

Employment APPLICATION

Instructions

1. Only completed applications will be referred to the screening committee for consideration.
2. To establish a Substitute application file, the items listed below must be received at the Dixie School District Resources Department, 10520 E Hwy 12; PO Box 40; Dixie, WA 99329:
 - Completed and signed Dixie SD Employment Application. Application must be completed in its entirety. Incomplete applications will be rejected.
 - Letter of interest
 - Up-to-date resume
 - Washington State Teaching Certificate
 - One Washington State Sexual Misconduct Form for each school district of past employment
 - Driver's License and Social Security Card
3. Applications are retained and considered active for one year following the last date of activity. Applications may be reactivated at your request.
4. List of references
References and/or current or past employers will be contacted as part of the process.
5. Please contact the Dixie SD Human Resources Department at (509) 525-5339 if you have any questions regarding your application and/or employment opportunities. Please email application forms if you are applying via email to dmiller@dixiesd.org or fax to (509) 525-1062.

Application

Last Name	First Name	Middle Name	Date
Street Address		City	State Zip Code
Home Phone	Cell Phone	Work Phone	E-Mail Address
Position Applying for			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Substitute
Have you previously applied for employment with Dixie SD?		Date	Position(s)
Other name(s) under which records may be listed:			Social Security Number
How did you become aware of this position?			

Educational and Professional Training

NAME OF SCHOOL	CITY & STATE	DEGREE(S)	YEARS COMPLETED	MAJOR/MINOR

Certificates / Licenses

List below teaching, ESA, administrative and special certificates / licenses held.

TYPE OF CERTIFICATE	STATE	LEVEL / AREA	DATE ISSUED	EXPIRATION DATE

Computer Skills

Check the appropriate boxes. Include software titles and years of experience. A skills test may be required as designated in the Job Opening notice.

Word Processing	Years:	<input type="checkbox"/> Internet	Years:
Spreadsheet	Years:	<input type="checkbox"/> Other	
Presentation	Years:	<input type="checkbox"/> Other	Years:
E-Mail	Years:	<input type="checkbox"/> Other	

Employment History

Answer all questions for each employer listed

Beginning with your current employer or most recent job, list all paid or unpaid work experience during the last ten years (or longer if pertinent to the positions applied for) including military experience. Explain any gaps in your work experience that exceed six months. If more space is needed, additional sheets may be attached. If you worked under a different name, please indicate that name.

Employer Name	Telephone		
Street Address	City	State	Zip Code
Starting Job Title/Final Job Title	Dates of Employment	From / To //	
Supervisor	May we contact for reference? Yes <input type="checkbox"/> No <input type="checkbox"/> Later <input type="checkbox"/>	Compensation (Starting)	Compensation (Final)
Summarize Type of Work Performed			
Why Did You Leave?			
What Did You Like Most About This Position?		What Did You Like Least About This Position?	
Employer Name	Telephone		
Street Address	City	State	Zip Code
Starting Job Title/Final Job Title	Dates of Employment	From / To /	
Supervisor	May <u>we</u> contact for reference? Yes <input type="checkbox"/> No <input type="checkbox"/> Later <input type="checkbox"/>	Compensation (Starting)	Compensation (Final)
Summarize Type of Work Performed			
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Summarize Type of Work Performed			
Why Did You Leave?			
What Did You Like Most About This Position?		What Did You Like Least About This Position?	

Employment History (cont.) Answer all questions for each employer listed

Employer Name		Telephone	
Street Address	City	State	Zip Code
Starting Job Title/Final Job Title		Dates of Employment	
		From /	To /
Supervisor	May we contact for reference? Yes <input type="checkbox"/> No <input type="checkbox"/> Later <input type="checkbox"/>	Compensation (Starting)	Compensation (Final)
Summarize Type of Work Performed			
Why Did You Leave?			
What Did You Like Most About This Position?		What Did You Like Least About This Position?	

Professional References (Individuals who can provide job-related reference information; continued on next page.)

Name of Reference	Title	Company/Occupation	Address
Current Phone	Working Relationship	Number of Years Known	
Name of Reference	Title	Company/Occupation	Address
Current Phone	Working Relationship	Number of Years Known	
Name of Reference	Title	Company/Occupation	Address
Current Phone	Working Relationship	Number of Years Known	

Dixie School District 101
 Human Resources Department
 10520 E Hwy 12
 PO Box 40
 Phone (509) 525-5339
 Fax (509) 525-1062
dmiller@dixiesd.org

Dixie School District 101 complies with all state and federal rules and regulations and does not unlawfully discriminate on the basis of race, color, creed, religion, national origin, age, sex, marital status, or the presence of any sensory, mental or physical disability. This holds true for all agency employment and job opportunities. Inquiries regarding compliance and/or grievance procedures may be directed to the Personnel Administrator/Human Resources at (509) 525-5339. AN **EQUAL OPPORTUNITY EMPLOYER.**