



NACHES VALLEY SCHOOL DISTRICT # JT. 3

APPLICATION FOR CLASSIFIED EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER-DRUG FREE WORKPLACE

24 Shafer Ave., PO Box 99 - Naches, WA. 98937-0099

(509) 653-2220 - - FAX (509) 653-1211

www.naches.wednet.edu

Full Name _____ Soc. Sec. No. _____
Last First Middle

Position Desired _____ Closing Date _____ Date of Application _____

Are you interested in being a sub? _____ If so, in what job areas ? _____

I. Personal Information

Other name(s) under which records may be listed _____
Last First Middle

Address _____ Telephone () _____
Street City State Zip Area Code

Message Telephone () _____

Person through whom you may be reached _____ Telephone () _____
Name

Present position or employment status _____ Telephone () _____

Date able to begin employment _____

Do you have any physical, mental or sensory limitations or disabilities which may affect your ability to perform in the position for which you are applying? Yes No

If yes, please explain: _____

II. Please state briefly in your own handwriting what you can contribute to the Naches Valley School District if employed. Also include any other pertinent information that could assist in the evaluation of your application. (Attach additional pages if needed.)

III. Work Experience

Do not include experience of less than 90 consecutive days in one assignment

List in order of occurrence, beginning with most recent experience.

Account for all positions held the past ten years. Use a separate sheet if necessary

Firm/Agency/Address	Assignment & Supervisor	Dates of Employment Mo/Yr to Mo/Yr	Full Time Yes/No	Reason for Discontinuing Position

IV. Educational Background

A copy of your high school diploma or G.E.D. **may be required.**

Include a copy of college transcripts or specialized license, if required.

School	Name and Address of School	Dates Attended	Graduated	GPA	Course/Major
High School					
College					
Voc/Tech					
Other					

V. Other References

List other references who can speak to your qualifications.

Name	Address	City	State	Zip	Area Code & Phone
					()
					()
					()
					()

VI. FOOD SERVICE/TRANSPORTATION/ CUSTODIAL/ MAINTENANCE/ GROUNDS/PARAEDUCATOR/CLERICAL
 PLEASE COMPLETE THE SECTION FOR THE POSITION FOR WHICH YOU ARE APPLYING.....

FOOD SERVICE

Where

When

Have you worked in a restaurant? _____
 Institution? _____
 Children's Camp? _____
 Adult Camp? _____
 Other? _____

Did you do Cooking? Short Order? Kitchen Work? Menu Planning? Buying?
 Waitress? Wash Dishes by Hand? Dishwasher?
 Have you supervised kitchen activities? Yes No How many employees? _____
 Do you have your own transportation? Yes No

TRANSPORTATION

Expiration Date

Valid Washington State driver's license number: _____
 Number of school bus driver's certificates: _____

Were you ever issued a temporary school bus driver's certificate? Yes No County _____ Date _____

Have you been convicted or forfeited bail of a traffic violation in the past **five** years? Yes No IF YES PLEASE EXPLAIN BELOW

<u>DATE</u>	<u>OFFENSE/ACCIDENT DESCRIPTION</u>	<u>INJURIES/FATALITIES</u>	<u>LOCATION</u>	<u>TYPE OF VEHICLE OPERATED</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Has your driver's license, permit or privilege to drive a motor vehicle ever been suspended, revoked or denied? Yes No

If **YES**, explain the circumstances of the suspension: _____

Have you been employed as a mechanic? Yes No Where? _____ When? _____
 On passenger cars? Trucks? Buses? Other? _____
 Have you driven buses? Yes No Type of bus _____
 Trucks? Yes No Type of truck _____

CUSTODIAL, MAINTENANCE & GROUNDS

Describe Custodial or Maintenance duties you've performed:

Are you skilled as a carpenter? electrician? mason? painter? plumber? other? _____

Do you have a boiler license? _____ If so, grade? _____

Have you done maintenance work on heating plants? oil? electric? other? _____

Have you operated trucks? tractors? bulldozers? other? _____

PARAEDUCATOR/CLERICAL

WORK AREA PREFERENCES:

Check the grade level(s) which you would prefer to assist:

PRIMARY (K-2) INTERMEDIATE (3-4) MIDDLE (5-8) SENIOR HIGH (9-12)
DISTRICT OFFICE

OFFICE SKILLS:

Indicate office skills you have:

Typing: Speed _____ Accuracy _____ Date Tested _____ Where _____
Computer Skills: Specify: _____

Accounting: Data Processing: Key Punch:

Office Machines (list type): _____
PBX/Receptionist (list type): _____
Printing Machines (list type): _____
Other skills or machines: _____

TEACHER CERTIFICATION:

Do you hold a Washington State Teaching Certificate? Yes No
If yes, Endorsement _____ Certificate Name _____ Certificate Number _____

SUPERVISORY EXPERIENCE:

List and describe the kinds of experience you have had in the supervision of and direction of children and youth:

VII. HAVE YOU EVER BEEN:

- A. Convicted of any crimes against persons as defined in Section 1 of Chapter 486, Laws of 1987, and listed as follows: 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 for unlawful purposes: unlawful imprisonment: simple assault: sexual exploitation of minors: first or second degree criminal mistreatment?
 NO YES SPECIFY: _____
- B. 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: _____
- C. 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: _____
- D. 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: _____
- E. In the last seven years, released from prison or convicted of any offense that involved drugs, embezzlement or fraud?
 NO YES SPECIFY: _____
- F. Have you used a controlled substance without a prescription within the last 6 months?
 NO YES SPECIFY: _____

PLEASE NOTE: APPLICANT AGREES TO THE FOLLOWING CONDITIONS OF EMPLOYMENT:

1. Any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal of, or if employed, termination from employment.
2. It is my understanding that the district will make an investigation of my work and personal history and may verify all data given in my application for employment, related papers, or oral interviews. I authorize such investigation.
3. Although management makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory: overtime, shift work, a rotating work schedule, or a work schedule other than Monday through Friday. I understand and accept these as conditions of my continuing employment.
4. I further understand that this is an application for employment and that no employment contract is being offered.
5. I understand that if I am employed, such employment is for an indefinite period of time and that the school district can change wages, benefits and conditions at any time.
6. A finger print check and/or pre-employment drug screening may be required and an inquiry to the Washington State Patrol and/or state and federal law enforcement agency may be made.

I hereby certify that all statements in this employment application, which includes inserts and attachments, are true and complete. I understand that if employed, falsified statements on this application shall be considered sufficient cause for dismissal.

Signature of Applicant

Date