

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 Date: ___ / ___ / ___ End Date: ___ / ___ / ___

Specific Duties: _____

Immediate Supervisor: _____ Phone: _____

Reason(s) For Leaving: _____

Employer: _____

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

Job Title: _____ Start Date: ___ / ___ / ___ End Date: ___ / ___ / ___

Specific Duties: _____

Immediate Supervisor: _____ Phone: _____

Reason(s) For Leaving: _____

Employer: _____

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

Job Title: _____ Start Date: ___ / ___ / ___ End Date: ___ / ___ / ___

Specific Duties: _____

Immediate Supervisor: _____ Phone: _____

Reason(s) For Leaving: _____

All of the information I have provided in this application is true, correct, and complete. I authorize 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 No. 65 may, at its sole discretion, without notice or due process procedures, terminate my employment.

Signature: _____ **Date:** _____

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
		to	
		to	
		to	
		to	

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.

1. 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.

2. Have you ever been found in any dependency action under RCW I 3.34.030(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.

3. 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 it's 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. His 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.



Washington Office of Superintendent of
PUBLIC INSTRUCTION

**WASHINGTON STATE SEXUAL MISCONDUCT
DISCLOSURE RELEASE**

(District Submits This Form to Previous School District Employer(s) and Contractor(s))

To:	SCHOOL DISTRICT EMPLOYER	<input type="checkbox"/> No prior school district employment or employment as a contractor with the district
	PERSONNEL DEPARTMENT	
	STREET ADDRESS	
	CITY, STATE, ZIP	
	FAX #	

The named individual is under consideration for a position in our district or as a contractor in our district. The Legislature has determined that additional safeguards are necessary in the hiring of school district employees to ensure the safety of Washington's school children. The individual whose name appears below has had previous employment or has worked as a contractor with your organization. As a former employer or district, we request you provide the information requested on this form within 20 business days as required by state law (RCW 28A.400). Sexual misconduct definitions are found in WAC 181-87 and WAC 181-88. Your assistance is appreciated.

APPLICANT'S NAME (FIRST, MIDDLE, LAST)
FULL NAME WHEN LAST EMPLOYED WITH ORGANIZATION
SOCIAL SECURITY NUMBER (LAST 4 DIGITS)
CERTIFICATE NO.
APPROXIMATE DATES OF EMPLOYMENT
POSITION(S)

I authorize you to release to the school/district listed below, all information related to any acts of sexual misconduct that the school district has made a determination that there is sufficient information to conclude that the abuse or misconduct occurred and that the abuse or misconduct resulted in the employee's leaving his or her position at the school district. Such information includes copies of all related documents, including any rebuttal documents, in personnel, investigative or other files, in accordance with RCW 28A.400. I release the above employer and employees acting on behalf of the employer from any liability for providing information described in this document.

Applicant Signature

Date

This section to be completed by former school district employer(s) only.		Was a complaint of sexual misconduct filed with OSPI? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> No sexual misconduct materials were found. <input type="checkbox"/> Yes, sexual misconduct materials are available. Please contact for more information. <input type="checkbox"/> No record of employment		
_____ Former Employer Representative Signature	_____ Title	_____ Date

Employing School Receipt Date: _____ **Received By:** _____

Return all completed information to:

SCHOOL DISTRICT	
ADDRESS	PHONE
STATE	ZIP
	FAX

List of Documents Needed for Employment (Including Substitute Teacher's)

- Employment Eligibility Verification - Form I-9
- Employee's Withholding Certificate – Form W-4
- Certificate (Teacher's & Subs)
- Driver's License (Front/Back)
- SS Card (Front/Back) or Birth Certificate
- Watch background check (Office will do)