



WELLPINIT SCHOOL DISTRICT #49

PO Box 390 / 6270 Ford-Wellpinit Road Wellpinit WA 99040

Telephone: (509) 258.4535

Fax: (509) 258.7378

CERTIFIED APPLICATION

Date:		Position Applying For:	
S.S.N.:		Full Name: Last	First MI
Other Name(s) Under Which Records May Be Listed:			
Present Address: _____ _____ _____		Telephone Number: ()	
Permanent Address: _____ _____ _____		Telephone Number: ()	
Person Through Whom You May Be Reached: Name: Telephone Number: ()		Present Position or Employment Status: Telephone Number: ()	
Date Able to Initiate Service:			
Have you been: (If yes answer, attach a statement of explanation)			
NO	YES	A. <u>Convicted of any crime against persons</u> (aggravated murder; first or second degree murder; tint or second degree kidnapping; first, second, or third degree assault; first, second, or third degree rape; first, second, or third degree rape of a child; 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, child abuse or neglect; first or second degree custodial interference; malicious harassment; first, second, or third degree child molestation; first or second degree rape of a child; patronizing a juvenile prostitute; child abandonment; promotion pornography; selling or distributing erotic material to a minor; custodial assault; violation of child abuse restraining order; child buying or selling; prostitution; or any of these crimes as they had previously been named or as they may be renamed.	
NO	YES	B. Found in any dependency action or by a court in a domestic relations proceeding or in any disciplinary board final decision to have sexually assaulted or exploited any minor or to have sexually abused any minor.	
NO	YES	C. In the last seven years released from prison or convicted of any offense that involved drugs.	
NO	YES	D. Do you have any criminal arrests on which charges are pending related to child abuse, neglect, and/or child sexual abuse and/or sexual exploitation?	

Experience Other Than P-12 Certificated School Experience (Include military service, private sector, school related employment, and volunteer service. List in order of occurrence.)

Dates From Until	Firm, Employer, or Location of Volunteer Service	Position Title (If Any)	Full-Time (Yes - No)
to			
to			
to			
to			
to			

Certificated School Experience Do not include day-care, student teaching, or substitute experience of less than 90 consecutive days in one assignment. (List in order of occurrence)

District Name/Address (Street, City, State)	Assignment Grades/Subjects	Full Time (Yes - No)	Reason for Discontinuing Position

Academic Information (Starting with last high school. List in order of attendance all institutions.)

Name of Institution City and State	Dates Attended Mo./Yr. to Mo./Yr.	Degree Earned	Major	Minor
	To			
	To			
	To			
	To			
	To			
	To			
	To			
	To			

References: Include all persons to whom your professional reference forms were sent (see instructions for required references). List in order from first to last all immediate supervisors of certificated P-12 contract experience. If deceased, so indicate.

Name and Relationship	Street	City	State	Zip Code	Area Code & Phone #
					()
					()
					()
					()
					()
					()
					()
					()

Certification Information:	Have you ever had a certificate revoked or suspended? ____ No ____ Yes (If yes, identify date, certificate, and reason.)
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Reason: _____

List below teaching, administrative, and special certificates which you hold or will hold.

Type of Certificate	Endorsements	Issue Date	Expiration Date

Signature Release

All of the information I have provided in this application is true, correct, and complete. I authorize Wellpinit School District No.49 to inquire with former employers or references and obtain any and all information regarding my job related background. I release and waive Wellpinit School District No. 49, my former employer, and all references from any and all liability in obtaining or disclosing such information. I agree that information provided by any individual shall be confidential and I shall not have access to such information. I agree that if I have provided false or incomplete statements, the district may, at its sole discretion without notice or due process procedures, terminate my employment contract. If such action is taken by the district, the contract shall be deemed void from its inception.

Signature

Date

DISCRIMINATION

Wellpinit School District does not discriminate in any programs or activities on the basis of sex, race, creed, religion, color, national origin, age, veteran or military status, sexual orientation, gender expression, gender identity, disability, or the use of a trained dog guide or service animal and provides equal access to the Boy Scouts and other designated youth groups. The following employee(s) has been designated to handle questions and complaints of alleged discrimination: Civil Rights Coordinator/Title IX Officer: Terry Bartolino terryb@wellpinit.org
PO Box 390 Wellpinit, WA 99040 509-258-4535 (2195)

THIS FORM
IS
CONFIDENTIAL

NOTICE TO ALL REFERENCES: The applicant noted on this form has authorized Wellpinit school District No. 49 to inquire, with all listed references, and keep the results confidential.

Please Return To:

WELLPINIT SCHOOL DISTRICT NO. 49
P. O. BOX 390
WELLPINIT, WA 99040
(509) 258-4535
Professional Reference Form

_____ has applied for a certificated position with Wellpinit School District No. 49. We are asking you to evaluate the applicant on the checklist below. How long have you known the candidate? _____ In what capacity did the applicant work with you? _____ Where? _____ What was your title at the time? _____

Basis for your evaluation:

_____ Served as supervisor/evaluator How Long? _____ Comment _____

_____ Observed applicant as a colleague How Long? _____ Comment _____

_____ Observed applicant in community at activities. How Long? _____ Comment _____

NOTE: Please rate this applicant in each of the following categories by comparing this individual with others you have observed or for whom you have had evaluative responsibility. Check only one column, per line.

CATEGORY	Upper 10%	Upper 25% but not Upper 10%	Upper 25% but not Upper 10%	Lower 50% but not Lowest 10%	Lowest 10%	No basis for Judgment
1. Classroom Management. Provides for large groups, small groups, and individual instruction; develops routines and procedures to increase academic learning time; provides an environment conducive to learning.						
2. Discipline. Recognizes conditions which may lead to discipline problems; establishes clear parameters for student's behavior; develops strategies to prevent discipline problems; responds appropriately when problems occur; assists students toward self-discipline.						
3. Clarity of Expression. Understands, presents, and discusses concepts precisely, answers questions clearly. Writes effectively uses various teaching styles; successfully teaches a variety of assignments; responds to constructive comments and supervision; works well with others in a team, faculty or parent situation.						
4. Flexibility. Learns new concepts or ways of doing things willingly; cooperates with youth and adults; effectively uses various teaching Styles; successfully teaches a variety of assignments; responds to constructive comments and supervision; works well with others in a team, faculty or parent situation.						
5. Enthusiasm. Displays overall optimism and zeal. Is willing to be involved. Participates in district, as well as building projects and committee work. Uses facial expressions, body language, and presentation skills that demonstrate a caring and warmth toward students and an enthusiasm for the subject of learning.						
6. Instructional Skills. Plans and implements effective lessons; has knowledge of current approaches to teaching; applies new ideas and skills. Uses a variety of style and methods when presenting lessons which reflect planning and pacing skills appropriate to the student. Provides a learning environment that is relevant to the age and intended learning. Assesses needs of students and prescribes programs appropriate.						
7. Modeling Appropriate Behavior. Encourages respect and confidence of students, parents and staff. Maintains professional demeanor, behavior, and attire. Models appropriate learning behaviors.						
8. Commitment to Accomplishment. Exerts effort to attain goals; desires production results. Organizes ideas, time, materials, and space in a way accomplishment occurs. Demonstrates an attitude toward professional plans/goals; evidences "self-motivation." Is committed to student growth.						
9. Relation to Students. Develops favorable relationships with students; exhibits empathy for students; is interested in their learning and welfare; responds to students needs; relates to students of varying socioeconomic ethnic backgrounds, difference learning styles, and various handicapping conditions.						

Signed: _____ Printed Name: _____ Title: _____
Organization: _____ Address: _____

Employment Data Record

Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other legally protected status.

As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose for this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information please note that all Data Records are kept in a Confidential File and not a part of your Application for Employment or personnel file. Please note: YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

Voluntary Survey

(Please Print)

Date: _____

Government agencies at times require periodic reports on the sex, ethnicity, handicap, veteran and other protected status of employees. This data is for statistical analysis with respect to the success of the Affirmative Action program. SUBMISSION OF THIS INFORMATION IS VOLUNTARY.

Name		
Address		
City	State	Zip
Social Security No.		

√ Complete only the Sections Below That Have Been Checked	
Current Job	
Check One: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Check One Of The Following: (Ethnic Origin) <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> Other <input type="checkbox"/> Asian/Pacific Islander	
Check If Any Of The Following Are Applicable: <input type="checkbox"/> Vietnam Era Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Handicapped Individual	
Birth date	