

Entiat School District #127

2650 Entiat Way
Entiat, WA 98822
(509)784-1800

www.entiatchools.org
An Equal Opportunity Employer



**APPLICATION FOR
CLASSIFIED EMPLOYMENT**

**THE ENTIAT SCHOOL DISTRICT IS A TOBACCO-FREE,
DRUG- AND ALCOHOL-FREE EDUCATIONAL SYSTEM**

I wish to apply for: Regular Employment
 Substitute Employment

Full Name _____ Soc. Sec. # _____
Last First Middle

PERSONAL INFORMATION

Other name(s) under which records may be listed: _____
Last First Middle

Present Address _____ Telephone () _____
Street
City State Zip Code

Person through whom you may be reached _____ Telephone () _____
Name

Circle positions you are available for: Teacher Aide Library Office Food Service Custodial Bus Driver

Date able to begin employment _____

Were you previously employed by us? Yes _____ No _____ If yes, when? _____

CITIZENSHIP

If requested, can proof of U.S. citizenship, visa, or alien registration be provided? Yes _____ No _____

Would visa or immigration status prevent lawful employment? Yes _____ No _____

BACKGROUND

Have you been convicted of a felony, been released from prison, or been convicted of any offense that involves any form of violence, such as assault, rape, child abuse, child molesting, extortion, blackmail, coercion, or any crime that involves drugs? Yes _____ No _____

If yes, explain nature of crime, place and date: _____

A fingerprint check will be required prior to employment, and a background check by the Washington State Patrol and FBI will be completed.

SKILLS INFORMATION: Please check those that apply. Give typing speed if known.

BOOKKEEPING _____ TYPING—WPM _____ PLUMBING _____ CARPENTER _____
CALCULATOR _____ COMPUTER _____ ELECTRICIAN _____ CUSTODIAL _____
OTHER _____

To assist in proper placement, please describe any physical, mental or sensory limitations or disabilities you may have. _____

EDUCATION INFORMATION

Please circle the highest grade completed K 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

Did you graduate from high school? Yes _____ No _____

Did you graduate from college? Yes _____ No _____ A.A. Degree or higher? _____

Higher Education Quarter Credits Earned: _____ (attach transcripts) ETS Parapro Assessment Score: _____ (attach score notice)

REFERENCES

List the names of two former supervisors including your last or present supervisor and list the names of two persons who can provide a character reference.

NAME	HOME (H) & WORK (W) PHONE	CITY, STATE	OFFICIAL POSITION

WORK EXPERIENCE Please indicate your last three employers, beginning with the most recent. Please include Military Service.

EMPLOYER #1

Employer Name & Address _____

Dates Employed: From _____ To _____ Position: _____ Phone: _____

Supervisor's Name: _____ Reason for Leaving: _____

EMPLOYER #2

Employer Name & Address _____

Dates Employed: From _____ To _____ Position: _____ Phone: _____

Supervisor's Name: _____ Reason for Leaving: _____

EMPLOYER #3

Employer Name & Address _____

Dates Employed: From _____ To _____ Position: _____ Phone: _____

Supervisor's Name: _____ Reason for Leaving: _____

PROFESSIONAL FITNESS If you answer "yes" to the any of the first four questions below, give a complete explanation on a separate sheet of paper, including duties, circumstances, and any supporting documentation.

- | | <u>Yes</u> | <u>No</u> |
|---|--------------------------|--------------------------|
| 1) Have you ever been dismissed, discharged (excluding lay-off), or fired from any employment? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Have you ever resigned from or otherwise left any employment while allegations of misconduct on your part were pending or under investigation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Have you ever been disciplined by a past or present employer for misconduct? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) Are you currently the subject of any investigation or inquiry by an employer because of allegations of misconduct or harassment on your part? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5) If you are offered this position, are you physically capable of performing all required duties on a daily basis? | <input type="checkbox"/> | <input type="checkbox"/> |

In the space below, please state why you desire a position with the Entiat School District. Also, include any other pertinent information that could assist in the evaluation of your application.

The Entiat School District is committed to providing equal opportunities for all persons without regard to race, color, religion, national origin, handicaps, age, marital status, gender, Vietnam-era or disabled veteran status, or other extraneous factors.

I hereby authorize the Entiat School District to inquire as to my record with any or all my former employers or references with no liability arising therefrom. I hereby guarantee the correctness of the above statements.

I certify that the information herein is true and complete to the best of my knowledge. (Failure to comply with the above stipulation shall be grounds for immediate dismissal or withdrawal from consideration.)

Date of Application _____ Signature of Applicant _____

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OPTIONAL INFORMATION

This information will be confidential and will not be filed or made part of your application.

NAME _____ DATE OF BIRTH _____

FEMALE

MALE

AFFIRMATIVE ACTION INFORMATION

In order to maintain the Entiat School District's Affirmative Action Plan, the following information is needed.

RACE/ETHNIC DESIGNATION

Please indicate your ethnic background

American Indian

Black

Hispanic

Asian

Caucasian

DISABILITIES

Do you consider yourself to have a disability? (Definition of Disabled for affirmative action includes persons with physical, sensory, or mental impairments that would impede obtaining and maintaining permanent employment and promotional opportunities. The impairments must be significant and permanent.)

Yes

No

If yes, explain: _____

VETERAN

Are you a Vietnam Era Veteran (served actively in the armed forces between 8/5/64 and 5/7/76)?

Yes

No

Do you consider yourself to be a Disabled Veteran?

Yes

No

Definition of Disabled Veteran:

"Person who is materially disabled (handicapped as defined above) and who is a veteran of the armed services."