

DIXIE SCHOOL DISTRICT

Classified File Checklist

Name: _____

Thank you for requesting an application –

When applying for a position with the Dixie School District please provide the following to the district office before the deadline date. Thank you.

For a **Substitute** position:

- District Application
- Washington State Sexual Misconduct Disclosure
- Copy of Photo ID
- Copy of Immunizations

For a **Full Time** position:

- Letter of Interest
- All items listed above

Also...

- Copy of Food Permit (if applying for food service position)
- Endorsement for:
 - “P1” (any passenger vehicle EXCEPT school bus) **or**
 - “S” (any school bus) -- (if applying to transportation)

If you have questions please contact Business Manager..... Jaimie Mayberry

(509) 525-5339 jmayberry@dixiesd.org

Mailing Address: PO BOX 40, Dixie, WA 99329

April 2022

APPLICATION FOR EMPLOYMENT

Dixie School District
10520 E Hwy 12
Dixie, WA 99329
(509) 525-5339

CLASSIFIED POSITION:

Full Name: _____

Application Date: _____

Full Address: _____

Email: _____

Telephone Number: _____ Citizenship _____

Special Job Certifications? (List type, certificate number, expiration date, issuing agency)

Position(s) for which you are applying: _____

EDUCATION

Institution Name & Location	Date From	Date To	Degree	Major	Minor

OTHER APPLICABLE TRAINING (Workshops, Clinics, Inservice)

Training Subject & Type (Clinic, etc.)	Institution Providing Training	Month & Year

WORK EXPERIENCE

Employer, Address

(Most recent first, use back if necessary)

Your Title/Duties

Dates From
and To

Reason for Leaving

SUPERVISOR REFERENCES (provide three)

Company Name

Supervisor Name

Address

Phone Number

CHARACTER REFERENCES WE CAN CONTACT

Name

Address

Phone Number

DIXIE SCHOOL DISTRICT IS AN EQUAL OPPORTUNITY EMPLOYER

Dixie 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.

Questions/complaints of alleged discrimination concerning: Civil Rights, Compliance Coordinator/Title IX Coordinator/Section 504/ADA Coordinator; should be directed to coordinators: Mr. Jacob Bang, Superintendent or Mrs. Jaimie Mayberry, Business Manager, 509-525-5339, PO Box 40, 10520 E Hwy 12; Dixie, WA 99329.

APPLICANT DISCLOSURE FORM PURSUANT TO CHAPTER 486, LAW OF 1987

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. Use additional paper if needed.

1. Have you ever been convicted of any crimes against persons as defined in Section 1 or Chapter 486, Laws of 1987, and listed as follows: Aggravated murder; first or second 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?

ANSWER _____ IF YES, EXPLAIN. _____

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. _____

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 or in your capacity as teacher or coach or otherwise as an adult have you engaged in any inappropriate conduct with a student(s) including but not limited to, hitting, slapping, sexually harassing behaviors, any sexual conduct, or sexual relationship?

ANSWER _____ IF YES, EXPLAIN. _____

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. _____

5. In your capacity as teacher, coach, classified employee or otherwise as an adult have you engaged in any inappropriate conduct with a student(s) including but not limited to, hitting, slapping, sexually harassing behaviors, any sexual conduct, or sexual relationship?

ANSWER _____ IF YES, EXPLAIN. _____

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 & Place: _____

NOTICE

The Dixie School District may request the Washington State Patrol, as provided in Chapter 486, your record for convictions of offenses against persons, adjudications of child abuse in civil action and disciplinary board final decisions. If this record is requested, you will be notified of its receipt within 10 days.

Within the last 10 years, have you ever been discharged or forced to resign for misconduct or unsatisfactory service from a position? YES _____ NO _____ If yes, please explain.

IS THERE ANYTHING ELSE WE SHOULD KNOW ABOUT YOU THAT MIGHT AFFECT OUR DECISION? If YES, please briefly describe below.

SIGNATURE RELEASE

All of the information I have provided in this application is true, correct, and complete. I authorize the Dixie School District No. 101 to inquire with former employers or references and obtain any and all information regarding my job related background. I release and waive Dixie School District No. 101, my former employer(s), and all references from any and all liability in obtaining or disclosing such information. I agree that if I have provided false or incomplete statements, the district may, at its sole discretion, without notice or due process procedures, terminate my employment contract. If such action is taken by the district, the contract shall be deemed VOID from its inception.

Signature of Applicant

Date

Thank you for your interest in applying to Dixie School District. Should you be one of the applicants selected for interview, we will contact you through the number(s) listed on page 1. If there is a different number we should also use, then please list that number in the following space:



OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION
 Office of Professional Practices
 Old Capitol Building
 PO BOX 47200
 Olympia WA 98504-7200

WASHINGTON STATE SEXUAL MISCONDUCT DISCLOSURE RELEASE

To:	SCHOOL DISTRICT EMPLOYER
	PERSONNEL DEPARTMENT
	STREET ADDRESS
	CITY, STATE, ZIP

The named applicant is under consideration for a position 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 with your organization. As a former employer, 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 180-87-080. Your assistance is appreciated.

APPLICANT'S NAME (FIRST, MIDDLE, LAST)
FULL NAME WHEN LAST EMPLOYED WITH ORGANIZATION
SOCIAL SECURITY NUMBER
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 committed by me as defined by the state board of education. 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

<input type="checkbox"/> No sexual misconduct materials were found. <input type="checkbox"/> Yes, sexual misconduct materials are being forwarded to requesting school district.	Complaint of sexual misconduct was filed with OSPI. <input type="checkbox"/> Yes <input type="checkbox"/> No
_____ Former Employer Signature	_____ Title
	_____ Date

Return all completed information to:

SCHOOL DISTRICT Dixie School District #101	
ADDRESS 10520 E. Hwy 12	
PHONE (509) 525-5339	FAX (509) 525-1062

Employing School Receipt Date _____ Recipient Name _____