

St. John-Endicott Cooperative School Districts
CERTIFICATED EMPLOYMENT APPLICATION

This application form will be used as a working document by the screening committee. Please fill in all blanks (Do NOT state "See attached", etc. or leave questions unanswered).. If there is insufficient space for you to respond to questions, use additional paper and indicate which questions you are continuing to answer.

Please TYPE or PRINT in black ink so this can be photocopied.

Last Name *First Name* *Middle Name/Initial*

Present Address *City* *State* *Zip* *Telephone*

Permanent Address *City* *State* *Zip* *Telephone*

EMPLOYMENT HISTORY: Please list all experience **in reverse chronological order**. Be specific: state level/subjects taught, title, e.g.

Position/Title	Organization/Location	Grade Level	Dates

EDUCATION: (*Undergraduate & Graduate*)

<i>Institution</i>	<i>Dates Attended</i>	<i>Major/Minor</i>	<i>Degree</i>

WASHINGTON STATE TEACHING CERTIFICATE NUMBER: _____

Are you under contract? _____ If so, until when? _____

What is your present position? _____

If you are not selected for this position would you be willing to substitute? _____

PROFESSIONAL INFORMATION SUMMARY

TEACHING LEVEL PREFERENCE:

- Primary K-3 Intermediate 4-6 Middle School 7-8 Senior High 9-12

SUPPLEMENTAL NON-TEACHING PREPARATION AND COMPETENCY:

- Counselor Elem Administration Librarian
 Psychologist Secondary Administration School Nurse

Other _____

LIST COACHING EXPERIENCE & INTEREST

LIST OTHER AREAS OF LEADERSHIP

ENDORSEMENT AND PREPARATION AREAS: (List the areas you are endorsed to teach)

PREPARATION AREAS:

<i>Major</i>	<i>Minor</i>
<i>Major</i>	<i>Minor</i>
<i>Major</i>	<i>Minor</i>

I have requested my placement file to be forwarded from:

<i>Placement Office</i>	<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>

REFERENCES: (Please list the names of four persons who know of your current professional work and qualifications)

Name _____
Address _____
City _____ State _____ Zip _____

Position _____
Office Phone _____ Home Phone _____

Name _____
Address _____
City _____ State _____ Zip _____

Position _____
Office Phone _____ Home Phone _____

Name _____
Address _____
City _____ State _____ Zip _____

Position _____
Office Phone _____ Home Phone _____

Name _____
Address _____
City _____ State _____ Zip _____

Position _____
Office Phone _____ Home Phone _____

Do you place any restriction on contacting these and other references? Yes No

Comments: _____

Within the last seven years have you ever plead guilty, been convicted, fined, imprisoned or placed on probation for violation of any law, police regulation or ordinance (excluding minor traffic violations)? (A conviction record will not necessarily bar you from employment.) Yes No

Within the last 20 years have you ever been discharged or forced to resign for misconduct or unsatisfactory service from any position - teaching or other? Yes No

If yes, please explain

Have you ever had a certificate revoked, suspended or denied, or have you voluntarily relinquished a teaching certificate to avoid revocation procedures? Yes No

If yes, please explain

INSTRUCTIONS: Please answer the following questions in your own handwriting.

Why are you applying for a position in the St. John-Endicott School Districts?

What experience or preparation have you had which qualifies you for teaching in a rural school district?

Additional information which in your opinion may help further your consideration for a certificated position in the cooperative schools?

To assure that you have a completed file in our office, please check the following:

1. Completed Reference Forms have been sent to appropriate people to be forwarded to St. John School District or Endicott School District upon completion. (At least two must be returned and one must be from your most recent supervisor. In the case of student teachers, one form should be completed by your supervising teacher.)
3. Copies of all college/university transcripts.
4. College placement file has been forwarded.
5. Copy of your teaching certificate.
6. Current resume.

GENERAL INFORMATION:

1. A limited number of finalists for any position will be invited for a personal interview. A personal interview is required before an applicant can be recommended for employment.
2. If elected, the applicant agrees to accept assignments to subjects and activities as made by the superintendent and school board.
3. The School District accepts applications for specific openings only. This application will be kept in our files until October 1, following the date of receipt.
4. University placement credentials, resume, and all application materials should be mailed to: **St. John-Endicott Cooperative School Districts, ATTN: Dana Crider, W 301 Nob Hill, St. John, WA 99171**

I hereby certify that all the information I have provided is true and correct, I give my permission for St. John-Endicott Cooperative Districts to contact any references or prior employers given in conjunction with this application. I further agree that if I am employed, I will provide verification of my certification, education and experience. I also agree that falsification of any part of this application shall be sufficient cause for dismissal. References and personal information, which become a part of this application will be regarded as confidential and shall not be revealed to me.

Signature of Applicant _____ *Date* _____

Notice of Discrimination: The Cooperative Schools of St. John and Endicott do not discriminate on the basis of race, color, national origin, sex, sexual orientation, creed, age or disability in its programs and activities. The following person has been designated to handle inquiries regarding the non-discrimination policies: Position: Superintendent: 509-648-3336 or 509-657-3523.

St. John-Endicott Cooperative School Districts
Certificated Pre-Employment Information

⇨ Confidential ⇩

Failure to provide the information requested below **will not** jeopardize or adversely affect the consideration you receive for employment. However, your answers will help ensure that our affirmative action program results in fair representation of employment and assist us in meeting requirements to accommodate the new federally mandated reporting of staff ethnicity and race data. This form will be separated from your application before any evaluation of candidates is undertaken.

Please complete questions one **and** two below and return this form with your application. If you have questions regarding this request you can contact me at 509-648-3668 or at dcrider@stjohn.wednet.edu.

Sex: Male Female Date of Birth: _____

1. **ETHNIC GROUP:** *Check either Yes or No* Hispanic/Latino Yes No
2. **RACE CATEGORIES:** *Check all that apply*

AMERICAN INDIAN/ALASKA NATIVE (I): A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
ASIAN (A): A person having origin in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent; including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Phillipine Islands, Thailand and Vietnam.
BLACK (B): A person having origins in any of the Black racial groups of Africa.
NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER (P): A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
WHITE (W): A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Disabilities: "Disabled individual" means any person who (1) has a physical or mental impairment which substantially limits one or more of such person's major life activities, 2) has a record of such impairment, (3) is regarded as having such an impairment, or (4) has a known relationship or association with a disabled person.

I am disabled as defined: _____ Yes _____ No

Recruitment Source: Please indicate the publication or other source where you obtained information regarding this position notice so we can determine the effectiveness of various recruitment efforts:

Please print:

Last Name **First Name**

St. John - Endicott Cooperative School Districts

APPLICANT DISCLOSURE FORM PURSUANT TO CHAPTER 486, LAWS OF 1987

Please Note: A background check with the Washington State Patrol will be conducted on all certificated and all unsupervised classified employees and volunteers, and may be initiated on any other classified employees and volunteers.

Answer YES or NO to each listed item. If the answer is YES to an 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, 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?
- No Yes

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?
- No Yes

If yes, explain _____

3. Have you ever been found by the 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?
- No Yes

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?
- No Yes

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 _____

Witness (with knowledge of applicant) _____

Witness Address and Phone Number _____