

FOR OFFICE USE ONLY –	Date Rec'd
Completed Application Form	
Affirmative Action Sheet (Optional)	
Release Form SPI 1588 (6/05) (Required)	
Letter of Application	
Resume	
Placement File	
2 Prof Reference Forms & 2 Rec. letters	
College Transcripts	
WEST-E Praxis II Score Report(s)	
Certificate(s) and/or Licenses	

Employment Application - Certificated
Omak School District # 19
 An Equal Opportunity Employer

GENERAL INFORMATION

To be considered for any certificated position with the Omak School District, applicants must supply Personnel Services with the following information:

- Completed Application Form
- Affirmative Action Information (optional)
- Completed and Signed Release Form (SPI 1588 (6/05)) one copy for each school you have worked for to include substitute employment (required to be submitted with application – no need to send to previous employers)
- Letter of Application
- Resume
- College Placement File (only if current)
- Two (2) Omak Professional Recommendation Forms (enclosed) and 2 letters of reference in education. Must be from someone who has observed your teaching, i.e., student teacher supervisor, principal, master teacher.
- College Transcripts
- Photocopy of all WEST-E Praxis II (state test) score report(s)
- Photocopy of your Washington State Certificate(s), licenses or other state certificates if not yet certified in Washington

Name _____ () _____
 (Print name as it appears on your Social Security Card) Phone

Mailing Address _____
 City State-Zip

Social Security Number _____ Email Address: _____

PROFESSIONAL INFORMATION

Designate in the order of preference the type of position for which you are applying by writing 1, 2, and 3 beside the following:

_____ Kindergarten _____ Primary _____ Intermediate _____ Middle School
 _____ High School _____ Specialist _____ Administrative

ELEMENTARY TEACHERS - Check grades desired:

K 1 2 3 4 5

Specialist Areas: _____

SECONDARY TEACHERS – List below the special positions and grade for which you wish to be considered and are qualified:

Subject: _____ Grade: _____

SPECIAL EDUCATION:

Preschool K-2 3-5 6-8 9-12

Behaviorally disordered Mildly mentally retarded Severely mentally retarded
 Hearing impaired Moderately mentally retarded Visually impaired
 Learning disabled Orthopedically handicapped Other

SPECIALIST: List position, i.e., counselor, media specialist, CDS, psychologist, etc.

REFERENCES

Please list 3 of your most recent references, including principals, supervisors with whom you have worked, who could be contacted to provide first-hand knowledge of your professional ability, character and scholarship.

NAME	ADDRESS	HOME PHONE	WORK PHONE	OFFICIAL POSTITION

EDUCATION

NAME OF INSTITUTION CITY AND STATE	DATES ATTENDED MO./YR TO MO./YR	DEGREE EARNED	MAJOR	MINOR

UNDERGRADUATE GPA _____ GRADUATE GPA _____

List special skills or talents: (foreign language, sign language, Braille, music, computer, etc.) _____

Have you taken and passed the WEST-E Praxis II (state test) **circle one** Yes No

If yes, please list content areas, date taken, and scores (include score reports with the application):

Content Area: _____ Date Taken: _____ Score: _____
 Content Area: _____ Date Taken: _____ Score: _____
 Content Area: _____ Date Taken: _____ Score: _____
 Content Area: _____ Date Taken: _____ Score: _____
 Content Area: _____ Date Taken: _____ Score: _____

CERTIFICATION - Enclose copies of all current Washington State Certificates you hold (or other states if not yet certified in the State of Washington).

In order for us to give serious consideration to your application, you must hold a valid Washington State Certificate, or provide documented evidence that such a certificate will be issued in the near future. For certificates or certification requirements, write: Superintendent of Public Instruction; Old Capitol Building, PO Box 47200; Olympia, WA 98054-7200.

	TYPE*	NUMBER	DATE ISSUED	EXPIRATION DATE	ENDORSEMENTS**
TEACHING					
ESA					
VOCATIONAL					
ADMINISTRATOR					
OTHER					

* For example: standard, continuing, initial, provisional, residency, professional, permit, 3-year vocational

** Endorsements are required for all initial certificates and for continuing certificates for which requirements were met after 8/31/87.

CERTIFICATED EXPERIENCE

DISTRICT NAME, ADDRESS, CITY, STATE	GRADE TAUGHT	SUBJECT TAUGHT	DATES OF EMPLOYMENT	TOTAL YEARS	REASON FOR LEAVING

OTHER EXPERIENCE - Include Military / Peace Corp / VISTA

EMPLOYER	ADDRESS	POSITION	DATES OF SERVICE

CULTURAL DIVERSITY

Please list any professional and/or personal experiences you have had with multi-cultural diversity education.

PERSONAL INFORMATION

- Are you a member of the Washington State Teachers' Retirement System? _____
- Do you presently have a contractual association with any other district (i.e., under contract, on leave)? If yes, explain:

- Have you previously worked for the Omak School District? _____ If yes, please indicate during which year(s), in which capacity, and under what name:

- Have you ever had a certificate revoked, suspended or denied, or have you voluntarily relinquished a teaching certificate to avoid revocation procedure? Yes ____ No ____
If so, name of State: _____

Have you ever been:

1. Convicted of any crime against persons as listed: Aggravated murder; first, second, or third degree assault; first, second, or third degree rape; first, second, or third degree statutory rape; 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?
 No
 Yes - Specify: _____
2. 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?
 No
 Yes - Specify: _____
3. 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 - Specify: _____

4. Found in any disciplinary board final decision to have sexually abused or exploited any minor or to have physically abused any minor?
- No
 Yes - Specify: _____
5. In the last seven years, released from prison or convicted of any offense that involved drugs, embezzlement, or fraud?
- No
 Yes - Specify: _____

A fingerprint check will be required prior to employment and a background check by the Washington State Patrol and FBI will be completed.

Signature Release

All of the information I have provided in this application is true, correct and complete. I authorize the Omak School District to solicit information from former employers or references and obtain any and all information regarding my job-related background. I release and waive Omak School District, my former employer, and all references from any and all liability in obtaining or disclosing 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 of Applicant

 Date

The Omak School District #19 complies with all federal rules and regulations and does not discriminate on the basis of race, color, national origin, sex or handicap. This holds true for all district employment opportunities. Inquiries regarding compliance and/or grievance procedures may be directed to the school district's Title IX/RCW 28A.640 Officer, LeAnne Olson (509) 826-7687 and/or Section 504/ADA Coordinator, Susan Bell (509) 826-7690. Omak School District is a drug- and tobacco-free workplace.

Title IX/RCW 28A.640 compliance officer:
 LeAnne Olson
 PO Box 833
 Omak, WA 98841
 (509) 826-0320

Section 504/ADA coordinator:
 Susan Bell
 PO Box 833
 Omak, WA 98841
 (509) 826-0320

Return Application to:
 Omak School District #19
 Attention: Randi DeHaan
 PO Box 833
 Omak, WA 98841
 509-826-0320

PROFESSIONAL REFERENCE FORM

Omak School District #19

Important: This form is confidential. Please return it completed to Omak School District

_____ (Applicant Name)

has applied for a certificated position in the Omak School District. We request that you carefully evaluate the applicant on the checklist below by comparing him/her with others of similar training and experience.

CATEGORY	Upper 5%	Upper 10% but not upper 5%	Upper 25% but not upper 10%	Upper 50% but not upper 25%	Lowest 50%	No basis for Judgement
1. Instructional Skills. Plans and implements effective lessons, has knowledge of current approaches to teaching, applies new ideas and skills. Uses a variety of styles/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. Able to assess needs of students and prescribe programs appropriate to meet needs.						
2. Relation to Students. Develops favorable relationships with students, exhibits empathy for students, is interested in their learning and welfare, responds to student needs, relates to students of varying socioeconomic, ethnic backgrounds, different learning styles, and various handicapping conditions.						
3. Modeling Appropriate Behavior. Encourages respect and confidence of students, parents, and staff. Maintains professional demeanor, behavior, and attire. Models appropriate learning behaviors.						
4. Enthusiasm. Displays overall optimism and zeal. 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.						
5. Classroom Management. Provides for large groups, and individual instruction, develops routines and procedures to increase academic learning time, provides an environment conducive to learning.						
6. Discipline. Recognizes conditions which may lead to discipline problems, establishes clear parameters for student behavior, develops strategies to prevent discipline problems, responds appropriately when problems occur, assists students toward self-discipline.						
7. Clarity of Expression. Understands, presents and discusses concepts precisely, answers questions clearly. Writes effectively using appropriate grammar, spelling, and legible penmanship. Uses the voice appropriately by varying the volume and expressions according to the task.						
8. 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.						
9. Commitment to Accomplishment. Exerts effort to attain goals, desires production results. Organizes ideas, time, materials and space in a way so that accomplishment occurs. Demonstrates an attitude toward professional plans/goals. Evidences "self-motivation". Is committed to student growth.						
10. Overall						

Comments _____

Print Name _____ Signature _____

Address _____ Phone _____

What was your title/role at the time you worked with the applicant? _____

How frequently have you observed this person teaching students? _____

Please return to: Omak School District
Attention: Randi DeHaan
PO Box 833
Omak, WA 98841

PROFESSIONAL REFERENCE FORM

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11. Overall						

Comments _____

Print Name _____ Signature _____

Address _____ Phone _____

What was your title/role at the time you worked with the applicant? _____

How frequently have you observed this person teaching students? _____

(7) Thank you for your assistance.

Please return to: Omak School District
 Attention: Randi DeHaan
 PO Box 833
 Omak, WA 98841

Affirmative Action Information

To ensure equal employment opportunity, we ask your voluntary cooperation in responding to the questions below. This information will be treated as confidential, and will be available only to authorized personnel. Please review the Affirmative Action Definitions at the bottom of the page.

Name (Last, First, MI)	Position applying for	Date of Birth	Social Security # (optional)
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What race(s) or culture(s) do you consider yourself?

- Black
- Caucasian/White
- Asian or Pacific Islander (API)
 - Chinese (605) Vietnamese (619)
 - Filipino (608) Asian Indian (600)
 - Hawaiian (653) Japanese (611)
 - Korean (612) Cambodian (604)
 - Samoan (655) Laotian (613)
 - Guamanian (660) Other API, specify: _____
- American Indian (597) Please identify name of the enrolled or principal tribe: _____
- Eskimo (935)
- Aleut (941)
- Hispanic
 - Mexican, Mexican-American (722) Puerto Rican (727)
 - Chicano (705) Cuban (709)
 - Other Spanish, specify _____
- Other Race, specify: _____

If you are more than one race, please also check "Multi-Racial" below and indicate your preference for Affirmative Action purposes.

- Multi-Racial, preference: _____

Are you Male Female

Have you ever been on active duty in the U.S. Armed Forces?

- No
- Yes Dates: _____
- Vietnam Era Veteran
- Disabled Veteran (Percent of disability: ____%)

Do you have a physical, sensory, or mental condition that substantially limits any of your major life functions, such as working, caring for yourself, walking, doing things with your hands, seeing, hearing, speaking, learning?

- Yes
- No

Please see the definition of "disabilities" below.

I certify that this information is true and accurate to the best of my knowledge.

_____ Date

_____ Signature

Affirmative Action Definitions

American Indian or Alaskan Native. A person with origins in any of the original peoples of North America and who maintains cultural identification through documented tribal affiliation or community recognition.

Asian or Pacific Islander. A person with origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. For example, China, Japan, Korea, Pakistan, the Philippine Republic, and Samoa.

Black/African-American. A person with origins in any of the Black racial groups of Africa.

Hispanic. A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin regardless of race. For example, persons from Brazil, Guyana, or Surinam would be classified according to their race and would not necessarily be included in the Hispanic category. This category does not include persons from Portugal, who should be classified according to race.

White/Caucasian. A person with origins in any of the original peoples of Europe, North Africa, or the Middle East.

Disabilities. For Affirmative Action purposes, people with disabilities are persons with a permanent physical, mental, or sensory impairment, which substantially limits one or more major life activities. Physical, mental, or sensory impairment means: (a) any physiological or neurological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the body systems or functions; or (b) any mental or psychological disorders such as mental retardation, organic brain syndrome, emotional or mental illness, or any specific learning disability. The impairment must be material rather than slight, and permanent in that it is seldom fully corrected by medical replacement, therapy or surgical means.

Disabled Veteran. A person entitled to disability compensation under laws administered by the U.S. Department of Veterans Affairs for disability rated at 30 percent or more, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.

Vietnam Era Veteran. A person who served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964, and May 7, 1975, and was discharged or released from duty with other than a dishonorable discharge.



WASHINGTON STATE SEXUAL MISCONDUCT DISCLOSURE RELEASE

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

To: SCHOOL DISTRICT EMPLOYER PERSONNEL DEPARTMENT STREET ADDRESS CITY, STATE, ZIP No prior school district employment

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.

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.

Applicant Signature Date

This section to be completed by former school district employer(s) only. No sexual misconduct materials were found. Yes, sexual misconduct materials are available. No record of employment. Was a complaint of sexual misconduct filed with OSPI? Yes No. Former Employer Representative Signature Title Date

Employing School Receipt Date Received By

Return all completed information to:

SCHOOL DISTRICT Omak School District No. 19 Attention: Randi DeHaan ADDRESS PO Box 833 PHONE 509-826-0320 STATE Omak, WA ZIP 98841 FAX 509-826-7689