

Classified Employment Application  
An Equal Opportunity Employer

Endicott School District  
Personnel Office  
308 School Drive  
Endicott, WA 99125 (509) 657-3523

St. John School District  
Personnel Office  
301 W Nob Hill  
St. John, WA 99171 (509) 648-3336

Today's Date \_\_\_\_\_

(Position for which you are applying)

In order to be considered for this position, all areas applicable must be completed (type or print). (# of Hours) \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birthdate: \_\_\_\_\_  
*Last First Middle*

Address: \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_  
*Street City/State/Zip* Message Phone ( ) \_\_\_\_\_

In case of emergency, notify: \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
*Name Address*

Do you have any physical or mental disability that limits your performance in the job for which you are making application?

Yes \_\_\_\_\_ If yes, explain \_\_\_\_\_  
 No \_\_\_\_\_

Do you have responsibilities, activities, or commitments that may require time away from work?

Yes \_\_\_\_\_ If yes, explain \_\_\_\_\_  
 No \_\_\_\_\_

When are you available for work? \_\_\_\_\_ What shifts are you willing to work? Days \_\_\_\_\_ Nights \_\_\_\_\_

Are you willing to work weekends? Yes \_\_\_\_\_ No \_\_\_\_\_ If not hired for this position, would you substitute? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you a veteran? \_\_\_\_\_ Date/s of service: \_\_\_\_\_ Military duties/training: \_\_\_\_\_

Name/s, relationship and position of relative/s or friends now working for the District: \_\_\_\_\_

Indicate experience you have had working with children, i.e. Scout Leader, Sunday School teacher, etc., that would be of value to you in this position: \_\_\_\_\_

EDUCATION	NAME OF SCHOOL CITY & STATE	DATE/S LAST ATTENDED	DEGREE/DIPLOMA OR CERTIFICATE	MAJOR SUBJECTS
High School				
College/ University				
Other College/s				
Vocational/ Technical				
Seminars/ Workshops				
Other Special Training Skills:				

PLEASE COMPLETE THE AREAS RELATED TO THE POSITION FOR WHICH YOU ARE APPLYING:

Instructional Assistant

Working with children (elementary) \_\_\_\_\_ years exp.  
 Working with children (secondary) \_\_\_\_\_ years  
 Typing (electric) \_\_\_\_\_ w.p.m. \_\_\_\_\_ years  
 Word processor experience \_\_\_\_\_ w.p.m. \_\_\_\_\_ years  
 Library experience \_\_\_\_\_ years  
 Current First Aid Card? \_\_\_\_\_ yes \_\_\_\_\_ no  
 Experience as an aide for children with  
 Exceptional needs \_\_\_\_\_ yes \_\_\_\_\_ no

Bookkeeper/Accounts Payable

Typing (electric) \_\_\_\_\_ w.p.m. \_\_\_\_\_ years  
 Word Processor experience \_\_\_\_\_ w.p.m. \_\_\_\_\_ years  
 Calculator (10 key) experience \_\_\_\_\_ years  
 Payroll experience \_\_\_\_\_ years  
 Record/bookkeeping experience \_\_\_\_\_ years  
 Computer operation experience \_\_\_\_\_ years  
 Type of computer? \_\_\_\_\_  
 General bookkeeping experience? \_\_\_\_\_ years

Food Service

Valid Food Handler's Permit \_\_\_\_\_ yes \_\_\_\_\_ no  
 Expiration date: \_\_\_\_\_  
 Basic knowledge of nutrition? \_\_\_\_\_ yes \_\_\_\_\_ no  
 Quantity cooking experience? \_\_\_\_\_ years  
 Operating commercial-size equipment? \_\_\_\_\_ Years  
 Dishwasher \_\_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_ years  
 List school food service experience on back page of  
 Application, including baking, cooking, etc.

Secretary

Dictaphone/transcription experience \_\_\_\_\_ years  
 Word processor \_\_\_\_\_ w.p.m. \_\_\_\_\_ years  
 Computer operation experience \_\_\_\_\_ years  
 General office machines experience \_\_\_\_\_ years  
 Record-keeping/filing \_\_\_\_\_ years  
 Receptionist/telephone experience \_\_\_\_\_ years  
 Supervisory experience \_\_\_\_\_ years  
 Current first aid card? \_\_\_\_\_ yes \_\_\_\_\_ no  
 Computer operation for scheduling  
 student classes \_\_\_\_\_ years  
 Working with student records and  
 transcripts \_\_\_\_\_ years

LIST YEARS AND TOTAL HOURS EXPERIENCE

<u>Maintenance &amp; Operations</u>	<u>Years</u>	<u>Total Hours</u>
Carpenter	_____	_____
Custodian	_____	_____
Delivery	_____	_____
Electrical/Boilers	_____	_____
General Maintenance (include. General plumbing)	_____	_____
Grounds Maintenance	_____	_____
Painter	_____	_____
Warehousing	_____	_____
Bus Body/Fender	_____	_____
Bus Mechanic	_____	_____
Bus Service	_____	_____
Trainer - Bus Driver/First Aid	_____	_____
Electronics Repair	_____	_____

List specific power equipment you are skilled in operating in relation to this position:

\_\_\_\_\_

Note: Commercial motor vehicle operators (bus drivers/M&O people who drive dump trucks) must provide at least 10 (ten) years prior employment history.

Bus Drivers

Valid Washington Driver's License \_\_\_\_\_ yes \_\_\_\_\_ no  
 Current Comb. Or Intermed. Endorse. \_\_\_\_\_ yes \_\_\_\_\_ no  
 School Bus Driver's Certificate \_\_\_\_\_ yes \_\_\_\_\_ no  
 Inservice Training Records Current  
 and/or available \_\_\_\_\_ yes \_\_\_\_\_ no  
 Location: \_\_\_\_\_  
 Bus Driving Experience:

Date: \_\_\_\_\_

Years: \_\_\_\_\_

Hours: \_\_\_\_\_

Have you been cited for any moving violation in the last three years? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, what type of violation?

What action was taken?

*Note: In addition to responding to those areas which apply to this job opening, it is your responsibility to identify any additional specific skills or experiences which will help to qualify you for this position. Use the back page of this application form if necessary for additional comments stating your reasons for feeling you are qualified for this position.*

PREVIOUS WORK EXPERIENCE (List current and former employers beginning with the most recent):

EMPLOYER	SUPERVISOR	DUTIES	FROM	TO
Name:	Name:		MO./YR.	MO./YR.
Address:	Tel. #: ( )			
City/State/Zip:	Beginning Salary _____ Ending Salary _____			
Name:	Name:			
Address:	Tel. #: ( )			
City/State/Zip:	Beginning Salary _____ Ending Salary _____			
Address:	Tel. #: ( )			
City/State/Zip:	Beginning Salary _____ Ending Salary _____			

PERSONAL REFERENCES (Other than relatives and former employers):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

Notice to Applicant: Only candidates invited for an interview will be notified. Please feel free to call the supervisor regarding the status of your application. Candidates shall be required to demonstrate competency in basic skills (e.g. math, language) for teaching assistant positions.

*I hereby certify that all information I have provided in this application is true and correct. I give my permission for the District to make any investigation of my personal or employment history and authorize any former employer, person, firm or corporation to give the District any information they may have regarding me. In consideration of the School District's review of this application I release the District, its employees and agents, and all providers of information from any liability as a result of furnishing and receiving this information. I also agree that if I have provided false or misleading statements, the District may, at its sole discretion, terminate my employment contract. References and personal information which become part of this application will be regarded as confidential and shall not be revealed.*

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Applicants for Instructional Assistant positions must supply a brief paragraph expressing their interest, and/or background regarding the position:

---

---

---

---

---

---

---

---

Additional Information/Comments:

---

---

---

---

---

---

---

---

---

---

Notice of Non-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 inquires regarding the non-discrimination policies: Position: Superintendent; 509-648-3336 or 509-657-3523.

St. John-Endicott Cooperative School Districts

**Classified 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*

<b>AMERICAN INDIAN/ALASKA NATIVE (I):</b> 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.
<b>ASIAN (A):</b> 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.
<b>BLACK (B):</b> A person having origins in any of the Black racial groups of Africa.
<b>NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER (P):</b> A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
<b>WHITE (W):</b> 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 \_\_\_\_\_