DIXIE SCHOOL DISTRICT 101

10520 E Hwy 12 PO BOX 40 Dixie, WA 99329-0040

APPLICATION FOR CLASSIFIED EMPLOYMENT

Position Desired: () Secretary/Busine () Maintenance/Cus () Para-Educator () Transportation	•		Da	te:
() Food Services	PE	RSONAL INFORM	MATION	
(, , , , , , , , , , , , , , , , , , ,				rity No
Name			Home Phon	e
Number &	Street Apt#	City State	Zip	ssage Phone
Position applied for		Would you be willing to	substitute, If needed?	? Circle one: YES NO
Employment preference	e:12-month	10-month	8 hour day	less than 8 hour day
Are vou a Veteran?	Dates of service	Military	duties or training	
EDUCATION High School College or University		n work Deg	ree/Diploma/Certifica	te Date Earned
Have you within the pa embezzlement, fraud, s If yes, please explain n I hereby declare the inforr knowledge. I authorize Di	ature of crime, place and nation provided by me in th xie School to inquire as to r	ased from prison or beer n, blackmail, or coercion date is application for Employment	? ent is true, correct and co	nse that involved
Signature				

Dixie School District does not discriminate in providing equal opportunities in educational programs, activities and employment. PREVIOUS WORK EXPERIENCE

(List current and former employers beginning with the most recent. Attach a separate sheet if necessary)

Employer		Address
Supervisor's Name		Phone
Supervisor's Name Dates of Employment: From	To	
Specific Duties		
Reason for leaving		
Employer		Address
Supervisor's Name		Phone
Dates of Employment: From	To	
Specific Duties		
		A.1.1
Employer		
Supervisor's Name		Phone
Dates of Employment: From Specific Duties		
Reason for leaving		
Employer		Address
Supervisor's Name		Phone
Dates of Employment: From		
Specific Duties		
Posson for losving		
rceason for leaving		
Employer		Address
Supervisor's Name		Phone
Dates of Employment: From		
-		
Volunteer Experience and/or prior exp	perience which would	d be valuable in working with children

PERSONAL REFERENCES

(Other than relatives and former employers)

Name		Phone		
Street	City		State	Zip
Name		Phone		
Street	City		State	Zip
SEC	RETARIAL / BUSINESS	MANAGER APPLICA	NTS ONL	_Y
		Number of Years Training	Number of Yea	ars Experience
	net wpm)			
	net wpm)			
Bookkeeping				
Payroll				
Computer				
Microsoft Word				
Excel				
Other				
Other				
Please fill out (ab	ove) the areas that you have exp	R APPLICATIONS ONL	· -	MANAGER.
What experience do you l	nave working with students who h	nave sensor, mental, physical, c	or learning di	sabilities?
Describe talents you have	e that would be helpful in working	with specialized students'		
What abilities and experie	ences have you had working with	individual students and groups	?	
What grade level students	s have you worked with?,	,		
What training have you ha	ad in child development?			
Are you proficient in signi	ng? Have you worked	d with behaviorally aggressive s	tudents?	
Are you capable of lifting	a handicapped child?	Are you willing to feed and to	oilet handica	pped students?

FOOD SERVICES APPLICANTS ONLY

What cooking training and/or experience have you had?				
How large of a group have yo Circle one: YES NO	u cooked for?	Do you ho	old a valid Food Handler's License	
What training and/or experience have you had in taking inventory and ordering supplies?				
What training and/or experien	ce in record keeping/c	cashiering have you had?		
		CUSTODIAL APPLICANTS (
Have you been an apprentice	? If so, wha	t trade?		
Please indicate the number of	f years training and ex	xperience in the appropriate categories	S:	
CUSTODIAL	Years Training Years Experi	ience EQUIPMENT OPERATION	Years Training Years Experience	
Boilers Floors: Buffing/Waxing & Strippin Sweeper Window/Wall Care Carpeted Floor Care Clean/Sanitize Toilets MAINTENANCE Acoustical Cabinet Work Carpentry Concrete Floor Covering Hardware Painting Plumbing & Heating Roofing Welding Refrigeration Small Engine Drainage & Sewer	ng	Bulldozer Grader Lift-Truck Mower MECHANICS Automotive Truck/Heavy duty Brakes Diesel Gas Engine Lubrication Motor Overhaul Rear Axle or 3rd Member Transmission Welding STOCKROOM Inventory Control Ordering Supplies Delivery		

Grounds Care	
Landscaping	

TRANSPORTATION APPLICANTS ONLY

Do you hold a valid Washington State Drivers Lice	ense? Circle one:	YES NO V	/DL#	
Do you have an intermediate or combination endorsement? circle one: YES NO Specify				
Please list all restrictions placed upon your diving a	as found on your	driver's license		
How many year have you been driving? W	/hat experience ha	ave you had in drivir		ars Approx.Miles
List other driving experience here:				
Have you ever had your license revoked? Circle or	ne: YES NO	If <u>YES</u> , please ex	plain	

EMPLOYMENT PROCEDURES

- The applicant must provide a complete application form.
- Dixie School District accepts applications on a continuous basis. In fairness to all candidates, and due to the number of
 applications which are received, courtesy interviews are not conducted.
- The Personnel Department will contact you only if you have been selected for an interview. Interviews are conducted only when a specific position if vacant.

- Application forms will be kept active for a period of one year following date of application.
- A food handling permit must be obtained within 7 days after notification of employment (Food Service Employees Only).
- After notification of employment, the applicant must schedule an appointment with the Personnel Department. A Fingerprint-Based Criminal History Verification will be scheduled.

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CLASSIFIED APPLICANT DISCLOSURE STATEMENT

Answer **YES** or **NO** to each listed item. If the answer is <u>YES</u> 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 convicted of any crimes against persons as defined in Section 1 of 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 degree arson; first degree burglary; first or second degree indecent liberties; incest; vehicular homicide; first degree promoting prostitution; communication with a minor for immoral purposes; unlawful imprisonment; simple assault; sexual exploitation of minors; first or second degree criminal mistreatment? Answer: If YES, explain below.			
2.	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 <u>YES</u> , explain below.			
3.	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 <u>YES</u> , explain below.			
4.	Have you ever been convicted of possession of a controlled substance; or possession with intent to deliver a controlled substance? Answer: If <u>YES</u> , explain below.			
5.	Are you presently charged with, but not convicted of, any of the violation or crimes described in paragraphs 1-4 above? Answer: If <u>YES</u> , explain below.			
6.	Do you have any nicknames or short first names or any other name or alias by which you are referred, or by which you refer to yourself, other than as sighed below? Answer: If YES, explain below.			

7. Have you previously retired from any other public agency? Answer: If <u>YES</u> , explain below.				
Any misrepresentation or willful omissions of facts shall be sufficient or termination of employment. Furthermore, it is understood that the				
of the district which reserves the right to accept or reject it. A crim	inal history on all applicants considered for hire			
by the District may be requested through the Washington State Pat pre-employment prerequisite.	roi or Federai Law Entorcement Agencies as a			
Pursuant to RCW 9A.72.085 I certify under penalty of perjury under the true and correct. Further, I hereby authorize the District to make any invand authorize any former employer, person, firm, corporation, credit age State Patrol of any Federal Law Enforcement Agency to give the District further authorize the District to disclose any information they may have r different potential future employer of me. In consideration of the District and all providers of information from any liability as a result of furnishing	restigation of my personal or employment history ncy or government agency, or the Washington any information they may have regarding me. I egarding me if such information is requested by a s review of this application, I release the District			
I also understand and agree that I may be conditionally employed while the District performs a background record check or while the District awaits the Board of Directors making a final hiring decision as to whether or not I will be employed by the District. I understand that my employment is conditioned on the completion of both the above acts and until such time as they are completed, my employment shall only be as a casual day-to-day employee and will not in any way bind or require the District to continue my employment.				
Applicant Signature	Date:			
School District Witness	Date:			