immediate supervisors of certificated contract experience. They will be contacted. Please list additional references on a separate paper.

Name	Position/Relationship	Mailing Address	Area Code + Phone No.
1.			( ) -
2.			( ) -
3.			( ) -
4.			( ) -
5.			( ) -

**ACADEMIC INFORMATION** (Starting with last high school, list in order of attendance of all institutions)

Name of Institution (City, State)	Credits Earned (Indicate Sem. Qtr.)	Degree Earned	Major	Minor

1. What is undergraduate cumulative GPA? \_\_\_\_\_
2. What is graduate cumulative GPA? \_\_\_\_\_

**APPLICANT DISCLOSURE FORM**

In accordance with RCW 43.43.830 applicants and prospective volunteers are required to complete this disclosure form. In addition, applicants who have been offered employment or volunteer assignments as outlined in said law, will be required to complete fingerprinting. These requests will be forwarded to Washington State Patrol for disclosure of any applicable charges or findings. Applicants may be employed on a conditional basis pending completion of such background investigation. Volunteers will be retained on the same conditional basis. A copy of the State Patrol's response will be sent to the employee by Washington State Patrol.

Answer yes or no to each listed item. If the answer is yes to any item explain in the area provided, indicating the charge or finding, the date, and the court(s) involved.

1. Have you ever been charged or convicted of any crimes against persons as defined in RCW 43.43.830 and listed as follows: aggravated murder; first, second, or third degree murder; first or second degree kidnapping; first, second, or third degree assault; first, second, or third degree rape; first, second, or third degree statutory rape; first or second degree robbery; first degree arson; first degree burglary; first or second degree manslaughter; first or second degree extortion; indecent liberties; incest; vehicular homicide; first degree promoting prostitution; communication with a minor; unlawful imprisonment; simple assault; sexual exploitation of minors; first or second degree criminal mistreatment; child abuse or neglect as defined in RCW 26.44.020; first or second degree custodial interference; malicious harassment; first, second, or third degree child molestation; first or second degree sexual misconduct with a minor; patronizing a juvenile prostitute; child abandonment; promoting pornography; selling or distributing erotic material to a minor; custodial assault; violation of child abuse restraining order; child buying or selling; prostitution; felony indecent exposure; or any of these crimes as they may be renamed in the future?  
  
ANSWER \_\_\_\_\_ If yes, explain on attached sheet of paper.
2. Have you ever been found in any dependency action under RCW 13.34.030(2)(b) To have sexually assaulted or exploited any minor or to have physically abused any minor?  
ANSWER \_\_\_\_\_ If yes, explain on attached sheet of paper.
3. Have you ever been found by a court in a domestic relations proceedings under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor?  
ANSWER \_\_\_\_\_ If yes, explain on attached sheet of paper.
4. Have you ever been found in any disciplinary board final decision to have sexually abused or exploited any minor or to have physically abused any minor?  
ANSWER \_\_\_\_\_ If yes, explain on attached sheet of paper.
5. Have you ever been convicted of a crime related to drugs: manufacture, delivery, or possession with intent to manufacture or deliver a controlled substance?  
ANSWER \_\_\_\_\_ If yes, explain on attached sheet of paper.
6. Have you been convicted in the past 10 years of any crime: felony or misdemeanor?  
ANSWER \_\_\_\_\_ If yes, explain on attached sheet of paper.
7. Are you currently under treatment or limited in the duties you can perform as a result of injuries sustained while working for other employers?  
ANSWER \_\_\_\_\_ If yes, explain on attached sheet of paper.

I hereby certify that the above statements are true and correct:

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

## SIGNATURE RELEASE

My signature below authorizes the school district to conduct a background investigation and authorizes release of information in connection with my application for employment. This investigation may include such information as criminal or civil convictions, prior acts of sexual misconduct, driving records, previous employers and educational institutions, personal references, professional references, and other appropriate sources. I waive my right of access to any such information, and without limitation hereby release the school district and the reference source from any liability in connection with its release or use. This release includes the sources cited above and specific examples as follows: the local Washington State Patrol, information from the Central Criminal Records Exchange of either data on all criminal convictions or certification that no data criminal convictions are maintained, information from the Washington or other State Department of Social Services Child Protective Services Unit and any locality to which they may refer for release of information pertaining to any finding of child abuse or neglect investigations involving me. Furthermore, I certify that I have made true, correct, and complete answers and statements on this application in the knowledge that they may be relied upon in considering my application. I understand that any omission, falsely answered statement made by me on this application or any supplement to it will be sufficient grounds for failure to employ or for my discharge should I become employed with the school district. I am aware that my employment in Valley School District is contingent upon Valley School Board Approval.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

The Valley School District No. 070 complies with all state and federal rules and regulations and does not discriminate on the basis of race, color, national origin, sex or handicap. This holds true for all district employment and opportunities. Inquiries regarding compliance and/or grievance procedures may be directed to the district's Title IX/RCW 28A.640 Officer, P.O. Box 157, Valley, WA 99181, (509) 937-2413. The Valley School District is a drug free/tobacco free workplace.

**In order to assure that you will have a completed file in our office, please check to make sure you have taken care of the following documents:**

1. \_\_\_\_ Signatures and dates in two places on this application.
  2. \_\_\_\_ Completed application form.
  3. \_\_\_\_ References have been provided.
  4. \_\_\_\_ Unofficial transcripts of **all** college work.
  5. \_\_\_\_ Resume and letter of application.
  6. \_\_\_\_ Copy of current Washington State Certificate.
  7. \_\_\_\_ Completed and signed Washington State Sexual Misconduct Disclosure Release.
- Those applying for substitute work need only provide a copy of your current Washington State Certificate and the application.

This application will be retained on file until June 1 of the year following receipt. If you would like your file to remain active after June 1, you must contact our office at (509)937-2413.