



WELLPINIT SCHOOL DISTRICT #49

PO Box 390 / 6270 Ford-Wellpinit Road Wellpinit WA 99040
Telephone: (509) 258.4535 Fax: (509) 258.7378

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

(PLEASE PRINT)

| | | |
|--|-----------------------------------|--------------------------------------|
| Position(s) Applied For: | Date of Application: | |
| How Did You Learn About Us? | | |
| <input type="checkbox"/> Advertisement | <input type="checkbox"/> Friend | <input type="checkbox"/> Walk-In |
| <input type="checkbox"/> Employment Agency | <input type="checkbox"/> Relative | <input type="checkbox"/> Other _____ |

| | | | | | |
|---------------------|--------|-------------|------------------------|-------|-----|
| Last Name | First | Middle Name | | | |
| Address Code | Number | Street | City | State | Zip |
| Telephone Number(s) | | | Social Security Number | | |

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No
If Yes, give date: _____

Have you ever been employed with us before? Yes No
If Yes, give date: _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? Yes No
Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Have you been convicted of a felony within the last 7 years? Yes No
Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain: _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Education

| | Elementary School | | | | | High School | | | | Undergraduate College/University | | | | Graduate/ Professional | | | |
|--|-------------------|---|---|---|---|-------------|----|----|----|----------------------------------|---|---|---|------------------------|---|---|---|
| School Name and Location | | | | | | | | | | | | | | | | | |
| Years Completed | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Diploma/Degree | | | | | | | | | | | | | | | | | |
| Describe Course of Study | | | | | | | | | | | | | | | | | |
| Describe any specialized training, apprenticeship, skills and extra-curricular activities. | | | | | | | | | | | | | | | | | |
| Describe any honors you have received. | | | | | | | | | | | | | | | | | |
| State any additional information you feel may be helpful to us in considering your application. | | | | | | | | | | | | | | | | | |

| Indicate any foreign languages you can speak, read and/or write. | | | |
|--|--------|------|------|
| | FLUENT | GOOD | FAIR |
| SPEAK | | | |
| READ | | | |
| WRITE | | | |

List professional, trade, business or civic activities and offices held.
You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status:

References

| |
|--|
| Give name, address and telephone number of three references who are not related to you and are not previous employers. |
| 1. _____ |
| 2. _____ |
| 3. _____ |

| | | |
|---|------------------------------|-----------------------------|
| Have you ever had any job-related training in the United States military? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If Yes, please describe: _____ | | |
| _____ | | |
| Are you physically or otherwise able to perform the duties of the job for which you are applying? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion gender, national origin, handicap or other protected status.

| | | | | | |
|--------------------|---------------------|------------|--------------------|-------|----------------|
| 1. | Employer | | Dates Employed | | Work Performed |
| | | | From | To | |
| | Address | | | | |
| | Telephone Number(s) | | Hourly Rate/Salary | | |
| | | | Starting | Final | |
| Job Title | | Supervisor | | | |
| Reason for Leaving | | | | | |
| 2. | Employer | | Dates Employed | | Work Performed |
| | | | From | To | |
| | Address | | | | |
| | Telephone Number(s) | | Hourly Rate/Salary | | |
| | | | Starting | Final | |
| Job Title | | Supervisor | | | |
| Reason for Leaving | | | | | |
| 3. | Employer | | Dates Employed | | Work Performed |
| | | | From | To | |
| | Address | | | | |
| | Telephone Number(s) | | Hourly Rate/Salary | | |
| | | | Starting | Final | |
| Job Title | | Supervisor | | | |
| Reason for Leaving | | | | | |
| 4. | Employer | | Dates Employed | | Work Performed |
| | | | From | To | |
| | Address | | | | |
| | Telephone Number(s) | | Hourly Rate/Salary | | |
| | | | Starting | Final | |
| Job Title | | Supervisor | | | |
| Reason for Leaving | | | | | |

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment of other experience.

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

| | | |
|--------------------|--|-----------------------------|
| Arrange Interview | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Remarks | _____ _____ _____ INTERVIEWER DATE | |
| Employed | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Date of Employment | | _____ |
| Job Title | Hourly Rate/ Salary | Department |
| By | NAME AND TITLE | DATE |

Notes: _____

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)

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied For Is Open: Yes No

Position(s) Considered For: _____

Date _____

Notes:

Employment Data Record

The Wellpinit School District complies with all federal and state rules and regulations and will provide equal educational opportunity and treatment for all students and staff in all aspects of the academic and activities program without discrimination based on race, religion, creed, color, national origin, age, honorably-discharged veteran or military status, sex, sexual orientation, gender expression or identity, marital status, the presence of any sensory, mental or physical disability, or the use of a trained dog guide or service animal by a person with a disability. The district will provide equal access to the Boy Scouts of America and all other designated youth groups. District programs will be free from sexual harassment. Inquiries regarding compliance and/or grievance may be directed to the district's Title IX/RCW 28A.640 Officer and Section 504/ADA Coordinator.

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 | |