

**Orient School District #65**  
P.O. Box 1419, 5<sup>th</sup> and C Street  
Orient Washington 99160  
(509) 684-6873 Fax: (509) 684-3469

**Application For Certificated Employment**

Full Name: \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_  
Last First Middle Date: \_\_\_\_\_

**Personal Information**

Other name(s) under which records may be listed:

\_\_\_\_\_ LAST FIRST MIDDLE

Present Address: \_\_\_\_\_ CITY STATE ZIP

Permanent Address: \_\_\_\_\_ CITY STATE ZIP

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone (optional): (\_\_\_\_) \_\_\_\_\_

Persons through whom you may be reached:

\_\_\_\_\_ Phone number: (\_\_\_\_) \_\_\_\_\_

Present position or employment status:

\_\_\_\_\_ Phone number: (\_\_\_\_) \_\_\_\_\_

Month, Day and Year Available for employment: \_\_\_\_\_

Have you ever been on Washington State Retirement System? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you a retiree of the Washington State Retirement System? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Experience Other Than Certificated School Experience** (include military service, list in order of occurrence)

Dates		Firm or Employer	Phone Number	Position Held	Full Time (Yes or No)
From	Until				
To					
To					
To					
To					

**Position(s) Applying For**

**Co-Curricular Activities You Can Direct**

1:	1:
2:	2:
3:	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	Endorsement	Issue Date	Expiration Date

**Certificated School Experience**

Do not include daycare, student teaching, or substitute experience of less than 90 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)	Assignment Grades/ Subjects	Dates of Employment Mo/ Yr to Mo/ Yr	Number of Days Subbed

**References**

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

Name	Position/ Relationship	Mailing Address	Area Code + Phone Number
			( ) -
			( ) -
			( ) -
			( ) -
			( ) -

## Education

List all education you have received above a high school level, including on-line classes.

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

What is your undergraduate cumulative GPA? \_\_\_\_\_

What is your 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 the 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. The Washington State Patrol will send a copy of the State Patrol's response to the employee.

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.

- Convicted of any crime against children or other persons; aggravated murder; first or second degree murder; first or second degree kidnapping; first, second or third degree assault; first, second or third degree assault of a child; first, second or third degree rape of a child; first or second degree robbery; first degree arson first degree burglary; first or second degree manslaughter; first or second degree extortion; incident liberties; incest; vehicular homicide; first degree promotion 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; first or second degree rape of a child; 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, please explain on attached sheet of paper.
- 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, please explain on attached sheet of paper.
- Have you ever been found by a court in a domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor?  
ANSWER: \_\_\_\_\_ If yes, please 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, please 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, please explain on attached sheet of paper.
6. Have you ever been convicted in the past 10 years of any crime: felony or misdemeanor?  
ANSWER: \_\_\_\_\_ If yes, please 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, please explain on attached sheet of paper.

### Signature Release

My signature below authorizes the school district to conduct a background investigation, which will likely include contacting people NOT listed as references in addition to those listed and authorizes release of information from any and all sources 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 limitations hereby release the school district and the reference source from any liability in connection with its release and 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 statements made by me on this application or any supplement to it will be sufficient grounds for failure to employ or for discharge should I become employed with the school district.

\_\_\_\_\_

Applicant Signature

\_\_\_\_\_

Date

The Orient School District No. 065 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, PO Box 1419 Orient Washington 99160, (509) 684-6873. The Orient School District is a drug/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. \_\_\_\_\_ Signature and date in the above place.
  2. \_\_\_\_\_ Completed application form
  3. \_\_\_\_\_ References have been provided
  4. \_\_\_\_\_ Unofficial transcripts of ALL college work.
  5. \_\_\_\_\_ Resume and letter of applicants
  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.