

Dixie Education Association No. 100

PO Box 40, Dixie, WA 99329
 (509) 525-5339
 www.dixiesd.org

ADMINISTRATIVE APPLICATION

(Please Print or Type)	Your social security number is not required at the time of application. It will be necessary to disclose it upon hiring for federal income tax, state retirement, and internal record keeping purposes.
Date: _____ Social Security # _____	
Name: _____ (Last) _____ (First) _____ (Middle)	
Mailing Address: _____ (Street/P.O. Box) _____ (Apt. #)	
City: _____ State: _____ Zip: _____	
(_____) _____ (Current Phone) (_____) _____ (Cell/Message Phone) _____ (E-Mail)	

CERTIFICATION (List teaching, administrative, or special certificates currently held or pending.)

STATE	TYPE	ENDORSEMENT	ISSUE DATE	EXP. DATE

SCHOOL DISTRICT ADMINISTRATIVE EXPERIENCE (Begin with most recent.)

DATES (MO./YR.)	SCHOOL DISTRICT, ADDRESS, & NAME OF SCHOOL	GRADE LEVEL	Full or Part-time (FTE)	SUPERVISOR'S NAME, TITLE & PHONE #	REASON FOR LEAVING
From: ___/___ To: ___/___					
From: ___/___ To: ___/___					
From: ___/___ To: ___/___					
From: ___/___ To: ___/___					

CERTIFICATED TEACHING EXPERIENCE (Begin with most recent. Do not include substitute or student teaching.)

DATES (MO./YR.)	SCHOOL DISTRICT, ADDRESS, & NAME OF SCHOOL	SUBJECT/ GRADE(S)	Full or Part-time (FTE)	SUPERVISOR'S NAME, TITLE & PHONE #	REASON FOR LEAVING
From: ___/___ To: ___/___					
From: ___/___ To: ___/___					
From: ___/___ To: ___/___					
From: ___/___ To: ___/___					
From: ___/___ To: ___/___					

EXPERIENCE OTHER THAN TEACHING OR SCHOOL ADMINISTRATION (Include military experience.)

DATES (MO./YR.)	EMPLOYER & ADDRESS	SUPERVISOR'S NAME, TITLE & PHONE #	TYPE OF WORK/POSITION	REASON FOR LEAVING
From: ___/___ To: ___/___				
From: ___/___ To: ___/___				
From: ___/___ To: ___/___				
From: ___/___ To: ___/___				

EDUCATIONAL TRAINING (List all colleges and universities in order of attendance.)

DATES: (MO./YR.)	NAME OF SCHOOL	CITY STATE	MAJOR	MINOR	DEGREE	DATE DEGREE GRANTED	GPA
HIGH SCHOOL					<input type="checkbox"/> YES <input type="checkbox"/> NO		
From: ___/___ To: ___/___							
From: ___/___ To: ___/___							
From: ___/___ To: ___/___							
From: ___/___ To: ___/___							
From: ___/___ To: ___/___							

WORLD LANGUAGE SKILLS

LIST LANGUAGE(S) OTHER THAN ENGLISH: _____

Reading/Writing Skills: Limited Proficient

Oral Skills: Limited Proficient Native/Near Native

PROFESSIONAL REFERENCES

NAME	POSITION	EMPLOYER & ADDRESS	PHONE #
			Work (____)_____ Home (____)_____
			Work (____)_____ Home (____)_____
			Work (____)_____ Home (____)_____
			Work (____)_____ Home (____)_____

Any offer of employment will be subject to the acceptable outcome of a criminal history records check, favorable information received from previous school district employers per RCW 28A.400.301, and approval by the Board of Directors.

I authorize Dixie School District to make any investigation of any personal, educational, vocational, or employment history. I further authorize any current or former employer, person, firm, or agency to provide Dixie School District with information they have regarding me. I hereby release and discharge Dixie School District and those who provide information from any and all liability as a result of furnishing and receiving this information. I further agree that falsification of any part of this application, including any accompanying inserts, shall be sufficient cause for dismissal. References and personal information which become a part of this application will be regarded as confidential and shall not be revealed to me.

Applicant Signature _____ **Date** _____

Dixie School District is an equal opportunity employer. The District does not discriminate on the basis of race, creed, color, national origin, age, honorably-discharged veteran or military status, sex, sexual orientation, marital status or qualified individuals with disabilities. The District has implemented an affirmative action program and encourages qualified women and minority applicants to apply.

DIXIE SCHOOL DISTRICT

Dixie, Washington

APPLICANT¹ DISCLOSURE STATEMENT

(Reference RCW 28A.400, RCW 43.43.830)

Name: _____ Date: _____
(Last) (First) (Middle)

Please complete the following questions and sign the declaration. Any falsification or deliberate misrepresentation, including omission of a material fact, or failure to complete any part of your application or this questionnaire can be grounds for denial of employment or continued employment with the Dixie School District.

ALL REQUIRED DOCUMENTATION REQUESTED BELOW MUST ACCOMPANY THIS FORM. ALL QUESTIONS MUST BE ANSWERED. IF ADDITIONAL SPACE IS NEEDED, ATTACH A SEPARATE SHEET OF PAPER.

EMPLOYMENT HISTORY DISCLOSURE

- 1. Are you presently under contract? No Yes
If yes, with whom? _____
What is your present position (title)? _____
- 2. Are you a former employee of our District? No Yes
If yes, list dates and positions: _____

- 3. Have you ever been on a plan of improvement or placed on probation? No Yes
- 4. Have you ever been placed on administrative leave pending investigation of allegations of misconduct? No Yes
- 5. Have you ever been the subject of a complaint to the Superintendent of Public Instruction or any other disciplinary board or licensing body? No Yes
- 6. Have you ever resigned or otherwise separated from any employment (inclusive of regular or extracurricular positions) in order to avoid discharge or non-renewal? No Yes
- 7. Have you ever been discharged or non-renewed from any employment (inclusive of regular or extracurricular positions)? No Yes
- 8. Have you ever been disciplined for misconduct by a past or present employer? No Yes
- 9. If you answered **YES** to questions 3, 4, 5, 6, 7, or 8, provide an explanation of the circumstances, including the underlying facts, place, date, and outcome. Attach an additional page if needed. _____

¹ All prospective employees who will or may have unsupervised access to children under 16 years of age, developmentally disabled persons, and/or vulnerable adults are "applicants".

APPLICANT DISCLOSURE STATEMENT (Page 2)

Name: _____ Date: _____
 (Last) (First) (Middle)

CRIMINAL HISTORY DISCLOSURE

1. Are you presently charged with, but not convicted of, a crime? (Exclude civil infractions, such as minor traffic citations.)

No Yes

If YES, attach an explanation of the nature of the charge, place, date, and court. A pending criminal charge will not necessarily bar you from District employment.

2. Have you ever been convicted of a crime? **(The term “convicted” means all adverse dispositions, including a finding of guilty, a plea of guilty or nolo contendere, an Alford plea, a stipulation to the facts, a deferred or suspended sentence, or a deferred prosecution. Exclude civil infractions, such as minor traffic citations.)**

No Yes

If YES, attach an explanation of the nature of the crime, place, date, and court. A conviction record will not necessarily bar you from District employment.

3. **(A) CHECK ANY OF THE FOLLOWING FOR WHICH YOU HAVE BEEN CONVICTED, INCLUDING ANY OF THESE CRIMES AS THEY MAY HAVE BEEN RENAMED:** (See above for definition of “convicted”).

<input type="checkbox"/> Custodial Assault <input type="checkbox"/> First, Second, or Third Degree Assault of a Child <input type="checkbox"/> First, Second, or Third Degree Assault <input type="checkbox"/> Simple Assault <input type="checkbox"/> First or Second Degree Custodial Interference <input type="checkbox"/> Incest <input type="checkbox"/> First, Second, or Third Degree Rape of a Child <input type="checkbox"/> Child Abandonment <input type="checkbox"/> Child Abuse or Neglect as defined in RCW 26.44.020 <input type="checkbox"/> Violation of Child Abuse Restraining Order <input type="checkbox"/> Child Buying or Selling <input type="checkbox"/> First or Second Degree Kidnapping	<input type="checkbox"/> First, Second, or Third Degree Child Molestation <input type="checkbox"/> First or Second Degree Sexual Misconduct with Minor(s) <input type="checkbox"/> Patronizing a Juvenile Prostitute <input type="checkbox"/> Selling or Distributing Erotic Material to Minor(s) <input type="checkbox"/> Sexual Exploitation of Minor(s) <input type="checkbox"/> Communication with a Minor for Immoral Purposes <input type="checkbox"/> First Degree Arson <input type="checkbox"/> First Degree Burglary <input type="checkbox"/> Aggravated Murder <input type="checkbox"/> First or Second Degree Murder <input type="checkbox"/> First or Second Degree Extortion	<input type="checkbox"/> First or Second Degree Manslaughter <input type="checkbox"/> First, Second, or Third Degree Rape <input type="checkbox"/> First or Second Degree Robbery <input type="checkbox"/> Indecent Liberties <input type="checkbox"/> Felony Indecent Exposure <input type="checkbox"/> Vehicular Homicide <input type="checkbox"/> Unlawful Imprisonment <input type="checkbox"/> Malicious Harassment <input type="checkbox"/> Criminal Abandonment <input type="checkbox"/> First or Second Degree Criminal Mistreatment <input type="checkbox"/> Promoting Pornography <input type="checkbox"/> First Degree Promoting Prostitution <input type="checkbox"/> Prostitution <input type="checkbox"/> First or Second Degree Custodial Sexual Misconduct
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3. **(B) CHECK HERE IF YOU HAVE NOT BEEN CONVICTED OF ANY OF THE ABOVE, INCLUDING ANY OF THESE CRIMES AS THEY MAY HAVE BEEN RENAMED.**

APPLICANT DISCLOSURE STATEMENT (Page 3)

Name: _____ **Date:** _____
(Last) (First) (Middle)

4. Have you ever been (a) found by a court in a protection proceeding under Chapter 74.34 RCW to have abused or financially exploited a vulnerable adult or (b) convicted of any of the following crimes where the victim was a vulnerable adult? (Vulnerable adult means adults of any age who lack the functional, mental, or physical ability to care for themselves.)

- First, second, or third degree extortion
- First second or third degree theft
- First or second degree robbery
- Forgery
- Any of the foregoing crimes as they may have been renamed

NO YES IF YES, EXPLAIN BELOW.

5. Have you ever been convicted of any crime involving the manufacture of, delivery of, or possession with intent to manufacture or deliver a controlled substance?

NO YES IF YES, EXPLAIN BELOW.

6. Have you ever been found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor or to have abused any minor?

NO YES IF YES, EXPLAIN BELOW.

7. 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?

NO YES IF YES, EXPLAIN BELOW.

8. Have you ever been found in any disciplinary board final decision to have sexually or physically abused any minor or developmentally disabled person, or to have abused or financially exploited any vulnerable adult? "Disciplinary board final decision" means (a) any final decision by the director of the Department of Licensing for real estate brokers and salespersons and (b) any final decision by a disciplinary authority under Chapter 18.130 RCW or the secretary of the Department of Health for the following businesses or professions: chiropractic, dentistry, dental hygiene, naturopathy, massage, midwifery, osteopathic medicine and surgery, physical therapy, physician, practical nursing, registered nursing, and psychology.

NO YES IF YES, EXPLAIN BELOW.

9. Are you presently charged with, but not convicted of, any of the crimes or offenses described in questions 1 through 8 above?

NO YES IF YES, EXPLAIN BELOW.

APPLICANT DISCLOSURE STATEMENT (Page 4)

An inquiry may be made to the Washington State Patrol, a federal, or other law enforcement agency to verify your responses to the above inquiries. A copy of any response received pursuant to such inquiry will be made available to you upon request.

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Applicant Name (Print): _____

Applicant Signature: _____

Date: _____

If offered a position:

- The Immigration Reform and Control Act of 1986 requires us to verify your identity and authorization to work before you may commence employment.
- Pursuant to RCW Chapter 43.43, as amended, you will be required to complete a disclosure form indicating whether you have been convicted of certain crimes against persons and/or civil and administrative adjudications of assault, abuse, or exploitation.
- Pursuant to RCW28A.400.301, you will be required to complete sexual misconduct disclosure forms for your previous school district employers in the United States and foreign countries.
- A criminal conviction record, based on fingerprints, will also be requested from the Washington State Patrol and Federal Bureau of Investigation. **The cost of such background check, including fingerprinting, will be borne by the prospective employee.**



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 below, 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 Dixie School District Attn: Debbie Miller	
ADDRESS PO Box 40	PHONE 509-525-5339
STATE Dixie, WA	ZIP 99329
	FAX 509-525-1062

DIXIE SCHOOL DISTRICT
Dixie, Washington

Name: _____ Date: _____
(Last) (First) (Middle)

Position Applied for: _____

REQUEST FOR AFFIRMATIVE ACTION PROGRAM DATA

THE INFORMATION REQUESTED IS VOLUNTARY. Your responses will be kept separate from other documents relating to your application. This document will not be used by the individuals who process your application.

The information given below is confidential and will be used for statistical reporting as part of our Affirmative Action Program. Please check the appropriate items in each of the following categories.

<p>1. Are you a Vietnam-era veteran? (Must have been on active duty between dates of 8/5/64 through 5/7/75 to qualify as Vietnam Era Veteran)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Are you a disabled veteran?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Do you have a physical, sensory, or mental impairment which substantially limits one or more life activities? The impairment(s) must be material rather than slight; static and permanent in that it is seldom fully corrected by medical replacement, therapy, or surgical means.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>5. Are you in a protected age group (40 years of age or older)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>6. What race do you consider yourself to be?</p> <p><input type="checkbox"/> American Indian or Alaskan Native A person having origins in any of the original peoples of North America and South America (including Central America) and who maintains tribal affiliation or community attachment.</p> <p><input type="checkbox"/> Asian A person having origins 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 Philippine Islands, Thailand and Vietnam.</p> <p><input type="checkbox"/> Black or African American A person having origins in any of the Black racial groups of Africa.</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.</p> <p><input type="checkbox"/> White A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.</p> <p><input type="checkbox"/> Hispanic or Latino A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin.</p>
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How did you learn about this job? Please check the appropriate box:

- Dixie School District employee or other personal referral
- Dixie School District Website
- Newspaper or other media advertisement
- Listing at a state employment security office
- Website other than Dixie School District _____ Other
- (specify): _____