

Certificated Application



Eastmont School District
Human Resources Office
460 9th Street N.E.
East Wenatchee, WA 98802
509-884-7169
www.eastmont206.org

To: Certificated Applicant
From: Human Resources Office
Subject: Application Procedures

Thank you for your interest in the Eastmont School District. We have some of the most outstanding educators in the State, and are proud to provide an excellent educational opportunity to our students.

For your application to be considered for any certificated position in the Eastmont School District, you must complete the items below. Remember, if hired this application will become part of your permanent employment record.

- ✓ Complete the entire Certificated Application;
- ✓ Attach a letter of interest and resume that speaks specifically to the position you are seeking;
- ✓ Attach a copy of your Washington State certificate;
- ✓ A placement file from your college/university, or supply the district with three (3) letters of recommendation;
- ✓ Have available original college/university transcripts;
- ✓ If you have previous work experience with a school district in the State of Washington, please complete the attached WA State Sexual Misconduct Disclosure Release form and submit directly to those districts for completion. This form may be copied (see page 9 for instructions)

Your completed application packet will remain on file for one (1) year. For each position you choose to apply for after you have an application on file, please submit an updated Letter of Interest specific to that position.

If you have any questions regarding the application process outlined above, please don't hesitate to call the Human Resources Office, 509-884-7169.

Certificated Application

Academic Information, continued

Credit hours earned since BA:	
Cumulative College GPA (BA):	
Credit hours earned since MA:	
Cumulative College GPA (MA):	

Student Teaching/Internship

District Name and Address	School	Grade/Subject	Dates	Master Teacher & Phone Number

Certificated Educational Experience

District	Address City & State	Position Grade/Subject	Dates From To	Reason for Leaving
Total Years Experience:				

Substitute Experience

District	Address City & State	Position Grade/Subject	Dates From To	Approximate Number of Days

Work Experience (Other)

Employer	Address City & State	Position	Dates From To	Reason for Leaving

Certificated Application

References (Professional)

Give references, including supervisors, who have first-hand knowledge of your abilities.			
Name	Address	Phone	Position

Applicant Disclosure

In accordance with RCW 43.43.830, applicants and prospective volunteers are required to complete this disclosure form. In addition, pursuant to RCW 28A.400, applicants who have been offered regular or temporary employment in positions which will allow unsupervised access to children, are required to complete a state and national fingerprint background check. Offers of employment will be made on a conditional basis and subject to an acceptable outcome of the criminal record check. If a record check has been completed within two years prior to offer of employment and certified documentation thereof can be provided, the District will waive the requirement. After a conditional offer of employment has been made, the state/national background check is conducted. Volunteers with assignments as outlined in said law will be required to complete a request to the Washington State Patrol for disclosure of any applicable charges or findings. Volunteers will be retained on the same conditional basis.

The term “convicted” means all adverse dispositions, including, but not limited to, a finding of guilty, a plea of guilty or nolo contendere, a stipulation to the facts, or a deferred or suspended sentence.		
YES	NO	
		1. Are you presently charged with, but not convicted of, a crime? A pending criminal charge will not necessarily bar you from employment. If yes, attach an explanation of the nature of the charge, place, date, and court.
		2. Have you ever been convicted of a crime? A conviction record will not necessarily bar you from employment. If yes, attach an explanation of the nature of the crime, place, date, court, and final disposition. You need not list traffic violations for which a fine or forfeiture of less than \$150 was imposed.

Answer YES or NO to each item listed. If the answer is YES to any item, explain in the area provided, indicating the charge or finding, the date and court(s) involved. If you do not understand the following questions or if you are uncertain as to your answer to those questions please so indicate on the form. Do not complete this form until such time you are certain as to your response.		
YES	NO	
		1. Have you been convicted of any crimes against persons as defined in RCW 43.43.830 and listed as follows: <ul style="list-style-type: none"> • Aggravated murder; • First, second or third degree murder, assault, rape, statutory rape, child molestation; • First or second degree kidnapping, robbery, manslaughter, extortion, criminal mistreatment; custodial interference; sexual misconduct with a minor; • First degree arson, burglary, promoting prostitution; • Indecent liberties; incest; vehicular homicide; communication with a minor; unlawful imprisonment; simple assault; sexual exploitation of minors; child abuse or neglect as defined in RCW 26.44.020; malicious harassment; patronizing a juvenile prostitute; child abandonment; promoting pornography; selling or distributing erotic material to a minor; custodial assault; violation of child abuse restraining order; child buying or selling;

Certificated Application

		<p>prostitution; felony indecent exposure; or any of these crimes as they may be renamed in the future;</p> <p>EXPLANATION:</p>
		<p>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?</p> <p>EXPLANATION:</p>
		<p>3. Have you ever been found by a 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?</p> <p>EXPLANATION:</p>
		<p>4. Have you ever been found guilty in any disciplinary board final decision to have sexually abused or exploited any minor or to have physically abused or exploited any minor?</p> <p>EXPLANATION:</p>
		<p>5. Are you now the subject of a complaint made to the Office of the Superintendent of Public Instruction (OSPI) which asks OSPI to investigate whether or not you have committed an act of unprofessional conduct, as defined in WAC 180-87, or whether you are of good moral and personal fitness as defined in WAC 180-75-081?</p> <p>EXPLANATION:</p>

Professional Fitness

If you answer "yes" to questions 1 through 4, give a complete explanation on a separate sheet 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?

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?

Certificated Application

Investigation Consent, Release of Liability and Agreement Form

1. Pursuant to RCW 9A.72.085, I certify under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.
2. I authorize the Eastmont School District to make any investigation of any personal, educational, vocational, or employment history. I further authorize any former employer, person, firm, corporation, educational or vocational institution, or government agency to provide Eastmont School District with information they have regarding me. I hereby release and discharge Eastmont School District and those prior employers or other references that provide information from any and all liability as a result of furnishing and receiving this information.
3. I understand that any offer of employment is contingent upon an acceptable outcome of the criminal records check and controlled substances and alcohol screening.
4. Should I become employed by the Eastmont School District and at some future time leave said employment, my signature below authorizes the Eastmont School District to release information regarding my performance to any potential future employer.
- 5.

Print Name

Signature

Date

Signature Release

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. I authorize the Eastmont School District to inquire of former employers, supervisors, peers, and references to obtain any and all information regarding my job and related background. I release and discharge the Eastmont School District and its agents and all individuals inquired of as a result of this application from any and all liability in obtaining or disclosing such information. I agree that if I have provided false, misleading or incomplete information, the Eastmont School District may, at its sole discretion, without notice or due process procedures, terminate my employment. If such action is taken by the Eastmont School District, it is agreed that any employment contract deemed to exist shall be void from its inception.

Signature of Applicant

Date

Certificated Application

Voluntary Equal Opportunity Employment Information

The Eastmont School District prohibits discrimination on the basis of race, creed, color, national origin, age, sex, marital status, sexual orientation, or the presence of a sensory or mental disability (Title VII of the Civil Rights Act of 1964 and RCW 49.60). The Eastmont School District is an equal opportunity employer and the district encourages applications from minority and disabled applicants. Your response to the following questions will assist the Eastmont School District to accurately report their employment practices to state and federal agencies. The information requested is voluntary.

Name (please print) _____ Date _____

Age Group: Over 40

Sex: Male Female

Race/Ethnic Designation

Please indicate your ethnic background:	
	American Indian or Alaskan Native – All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
	African American/Black (not of Hispanic origin) – All persons having origins in any of the Black racial groups of Africa.
	Hispanic – All persons of Mexican, Puerto Rican, Cuban, Central or South American Spanish, or other culture or origin, regardless of race.
	Asian or Pacific Islander – All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands. The areas include for example, China, Japan, Korea, India, the Philippine Islands and Samoa.
	Caucasian – (White – not of Hispanic origin) – All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

Disabilities

Do you consider yourself to have a disability? (Definition of Disabled includes persons with physical, sensory, or mental impairments that would impede obtaining and maintaining permanent employment and promotional opportunities.)		
YES	NO	If yes, please explain:

Veteran

YES	NO	Are you a Vietnam Era Veteran (served actively in the armed forces between 8/5/1964 and 5/7/1975)?
		Do you consider yourself to be a Disabled Veteran? Definition of a disabled veteran: “Person who is materially disabled (disabled as defined above) and who is a veteran of the armed services.”

Referral

How were you referred to the Eastmont School District?						
<input type="checkbox"/> Friend	<input type="checkbox"/> Public Agency	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Web Site	<input type="checkbox"/> Self	<input type="checkbox"/> Employee	<input type="checkbox"/> Other

This supplemental information is confidential and is for record keeping only. Your responses will be kept separate from other documents relating to your application.	
Signature _____	Date _____

The Eastmont School District is an Equal Opportunity Employer

Certificated Application

Please Return To:
Eastmont School District
460 9th Street N.E., East Wenatchee, WA 98802
509-884-7169

CONFIDENTIAL

This candidate is in the process of making application to the Eastmont School District. Please evaluate this candidate in terms of performance you have observed and recommend the candidate based on your evaluation.

A prompt reply will assist the candidate.

This reference will not be seen by the candidate and should be considered confidential.

Name of Candidate:	
Candidate Signature:	
	_____ Signature Date

Reference

Name:	Street Address:
Official Position:	City/State:
Organization:	Signature:

Sexual Misconduct Disclosure Release Form

Engrossed Second Substitute Senate Bill 5533

Effective June 10, 2004

INSTRUCTIONS

The Legislature has determined that additional safeguards are necessary in the hiring of school district/educational service district employees to ensure the safety of Washington's school children. To provide this additional safeguard, the attached form is required for all applicants.

Steps for using the Sexual Misconduct Disclosure Release Form

- Complete one form (attached) for **each** school district/ESD where you have worked (you may need to make several copies).
- Fill out the name and address of school district/ESD in the top section.
- Fill out your name and information in the middle section.
- Sign and date below the authorization section.
- The original form(s) will be kept in your applicant file until you are being considered for hire.
- The Eastmont School District will send the form to the district/ESD that you have listed on each form.
- Prior employers will then return the completed form to the Eastmont School District.
- Hiring is contingent upon information provided on the returned form(s).



WASHINGTON STATE SEXUAL MISCONDUCT DISCLOSURE RELEASE

(District Submits This Form to Previous School District Employer(s))

To:	SCHOOL DISTRICT EMPLOYER	<input type="checkbox"/> No prior school district employment
	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 181-87 and WAC 181-88. Your assistance is appreciated.

APPLICANT'S NAME (FIRST, MIDDLE, LAST)	
FULL NAME WHEN LAST EMPLOYED WITH ORGANIZATION	
SOCIAL SECURITY NUMBER	CERTIFICATE NO.
APPROXIMATE DATES OF EMPLOYMENT	
POSITION(S)	

I authorize you to release to the school/district listed above, all information related to any acts of sexual misconduct that the school district has made a determination that there is sufficient information to conclude that the abuse or misconduct occurred and that the abuse or misconduct resulted in the employee's leaving his or her position at the school district. 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

This section to be completed by former school district employer(s) only.

- | | |
|--|--|
| <input type="checkbox"/> No sexual misconduct materials were found. | Was a complaint of sexual misconduct filed with OSPI? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Yes, sexual misconduct materials are available.
Please contact for more information. | |
| <input type="checkbox"/> No record of employment | |

Former Employer Representative Signature _____
Title _____
Date

Employing School Receipt Date _____ Received By _____

Return all completed information to:

SCHOOL DISTRICT Eastmont School District	
ADDRESS 460 9 th Street N.E.	PHONE 509-884-7169
STATE East Wenatchee, WA 98802	FAX 509-884-4210

The Eastmont School District is an Equal Opportunity Employer FORM SPI 1588 (Rev. 4/06)