



Evergreen School District #205
 3341 Addy Gifford Road, Gifford, WA 99131
 Phone (509) 722-6084 Fax (509) 722-6085

APPLICATION FOR CERTIFICATED EMPLOYMENT
 AN EQUAL OPPORTUNITY EMPLOYER

Soc. Sec. No. _____

Full Name _____ Date _____

Last First Middle

Position Applying for _____

PERSONAL INFORMATION

OTHER NAME(S) UNDER WHICH RECORDS MAY BE LISTED _____				
	Last		First	Middle
PRESENT ADDRESS _____				
Street	City	State	Zip Code	TELEPHONE
				Cell
PERMANENT ADDRESS _____				
Street	City	State	Zip Code	TELEPHONE
				Cell
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 Requirement 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 No.	Position	Full Time (Yes or No)
From Until				
to				
to				
to				
to				

to				
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EXTRA-CURRICULAR ACTIVITY EXPERIENCE

LEVEL

CERTIFICATION INFORMATION List below teaching, administration, 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 Certification	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 Grade/ Subjects	Dates of Employment Mo./Yr. To Mo./ Yr.	Full-Tim (Yes/No)	Reason for discontinuing position

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

District Name/Address (Street, City, State)	Assignment Grade/ Subjects	Dates of Employment Mo./Yr. To Mo./ Yr.	Full-Time (Yes/No)	No. Of days Subbed

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 Number
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

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 ever been convicted in the past 10 years of any crime: Felony or misdemeanor?
ANSWER_____If yes, explain on attached sheet of paper.
7. Have 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 conviction, prior acts of sexual misconduct, driving records, previous employers and educational institutions, personal references, professional references, and other appropriate sources. I waive my right to access 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 Central Criminal Records Exchange of either data on all criminal convictions or 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 of for my discharge should I become employed with the school district.

Applicant Signature

Date

The Evergreen School District complies with all federal and state rules and regulations and does not discriminate on the basis of race, color, national origin, sex, age, disability, or disabled or Viet Nam veteran status. This holds true for all district employment and opportunities. Inquiries regarding compliance and/or grievance procedures may be directed to the school district's Title IX/RCW 28A.640 compliance officer and/or Section 504/ADA coordinator.

Title IX/RCW 28A.640 compliance officer: Bill Glidewell at 3341 Addy-Gifford Rd, Gifford, WA 99131, 509-722-6384
Section 504/ADA coordinator: : Bill Glidewell 3341 Addy-Gifford Rd, Gifford, WA 99131, 509-722-6384. The Evergreen 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. Unofficial transcripts of all college work
4. Resume and letter of application
5. (3) Letters of recommendation
5. Copy of current Washington State Certificate.
6. Documentation of highly qualified status (praxis test, highly qualified worksheets from previous district, experience)

Those applying for substitute work need only a copy of their current Washington State Certificate and the application.