

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

FOR OFFICE USE ONLY:

Date Received _____

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

- Completed Application Form
- Letter of Application
- Resume
- 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)
- Official college transcripts or copy of ParaPro Assessment Official Examinee Score Report reflecting a score of 461 or higher (required if applying as a paraeducator)

Date of Application _____

Print clearly, answering all questions

Position(s) applied for: _____

Name _____ Social Security # _____
Last First Middle

Mailing Address _____
City State Zip

Home phone _____ Other contact phone _____

Email Address: _____

Are you known to schools/references by another name? Yes No

If yes, by what name? _____

Have you been employed here before? Yes No Date(s) _____

Are you lawfully employable in the U.S.? Yes No

Education

High School attended: _____ Years completed (circle one) 9 10 11 12

College attended: _____ Years completed (circle one) 1 2 3 4

Degree _____ Major _____ Minor _____

College attended: _____ Years completed (circle one) 1 2 3 4

Degree _____ Major _____ Minor _____

Other schooling: _____ Years completed (circle one) 1 2 3 4

Describe special training: _____

Employment Experience

List each job held. Start with your present or last job. Include military service assignments and volunteer activities.

Date	Employer	Phone	Supervisor	Work Performed	Reason for Leaving

Summarize special skills and qualifications acquired from employment or other experience:

List trade or professional organizations of which you are a member, including offices held:

Give name, mailing address, and phone number of three references from previous employment (not related to you). If no previous employment history, please provide information for three personal references not related to you.

Name	Relationship	Mailing Address	Phone

Personal Information

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

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)
- | | |
|--|--|
| <input type="checkbox"/> Chinese (605) | <input type="checkbox"/> Vietnamese (619) |
| <input type="checkbox"/> Filipino (608) | <input type="checkbox"/> Asian Indian (600) |
| <input type="checkbox"/> Hawaiian (653) | <input type="checkbox"/> Japanese (611) |
| <input type="checkbox"/> Korean (612) | <input type="checkbox"/> Cambodian (604) |
| <input type="checkbox"/> Samoan (655) | <input type="checkbox"/> Laotian (613) |
| <input type="checkbox"/> Guamanian (660) | <input type="checkbox"/> Other API, specify: _____ |
- American Indian (597) Please identify name of the enrolled or principal tribe: _____
 Eskimo (935)
 Aleut (941)
 Hispanic
- | | |
|--|---|
| <input type="checkbox"/> Mexican, Mexican- | <input type="checkbox"/> Puerto Rican (727) |
| <input type="checkbox"/> American (722) | <input type="checkbox"/> Cuban (709) |
| <input type="checkbox"/> Chicano (705) | <input type="checkbox"/> 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 who 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. Was a complaint of sexual misconduct filed with OSPI? Yes No
Yes, sexual misconduct materials are available. Please contact for more information.
No record of employment

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