

Entiat School District #127

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

www.entiatchools.org

An Equal Opportunity Employer

**APPLICATION FOR
CERTIFICATED EMPLOYMENT**

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



I wish to apply for: _____ Regular Employment _____ Substitute Employment _____ Emergency Sub

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

Present position/employment status _____

Date able to begin employment _____

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.

CERTIFICATE INFORMATION

Certificate # _____

(Attach a copy of your Washington State Certificate)

List below teaching, administrative, and special certificates for the State of Washington that you hold or will hold. For Washington State Initial Teaching certificate and other certificates, be sure to list all endorsements, if any.

TYPE OF CERTIFICATE	ENDORSEMENTS	ISSUE DATE	EXP. DATE

ACADEMIC INFORMATION

Last High School Attended _____
Name _____ Location _____ Date of Leaving _____

Starting with post high school, list all institutions in order of attendance.

INSTITUTION	LOCATION	DATES OF ATTEND. From – To	CREDITS EARNED Sem. or Qtr.	DEGREE

Teaching Major(s) _____ No. of Hours _____ GPA _____
 Minor _____ No. of Hours _____ GPA _____
 Minor _____ No. of Hours _____ GPA _____

Is your placement file up-to-date? Yes _____ No _____

REFERENCES

Give three or more references including superintendents and principals under whom you have taught who have firsthand knowledge of your character, personality, scholarship, and performance.

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

TEACHING EXPERIENCE (Please list in chronological order, including student teaching if within the last five years)

SCHOOL/DISTRICT CITY, STATE	GRADES and/or SECONDARY SUBJECTS TAUGHT	DATES	
		FROM	TO

Total number of years of contracted teaching experience: Public _____ Private _____ Out of State _____

Was all teaching experience listed above FULL TIME UNDER CONTRACT? Yes _____ No _____

Are you a member of the Washington Teachers' Retirement System? Yes _____ No _____

EXPERIENCE OTHER THAN TEACHING (Include Military Service)

DATES		FIRM OR EMPLOYER	POSITION (MARK FULLTIME POSITIONS WITH *)
FROM	TO		

SPECIAL QUALIFICATIONS

Circle any of the following for which you are prepared to teach: Music Fine Arts Shop Physical Education Debate
Journalism (Newspaper, Annual) Dramatics

List student activities you have directed or athletics you have coached: _____

List student activities and/or athletics you would be willing to direct/coach: _____

To what community and professional organizations do you belong? _____

Are you bilingual? Yes _____ No _____ What language? _____

PROFESSIONAL FITNESS If you answer "yes" to 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.

POSITIONS SOUGHT: If more than one area, indicate position preference numerically:

- | | |
|----------------------------|---------------------------------|
| _____ Elementary K-3 Level | _____ Junior High - Grades 7-8 |
| _____ Elementary 4-6 Level | _____ Senior High - Grades 9-12 |

SPECIALIST:

- | | | |
|--------------------------|--|-------------------------|
| _____ Administration | _____ Elementary Specialist (Art, Music, P.E.) | |
| _____ Guidance Counselor | _____ Librarian | _____ Special Education |

_____ Part-time _____
(Explain)

_____ Other _____
(Explain)

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 a true and complete statement of my personal and professional record to date. (Failure to comply with the above stipulation shall be grounds for immediate dismissal or withdrawal from consideration.)

Date of Application _____ Signature of Applicant _____
(Sign name as you will wish it to appear on contracts and paychecks, if you are selected.)

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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."