

Employment APPLICATION

Dixie School District
10520 E Hwy 12 Dixie, WA 99329

Instructions

1. Only completed applications received by the specified closing date will be referred to the screening committee for consideration.
2. To establish a completed application file, the items listed below must be submitted by the specified deadline to Dixie School District Resources Department, 10520 E Hwy 12; PO Box 40; Dixie, WA 99329:
 - Completed and signed Dixie SD Employment Application. **Application must be completed in its entirety. Incomplete applications will be rejected.**
 - Letter of interest
 - Up-to-date resume
 - Placement file; or letters of recommendation and copies of transcripts
 - One Washington State Sexual Misconduct Form for each school district of past employment
 - Any additional material requested on the Job Opening notice
3. Applications are retained and considered active for one year following the last date of activity. Applications may be reactivated at your request.
4. Current or past employers will be contacted as part of the selection process
5. Please contact the Dixie SD at (509) 525-5339 if you have any questions regarding your application and/or employment opportunities. Please email all application forms if you are applying via email to Jennifer Worden at jworden@dixiesd.org or fax to (509) 525-1062.

<i>Application</i>				
Last Name	First Name	Middle Name	Date	
Street Address		City	State	Zip Code
Home Phone	Cell Phone	Work Phone	E-Mail Address	
Position Applying for		Check One Or More	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time
			<input type="checkbox"/> Temporary/ Substitute	
Have you previously applied for employment with Dixie SD?		Date	Position(s)	
Other name(s) under which records may be listed:			Social Security Number	
How did you become aware of this position?				

<i>Educational and Professional Training</i>				
NAME OF SCHOOL	CITY & STATE	DEGREE(S)	YEARS COMPLETED	MAJOR/MINOR

<i>Certificates / Licenses</i>				
List below teaching, ESA, administrative and special certificates / licenses held.				
TYPE OF CERTIFICATE	STATE	LEVEL / AREA	DATE ISSUED	EXPIRATION DATE

Computer Skills

Check the appropriate boxes. Include software titles and years of experience. A skills test may be required as designated in the Job Opening notice.

<input type="checkbox"/> Word Processing	Years:	<input type="checkbox"/> Internet	Years:
<input type="checkbox"/> Spreadsheet	Years:	<input type="checkbox"/> Other	Years:
<input type="checkbox"/> Presentation	Years:	<input type="checkbox"/> Other	Years:
<input type="checkbox"/> E-Mail	Years:	<input type="checkbox"/> Other	Years:

Employment History

Answer all questions for each employer listed

Beginning with your current employer or most recent job, list all paid or unpaid work experience during the last ten years (or longer if pertinent to the positions applied for) including military experience. Explain any gaps in your work experience that exceed six months. If more space is needed, additional sheets may be attached. If you worked under a different name, please indicate that name.

Employer Name	Telephone		
Street Address	City	State	Zip Code
Starting Job Title/Final Job Title	Dates of Employment From / To /		
Supervisor	May we contact for reference? Yes <input type="checkbox"/> No <input type="checkbox"/> Later <input type="checkbox"/>	Compensation (Starting) per	Compensation (Final) per
Summarize Type of Work Performed			
Why Did You Leave?			
What Did You Like Most About This Position?		What Did You Like Least About This Position?	

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Summarize Type of Work Performed			
Why Did You Leave?			
What Did You Like Most About This Position?		What Did You Like Least About This Position?	

Employment History (cont.) Answer all questions for each employer listed			
Employer Name		Telephone	
Street Address	City	State	Zip Code
Starting Job Title/Final Job Title		Dates of Employment	
		From /	To /
Supervisor	May we contact for reference? Yes <input type="checkbox"/> No <input type="checkbox"/> Later <input type="checkbox"/>	Compensation (Starting) per	Compensation (Final) per
Summarize Type of Work Performed			
Why Did You Leave?			
What Did You Like Most About This Position?		What Did You Like Least About This Position?	

Professional References (Individuals who can provide job-related reference information; continued on next page.)			
Name of Reference	Title	Company/Occupation	Address
Current Phone	Working Relationship		Number of Years Known
Name of Reference	Title	Company/Occupation	Address
Current Phone	Working Relationship		Number of Years Known
Name of Reference	Title	Company/Occupation	Address
Current Phone	Working Relationship		Number of Years Known

Dixie School District 101
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Dixie School District 101 complies with all state and federal rules and regulations and does not unlawfully discriminate on the basis of race, color, creed, religion, national origin, age, sex, marital status, or the presence of any sensory, mental or physical disability. This holds true for all agency employment and job opportunities. Inquiries regarding compliance and/or grievance procedures may be directed to the Personnel Administrator/Human Resources at (509) 525-5339. **AN EQUAL OPPORTUNITY EMPLOYER.**

Background QUESTIONNAIRE

Please complete the following questions and sign the declaration. Any falsification or deliberate misrepresentation, including omission of a material fact, or failure to complete any part of your application or questionnaire, can be grounds for denial of employment or continued employment with Dixie School District 101.

ALL REQUIRED DOCUMENTATION REQUESTED BELOW MUST ACCOMPANY THIS APPLICATION. ALL QUESTIONS MUST BE ANSWERED. IF ADDITIONAL SPACE IS REQUIRED, ATTACH A SEPARATE PIECE OF PAPER.

Section I – Personal Information

YES NO

1. Are you a U.S. Citizen or eligible for lawful employment in the U.S.? Proof of citizenship or legal right to work and identify will be required after hire.
2. If you are applying for a position that requires driving? Do you have a valid driver's license?
Driver's License Number: _____ State: _____
3. Please list all former names (a) you have used when working for another employer or (b) by which you are known to references. (If more than three, list on a separate sheet of paper.

Section II – Professional Fitness

If you answer "yes" to questions 1 through 4, give a complete explanation on a separate piece of paper, including duties, circumstances, and any supporting documentation.

YES NO

1. Have you ever been dismissed, discharged (excluding layoff), or fired from any employment?
2. Have you ever resigned from or otherwise left any employment while allegations of misconduct on your part were pending or under investigation?
3. Have you ever been disciplined by a past or present employer for misconduct?
4. Are you currently the subject of any investigation or inquiry by an employer because of allegations of misconduct or harassment on your part?

Section III – Fitness

YES NO

1. Are you able to perform the essential functions of the position(s) for which you are applying with or without reasonable accommodation?
2. Are you presently under contract or employed? If yes, with whom? What is your present position (Title)?
3. Do you currently use or have used illegal drugs in the last year? If your answer is "yes", please explain.

Background QUESTIONNAIRE (cont.)

Section IV – Professional Fitness (cont.)

YES NO

- 1. Has any person or entity ever notified you or implied to you that you might be the subject of a complaint to the Superintendent of Public Instruction or any other disciplinary board or licensing body?
- 2. Have you ever resigned or otherwise separated from any employment (inclusive of regular, part-time, or extracurricular positions) in order to avoid discipline, discharge, nonrenewal, threatened discipline, discharge or nonrenewal, or perceived future discipline, discharge or nonrenewal?
- 3. Have you ever been disciplined, discharged, non-renewed or threatened to be disciplined, discharged or non-renewed from any employment (including regular, part-time, and extracurricular positions.)?
- 4. Have you ever been the subject of a complaint to the Superintendent of Public Instruction or any other disciplinary board or licensing body?
- 5. Have you ever been on a plan of improvement or placed on probation with an employer?
- 6. Has any entity or person ever notified you or implied to you that you might be placed on a plan of improvement, placed on probation, disciplined, non-renewed or discharged?
- 7. Have you ever been placed on administrative leave pending investigation of allegations of misconduct with any employer?
- 8. Have you ever had sanctions placed or threatened to be placed on your teaching certificate for any reason?
- 9. Has any person or entity ever notified you or implied to you that you might be the subject of a complaint to the Superintendent of Public Instruction or any other disciplinary board or licensing body?
- 10. Has any entity or person ever notified you or implied to you that you might be placed on administrative leave pending investigation of allegations of misconduct?
- 11. If you answered YES to any questions 1 through 10 provide an explanation of the circumstances, including the underlying facts, place, date, and outcome.

Background QUESTIONNAIRE (cont.)

Section V – Criminal History

YES NO

1. Have you ever been convicted of any crime? (Note: For the purpose of this question, “convicted” includes (1) all instances in which a plea of guilty or *nolo contendere* is the basis of a conviction and (2) all proceedings in which a sentence has been suspended or deferred.) You need not list traffic violations for which a fine of less than \$150 was imposed.
2. a. Do you currently have any outstanding criminal charges or warrants of arrest pending against you in Washington?
- b. Do you currently have any outstanding criminal charges or warrants of arrest pending against you in any other state, province, territory, and/or country?

If you answered “yes” to questions 1 or 2 (of Section IV), please provide the following:

- a. A detailed statement including what occurred, the nature of the offense, charge or warrant;
- b. The name and address of the arresting agency;
- c. The date of the arrest;
- d. The final disposition, if any;
- e. If a court was involved, the name and address of the court;
- f. The complete arrest report and sentence of judgment; and
- g. A complete driving abstract for five years if the arrest was driving related.

A “yes” answer to questions 1 through 3 above will not necessarily disqualify an applicant.

Declaration

My signature below authorizes Dixie SD 101 to conduct a background investigation and authorizes the release of information in connection with my application for employment. This investigation may include such information as criminal or civil convictions, driving records, previous employers and educational institutions, personal references, professional references, and other appropriate sources. I waive my right of access to such information, and without limitation, hereby release Dixie SD 101 and the reference sources from any liability in connection with its release or use. This release includes the sources cited above and specific examples as follows: The Washington State Patrol, information from the Federal Bureau of Investigation of either data on all convictions or certifications that no data on criminal convictions is maintained, information from SPI, the Washington or other State Departments of Social and Health Services and any locality to which they may refer for release of information pertaining to any findings of child abuse or neglect investigations against me.

Furthermore, I certify under the penalty of perjury under the laws of the State of Washington 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. If the information provided or answer(s) to any question on the application or the Pre-Employment Background Questionnaire change prior to my being hired, I understand that I must immediately notify Dixie SD 101. 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 me or for my discharge should I become employed with Dixie SD 101. I understand that I may be subject to Washington State Patrol and FBI fingerprint background checks as a condition of employment.

Should I become employed by Dixie SD 101 and at some future time leave said employment, my signature below further authorizes Dixie SD 101 to release information regarding my performance to any potential future employer.

Applicant Signature	Date

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Disclosure STATEMENT

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 Dixie School District 101 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 conditional upon the receipt of a satisfactory report.

YES NO

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 guilty or *nolo contendere* is the basis for the conviction) or any proceedings 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, second or third degree sexual misconduct with a minor
Patronizing a juvenile prostitute	Child buying or selling
Violation of child abuse restraining order	Promoting pornography
Prostitution	First, second or third degree assault of a child
Child abandonment	Or any of these crimes as they may have been named

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 answered "yes" to question 2, attach copies of any court orders entered in the above proceeding.

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 within the last seven years?

4. Have you ever been found in any disciplinary board final decision to have abused or financially exploited any vulnerable adult? A vulnerable adult includes anyone who has a functional, mental, or physical inability to care for himself or herself, or who is legally incapacitated, or has a developmental disability, or is admitted to any licensed facility or receiving services from a licensed provider.

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VOLUNTARY
Confidential INFORMATION
for Affirmative Action Purposes

Date _____

Information derived from this questionnaire is for statistical purposes and will not be filed with or made part of your application or personnel file. Dixie School District 101 is committed to ensuring equal employment opportunities for all persons without regard to race, color creed, religion, national origin, age, sex, marital status, or the presence of any sensory, mental or physical disability, except as may be necessary to meet a bona fide occupational qualification.

Name _____

Address _____
Street City State Zip

Date of Birth: _____

Gender:

- Male Female

Racial/Ethnic Group:

- American Indian or Alaskan Native Hispanic
 Asian or Pacific Islander Caucasian, not of Hispanic Origin
 African-American, not of Hispanic Origin

Veteran Status:

- Vietnam, or more recent military action Disabled Veteran
 Veteran

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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	
ADDRESS	
PHONE	FAX

Employing School Receipt Date _____ Recipient Name _____

ADDITIONAL SHEET FOR COMMENTS