

Orient School District #65
 374 4th Ave
 Orient Washington 99160
 (509) 684-6873 Fax: (509) 684-3469

Classified Application For Employment

Orient School District provides equal access to all programs and services without discrimination based on 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. The District will provide equal access to school facilities to the Boy Scouts of America and all other designated youth programs listed in Title 36 of the U.S. code as a patriotic society. District programs will be free from sexual harassment. This holds true for all students who are interested in participating in educational programs and/or extracurricular school activities. Questions and complaints of alleged discrimination should be directed to Sherry Cowbrough, Superintendent: 509-684-6873
sherry.cowbrough@orientdsd.org

POSITION APPLIED FOR			DATE OF APPLICATION
NAME			SOCIAL SECURITY NUMBER
MAILING ADDRESS	CITY	STATE	ZIP
STREET ADDRESS	CITY	STATE	ZIP
HOME PHONE PHONE	CELL PHONE	BUSINESS/ MESSAGE	

Are you 18 years or older? _____ Yes _____ No

Do you possess a valid driver's License? _____ Yes _____ No

EDUCATION:

College	Location	Dates of Attendance		Credits Earned	Degree
		From	To		
Major(s)					
Minor(s)					
High School					

Please complete the following information that is relevant to the position applied for:

Typing/Keyboard Speed: _____ Dictation Speed: _____ 10-Key By Touch: _____

Word Processing Training/ Experience: _____

Computer Skills: _____

Professional Certificates: _____

REFERENCES:

Please list people who can provide information about your professional work skills.

Name & Position	Institution/ Firm Name	Address/City/State	Business Phone

EMPLOYMENT HISTORY:

May we contact your current employer? _____ Yes _____ No

Please list your current or most recent employer first:

Employer: _____

Address: _____ City: _____ State: _____ Zip: _____

Job Title: _____ Start: ___ m/ ___ d/ ___ y End: ___ m/ ___ d/ ___ y

Specific Duties: _____

Immediate Supervisor: _____ Phone: _____

Reason(s) For Leaving: _____

Employer: _____

Address: _____ City: _____ State: _____ Zip: _____

Job Title: _____ Start: ___ m/ ___ d/ ___ y End: ___ m/ ___ d/ ___ y

Specific Duties: _____

Immediate Supervisor: _____ Phone: _____

Reason(s) For Leaving: _____

Employer: _____

Address: _____ City: _____ State: _____ Zip: _____

Job Title: _____ Start: ___ m/ ___ d/ ___ y End: ___ m/ ___ d/ ___ y

Specific Duties: _____

Immediate Supervisor: _____ Phone: _____

Reason(s) For Leaving: _____

HAVE YOU BEEN:

A- 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)?

_____ No _____ Yes (if yes, please explain below)

B- Found in any dependency action or by a court in a domestic relations proceeding or in any disciplinary board final decision to have sexually assaulted or exploited any minor or to have sexually assaulted any minor?

_____ No _____ Yes (if yes, please explain below)

C- Within the last ten years, convicted of a felony other than those listed (such conviction will not necessarily be a barrier to employment)? (An inquiry to the Washington State Patrol and/ or state or federal law enforcement agencies will be made.)

_____ No _____ Yes (if yes, please explain below)

All of the information I have provided in this application is true, correct and complete. I authorize the Orient School District no. 65 to inquire with former employers or references and obtain any and all information regarding my job related background. I release and waive Orient School District no. 65, my former employer(s), and all references from any and all liability in obtaining or disclosing such information. I agree that information provided by any individual shall be confidential and I shall not have access to such information. I agree that if I have provided false or incomplete statements, the Orient School District may, at its sole discretion, without notice or due procedures, terminate my employment.

Signature: _____ Date: _____



OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION
 Professional Certification
 Office of Professional Practices
 Old Capitol Building, PO BOX 47200
 OLYMPIA WA 98504-7200
 OPP (360) 725-6130 TTY (360) 684-3631
 Web Site: <http://www.k12.wa.us/certification>
 E-Mail: cert@k12.wa.us

CHARACTER AND FITNESS SUPPLEMENT

Please complete the following questions carefully and completely before providing information and signing the affidavit. Any falsification or deliberate misrepresentation, including omission of a material fact, in completion of this application can be grounds for denial of certification, or in the case of a certificate holder, reprimand, suspension, or revocation of the educational certificate, credential, or license.

ALL REQUIRED DOCUMENTATION REQUESTED BELOW MUST ACCOMPANY THIS FORM. ALL QUESTIONS MUST BE ANSWERED. IF ADDITIONAL SPACE IS NEEDED, ATTACH ON A SEPARATE SHEET OF PAPER.

SECTION I - PERSONAL INFORMATION (please print or type)

1. NAME LAST FIRST MIDDLE	2. MAIDEN NAME
3. ADDRESS CITY/STATE/ZIP	4. DATE OF BIRTH
6. TELEPHONE BUSINESS: () HOME: ()	5. SOCIAL SECURITY NO. (OPTIONAL)
7. E-MAIL	
8. Please list all former names you have used and approximate dates of use. (If more than three, list on separate sheet of paper.)	
_____ Date	
_____ Date	
_____ Date	

SECTION II - PROFESSIONAL FITNESS

- | | | |
|--------------------------|--------------------------|--|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Have you ever held or do you currently hold a Washington education certificate? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Have you ever held or do you currently hold any education certificate, credential or license authorizing service in the public/private schools in another state, province, territory, or country? If "yes," list the states, provinces, territories, and/or countries: |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Are you currently or have you ever been the subject of any certificate or licensing investigation or inquiry by any certification or licensing agency for allegations of misconduct? If "yes," on a separate sheet of paper, list the agency, including complete address and telephone number as well as the purpose of the investigation or inquiry. |

If you answer "yes" to questions 4 through 11 (Section II), on a separate sheet of paper, give a complete explanation, including duties, circumstances, and supporting documentation.

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Have you ever had any adverse action taken on any certificate or license? (Adverse action includes letters of warning, reprimands, suspensions [including stayed], revocations, voluntary surrenders, or avoidance.) |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Have you ever been denied, or otherwise rejected for cause, an education certificate, credential, or license? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Have you ever withdrawn an application for any education certificate, credential, or license? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Have you ever practiced in any educational position in a public school for which you did not hold the appropriate valid educational certificate, credential, or license for that position? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Have you ever been dismissed, discharged, or fired from any employment position involving children or dependent adults? (Do not include RIFs) |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Have you ever resigned from or otherwise left any employment (e.g., settlement agreement) while allegations of misconduct were pending? |

- | | | |
|---------------------------------|--------------------------------|--|
| Yes
<input type="checkbox"/> | No
<input type="checkbox"/> | 10. Have you ever been disciplined by a past or present employer because of allegations of misconduct? |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Are you currently or have you ever been the subject of any investigation or inquiry by an employer because of allegations of misconduct? |

SECTION III - CRIMINAL HISTORY

If you answer "yes" to any of the questions 1-5 (Section III), please provide the following:

- A. On a separate sheet of paper state the following:
 - a. A detailed statement including what occurred, the nature of the offense, charge or warrant.
 - b. The name and address of the arresting agency.
 - c. If a court was involved, the name and address of the court.
 - d. The date of the arrest.
 - e. The final disposition, if any.
- B. If a court was involved, provide a copy of the court docket (can be obtained at the court in which the charge[s] were filed).
- C. Provide a copy of the complete arresting officer's report.
- D. If a court was involved, provide the sentence and judgment (can be obtained at the court in which the charge[s] were filed).
- E. If the arrest was driving related, provide a copy of a current and complete 5-year driving abstract.

NOTE: For questions 1, 2, 3, DO NOT include minor in possession (MIP)/minor in consumption (MIC) occurring more than 2 years ago or driving under influence (DUI) occurring more than 5 years ago.

- | | | |
|---------------------------------|--------------------------------|---|
| Yes
<input type="checkbox"/> | No
<input type="checkbox"/> | 1. In the last 10 years, have you ever been arrested for any crime or violation of the law? (Do NOT include Minor in Possession [MIP]/Minor in Consumption [MIC] occurring more than 2 years ago or Driving Under Influence [DUI/DWI] occurring more than 5 years ago.) (Note: For "yes" responses to 1, 2, 3, even if your case was dismissed or your record was sealed you must answer this question in the affirmative.) You need not list traffic violations for which a fine or forfeiture of less than \$300 was imposed. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. In the last 10 years, have you ever been fingerprinted as a result of any arrest for any crime or violation of the law? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. In the last 10 years, have you ever been convicted of any crime or violation of any law? (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, [2] all proceedings in which a sentence has been suspended or deferred, [3] or bail forfeiture.) You need not list traffic violations or fines for which a fine or forfeiture of less than \$300 was imposed. |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Have you ever been convicted of any felony crime? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Do you currently have any outstanding criminal charges or warrants of arrest pending against you? This would include Washington State, any other state, province, territory, and/or country. |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Have you ever been or 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) and the circumstances or details relating to the investigation on a separate piece of paper. |

SECTION IV - FITNESS

If you answer "yes" to any question (Section IV), provide a written explanation on a separate sheet of paper:

- | | | |
|---------------------------------|--------------------------------|--|
| Yes
<input type="checkbox"/> | No
<input type="checkbox"/> | 1. Have you ever exhibited any behavior or conduct which might negatively impact your ability to serve in a role which requires a certificate, credential, or license? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. In the past 10 years, have you ever engaged in any conduct which resulted in the damage or destruction of property? (For purposes of questions 2 and 3, property includes both real and personal property owned by you or another. Do not list damages done as the result of an automobile accident.) |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. In the last 10 years, have you ever threatened to damage or destroy property? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Have you ever engaged in any conduct which resulted in the physical injury or harm of any person(s)? (Do not list injury or harm caused as the result of duties performed due to a job assignment such as police officer, armed forces member, or athlete.) |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Have you ever threatened to do physical injury or harm to any person(s)? (Do not list threats issued as the result of duties performed due to a job assignment such as police officer, armed forces member, or athlete.) |

SECTION IV - FITNESS

Yes No

6. Do you have a medical condition which in any way impairs or limits your ability to serve in a certificated role with reasonable skill and safety?

N/A

7. If you use chemical substance(s), does this use in any way impair or limit your ability to serve in a certificated role with reasonable skill and safety?

N/A

If you disclosed a "yes" answer to questions 6 or 7 above, are the limitations or impairments caused by your medical condition(s) or substance abuse reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program? Please explain on a separate sheet of paper and provide the name, address, and telephone number of the program.

8. Do you currently use illegal drugs?

9. Have you used illegal drugs in the last year?

N/A

If you disclosed a "yes" answer to question 9 above, have you successfully completed or are you participating in a supervised rehabilitation program? Please explain on a separate sheet of paper and provide the name, address, and telephone number of the program.

If you answer "yes" to questions 10 or 11, attach copies of any court orders entered in the proceeding.

Yes No

10. Have you ever been found in any dependency or domestic relation matter to have sexually assaulted or exploited any minor?

11. Have you ever been found in any dependency or domestic relation matter to have physically abused any person?

If you answer "yes" to questions 12 or 13, and a repayment agreement has been established, attach copies of the repayment agreement from the appropriate agency.

Yes No

12. Are you currently in default status on any educational loan or scholarship? (Do not include loans that are currently in a compliant deferment status.)

13. Are you currently in non-compliance with a support order?

SECTION V - CHARACTER REFERENCES

List three individuals, not related to you, who will serve as character references.

NAME	TELEPHONE NUMBER ()
MAILING ADDRESS	CITY/STATE/ZIP
E-MAIL ADDRESS (OPTIONAL)	
NAME	TELEPHONE NUMBER ()
MAILING ADDRESS	CITY/STATE/ZIP
E-MAIL ADDRESS (OPTIONAL)	
NAME	TELEPHONE NUMBER ()
MAILING ADDRESS	CITY/STATE/ZIP
E-MAIL ADDRESS (OPTIONAL)	

*** ATTENTION ***

Please complete the appropriate sections on the next page (pg. 4 of 4).

ALL APPLICANTS MUST COMPLETE THE AFFIDAVIT

AFFIDAVIT

I, _____ certify (or declare) under the penalty of perjury under the laws of the state of Washington that the foregoing and all information included in the application is true and correct.

If the information provided or answer(s) to any question on the application or character and fitness supplement changes prior to my being granted certification, I must immediately notify the Office of Professional Practices and my college/university if I am a college/university candidate.

I understand I must answer this application truthfully and completely. Any falsification or deliberate misrepresentation, including omission of a material fact, in completion of this application can be grounds for denial of certification, or in the case of a certificate holder, reprimand, suspension, or revocation of the educational certificate, credential, or license.

SIGNATURE

DATE

CITY/STATE

THE FOLLOWING AFFIDAVIT MUST BE COMPLETED BY WASHINGTON COLLEGE/UNIVERSITY STUDENTS AND THOSE COMPLETING A PESB APPROVED TRAINING PROGRAM.

AFFIDAVIT

I hereby authorize _____ to release, orally or in writing as may be requested, all student
(name of institution or organization)
records and other personally identifiable information to the Office of the Superintendent of Public Instruction (OSPI) for the purpose of investigating and determining my eligibility for Washington State certification pursuant to RCW 28A.410, WAC 181-86, and WAC 181-87, as now or hereafter amended.

SIGNATURE OF APPLICANT

DATE



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [][] - [][] - [][][][]		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code





Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

Section 2. Employer or Authorized Representative Review and Verification
(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions)

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative		
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name		
Employer's Business or Organization Address (Street Number and Name)	City or Town	State	ZIP Code	

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
--	---------------------------	---

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security
<ol style="list-style-type: none"> 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 	OR	<ol style="list-style-type: none"> 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	
<ol style="list-style-type: none"> 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	OR	<p style="text-align: center;">For persons under age 18 who are unable to present a document listed above:</p>	AND	

Examples of many of these documents appear in the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.