

White Salmon Valley School District 405-17

PO Box 157 White Salmon WA 98672

509-493-1500 * FAX 509-493-2275 * whitesalmon.district@whitesalmonschools.org

Application for Certificated Employment

Applicant:

- This application should be filled out completely.
- Only applicants who have submitted a personal letter, completed application, and college placement file if available, or unofficial transcripts & three letters of recommendation and will be considered for an interview.
- A personal interview is required before an applicant can be recommended for hire. The personnel office will request an interview with those candidates being considered.
- If hired, the candidate will be required to submit at his/her own expense, a complete, official transcript of college work.
- Salaries of certificated employees are determined by approved experience and training in conjunction with the Washington State Salary Schedule.
- A contract to teach is not effective unless the holder has a valid Washington State Certificate covering the period of the contract.

Last Name	First Name	Middle Initial	Date of Application
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Phone	Email Address
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Street Address	City	State, Zip
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Mailing Address	City	State, Zip
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Present Position or Employment Status

Position for which you are applying

Have you ever applied to this District before? 0 Yes ID No	If YES, what position	Approximate Date	How were you referred to us?
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Have you, since the age of 18 or within the last 7 years (whichever is most recent), ever been convicted of a felony? **Dyes** **No**

If Yes, describe briefly: _____

CITIZENSHIP

Have you the legal right to work in the U.S.? **DYes** **DNo** If hired, you will be asked to prove ability to work in U.S.

MILITARY

Branch of Service: _____ Type of Duty: _____

What specialized training did you receive? _____

This information will not be used for the purpose of discrimination.

EDUCATION

High School Name & Address					Graduation Date	
College Name & Address	From	To	Degree	Major/Minor	Credits Earned (Semester or Quarter)	Grad Date

Teaching Endorsements: _____

STUDENT TEACHING EXPERIENCE

School & Address	From	To	Grade	Subject

TEACHING EXPERIENCE

School & Address	From	To	Grade	Reason for Leaving

Total number of years of teaching experience. PUBLIC: _____ PRIVATE: _____

Was all teaching experience listed above full time, under contract? **a**Yes **q**No (If NO, please describe in detail below)

Substitute _____ Part Time _____ Other _____

PROFESSIONAL INFORMATION

Type of Certificate	Certificate Number	Date Issued	Date of Expiration	State

EXPERIENCE OTHER THAN TEACHING

From	To	Employer	Position	Reason for Leaving

REFERENCES: Give the names of three or more references including superintendents and principals under whom you have taught who have first-hand knowledge of your character, personality, scholarship, and teaching ability.

Name	Address	Phone	Email

NARRATIVE STATEMENT

In your own handwriting, briefly state how and what you can contribute to the White Salmon Valley School District. Also, include any pertinent information that could assist in the evaluation of your application.

EQUAL OPPORTUNITY EMPLOYER

The White Salmon Valley School District does not discriminate in any programs or activities on the basis of sex, race, creed, religion, color, national origin, age, veteran or military status, sexual orientation, gender expression or identity, disability, or the use of a trained dog guide or service animal and provides equal access to the Boy Scouts and other designated youth groups. The following employees have been designated to handle questions and complaints of alleged discrimination:

Mailing Address: PO BOX 157, White Salmon WA 98672

Title IX Coordinator: Craig McKee, 509-493-1970, email: craig.mckee@whitesalmonschools.org

Section 504/ADA Coordinator: Craig McKee, Principal, 509-493-1502, email: craig.mckee@whitesalmonschools.org

Civil Rights Compliance Coordinator: Rich Polkinghorn, Superintendent, 509-493-1500, email: rich.polkinghorn@whitesalmonschools.org

El Distrito Escolar de White Salmon Valley no discrimina en sus programas o actividades por motivos de sexo, raza, credo, religión, color, origen nacional, edad, condición de veterano de guerra o grado militar, orientación sexual, expresión de género o identidad, discapacidad o uso de perro guía entrenado o animal de servicio, y ofrece igualdad de acceso a los Boy Scouts y a otros grupos de jóvenes especificados. El empleado mencionado a continuación ha sido designado para atender consultas y quejas de supuesta discriminación Rich Polkinghorn, Superintendent. PO Box 157, White Salmon, WA 98672. 509-493-1500 rich.polkinghorn@whitesalmonschools.org

OPTIONAL INFORMATION

In an effort to implement our voluntary government affirmative action program recordkeeping and reporting requirements, we ask that you complete this data. Your cooperation is appreciated. Providing this information is STRICTLY VOLUNTARY and is not a condition of employment nor mandatory on your part.

Gender: MALE FEMALE

Race/Ethnic Identification:

<input type="radio"/> Hispanic or Latino	A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
<input type="radio"/> White	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
<input type="radio"/> Black or African American	A person having origins in any of the black racial groups of Africa.
<input type="radio"/> Native Hawaiian or Other Pacific Islander	A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
<input type="radio"/> Asian	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
<input type="radio"/> American Indian or Alaska Native	A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
<input type="radio"/> Two or more races (NOT Hispanic or Latino)	Two or more races (NOT Hispanic or Latino) All persons who identify with more than one of the above five races.
<input type="radio"/> Do not wish to identify	Do not wish to identify All persons not wishing to self-identify race/ethnicity.

If you have any questions please contact the District Office, 509-493-1500. Thank you.

ADDITIONAL INFORMATION FOR PLACEMENT CONSIDERATION

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION.

I certify that all answers or statements I have made on this application, on my resume or other supplementary materials are true and correct without omissions. I acknowledge that any false statement or misrepresentation on this application or supplementary materials will be cause for refusal to hire or for immediate dismissal from employment at any time during the period of my employment. I authorize White Salmon Valley School District to contact any of my past employers to obtain information concerning my previous employment and/or education, except as otherwise indicated. I release this company and all persons and organizations from all claims and liabilities of any nature arising from such investigations or the supplying of information for such investigations. I agree to conform to the policies and regulations established by the White Salmon Valley School District. I understand that an offer of employment is not an employment contract. I have read and understand the foregoing statements and accept the same as conditions of employment.

Signature

Date

White Salmon Valley School District 405-17

Applicant Disclosure Form

ALL APPLICANTS who will or may have unsupervised access to children during the course of employment in connection with their application for a position with White Salmon Valley School District and pursuant to RCW 43.43.830 through 834, RCW 9.96A.020, and RCW 10.97.030 and 050 must complete the following disclosure statement. This information will be used only in making the initial employment decision and will not be used or disseminated for any other purpose. School bus drivers and employees who transport students are required to submit an updated disclosure annually.

We will request your fingerprints to obtain a report of your conviction record. If you are hired before the report is available, your employment will be conditioned upon the receipt of a satisfactory report.

- YES NO
q
1. Have you ever been convicted of any misdemeanor, gross misdemeanor or felony crimes against children or other persons (including instances in which a plea of nolo contendere is the basis for the conviction) or any proceeding in which the charge has been deferred from prosecution under chapter 10.05 RCW or the sentence has been deferred or suspended listed as follows.
- | | |
|--|---|
| Aggravated murder | First degree promoting prostitution |
| First or second degree murder | Communication with a minor |
| First or second degree kidnapping | First degree arson |
| First, second or third degree assault | First degree burglary |
| First, second or third degree rape | Indecent liberties |
| First, second or third degree rape of a child | Incest |
| Felony indecent exposure | Vehicular homicide |
| First or second degree robbery | Unlawful imprisonment |
| First or second degree manslaughter | Simple assault |
| First or second degree extortion | Sexual exploitation of minors |
| First or second degree criminal mistreatment | First or second degree custodial interference |
| Child abuse or neglect as defined in RCW 26.44.020 | Malicious harassment |
| Selling or distributing erotic material to a minor | First, second, or third degree child molestation |
| Custodial assault | First or second degree sexual misconduct with a minor |
| Child buying or selling | Patronizing a juvenile prostitute |
| Promoting pornography | Violation of child abuse restraining order |
| First, second or third degree assault of a child | Prostitution |
| Child abandonment | Or any of these crimes as they may have been named |
- YES NO
q q
2. Have you ever been found in any dependency or domestic relation matter to have sexually assaulted or exploited any minor or to have physically abused any person?
If you answer "yes" to question 2, attach copies of any court orders entered in the above proceeding.
- YES NO
q q
3. Have you ever been found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person?
- YES NO
4. Have you ever been found in any disciplinary board final decision to have abused or financially exploited any person 60 years of age or older who has a functional, mental, or physical inability to care for himself or herself or who is a patient in a state hospital?

White Salmon School District 405-17 is required to obtain a record check from the Washington State Patrol and FBI via fingerprinting for all hires who will have regularly scheduled unsupervised access to children. Any misrepresentation or willful omission of facts shall be sufficient cause for disqualification of this application or termination of employment.

Pursuant to RCW 9A.72.085, I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Applicant Signature

Date and Place

Witness

Business or Organization

Address

_____ State _____ Zip



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 White Salmon Valley School District	
ADDRESS 170 NW Lincoln Street	PHONE 509-493-1500
STATE White Salmon, WA 98672	ZIP 509-493-2275

WASHINGTON STATE PATROL

Identification and Criminal History Section
PO Box 42633, Olympia WA 98504-2633



REQUEST FOR CRIMINAL HISTORY INFORMATION CHILD/ADULT ABUSE INFORMATION ACT RCW 43.43.830 THROUGH 43.43.845 (Instructions on Reverse Side)

<p>A REQUESTING AGENCY/ADDRESS White Salmon Valley School Agency</p> <p>Attn PO Box 157 Address White Salmon, WA 98672 City/State/Zip</p> <p>I certify this request is made pursuant to and for the purpose indicated.</p> <p><i>[Signature]</i> Authorized Signature Date Superintendent (509) 4931500 Title Area Code/Phone Number</p>	<p>B PURPOSE Check appropriate box</p> <p><input checked="" type="checkbox"/> Educational School District (ESD)/School District Volunteer – no fee</p> <p><input type="checkbox"/> Non-Profit Business/Organization – no fee (Excluding Schools & ESD's)</p> <p><input type="checkbox"/> Profit Business/Organization - \$35</p> <p><input type="checkbox"/> Adoptive Parent - \$35</p> <p>Fees: Make payable to Washington State Patrol by check, money order, or business account.</p> <p>Notary letters certifying the results are available upon request. There is an additional \$5.00 processing fee per notary seal. _____ Notarized Letter(s)</p>
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C APPLICANT OF INQUIRY (Please provide as much information as possible; name and date of birth are mandatory.)

Applicant's Name: _____
Last First Middle

Alias/Maiden Name(s): _____

Date of Birth: _____ Sex: _____ Race: _____
Month/Day/Year

Social Security Number: _____ Driver's Lic. Number/State: _____ / _____
(optional)

Secondary dissemination of this criminal history record information response is prohibited unless in compliance with statute.

D WASHINGTON STATE PATROL IDENTIFICATION & CRIMINAL HISTORY SECTION

WSP Use Only

As of this date, the applicant named below has no record pursuant to RCW 43.43.830 through 43.43.845.

Requesting Agency _____

Applicant's Signature _____

Applicant's Name _____

Address _____

City/State/Zip _____

Applicant Right Thumb Print (Optional)
