

Zillah School District #205

213 Fourth Ave.,
Zillah, WA 98953
509-829-5911

Certificated Employment Application

Applicant Information

Date: _____

Last Name	First Name	M.I.	Social Security Number
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Present Address	City	State	Zip Code	Home Phone
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Mailing Address	City	State	Zip Code	Cell Phone
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Position(s) Applying For

Administrative Position:

<input type="checkbox"/> Superintendent	<input type="checkbox"/> Principal	<input type="checkbox"/> Assistant Principal	<input type="checkbox"/> Director
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Elementary Teacher (Must be Highly Qualified in areas checked)

<input type="checkbox"/> K-5	<input type="checkbox"/> Special Education	<input type="checkbox"/> Music	<input type="checkbox"/> Pre-School
<input type="checkbox"/> Physical Education	<input type="checkbox"/> Reading Specialist	<input type="checkbox"/> Bilingual	<input type="checkbox"/> Other

Secondary Teacher – Check grade level and endorsed area. (Must be Highly Qualified in areas checked)

<input type="checkbox"/> 6 th – 8 th Grades	<input type="checkbox"/> 9 th – 12 th Grades
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Endorsed/Highly Qualified Subjects

<input type="checkbox"/> English/ Language Arts	<input type="checkbox"/> Mathematics	<input type="checkbox"/> Social Studies	<input type="checkbox"/> Foreign Language	<input type="checkbox"/> Science	<input type="checkbox"/> Music
<input type="checkbox"/> Special Education	<input type="checkbox"/> Art	<input type="checkbox"/> Physical Ed <input type="checkbox"/> Health	<input type="checkbox"/> C.T.E <input type="checkbox"/> Engineering <input type="checkbox"/> Agriculture <input type="checkbox"/> Home & Family Life <input type="checkbox"/> Business Education	<input type="checkbox"/> Bilingual	<input type="checkbox"/> Other

Specialist

<input type="checkbox"/> Counselor	<input type="checkbox"/> Psychologist	<input type="checkbox"/> Occupational Therapist	<input type="checkbox"/> Speech Language Pathologist	<input type="checkbox"/> Nurse
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Substitute

Certification

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

	Type*	Number	Date Issued	Expiration Date	Endorsements
Teaching					
ESA					
Vocational					
Administrator					
Other					

*For Example: Standard, continuing, initial, provisional, residency, professional, permit, 3-year vocational

Education

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

Teaching Experience (List current position or last position held first)

(New teachers, please include student teaching experience)

District Name Address, City, State	Grade Taught	Subject Taught	Dates Employed	Total Years	Reason for Leaving

Other Experience

Employer	Address	Position	Dates of Service

List any other special training you feel is pertinent to the position for which you are applying.

References

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	Phone	Work Phone	Official Position

Co-Curricular Activities

Check those you are capable and willing to supervise

<input type="checkbox"/> Pep Band	<input type="checkbox"/> Drama	<input type="checkbox"/> Track & Field
<input type="checkbox"/> Baseball	<input type="checkbox"/> Fast-pitch	<input type="checkbox"/> Tennis
<input type="checkbox"/> Basketball	<input type="checkbox"/> Football	<input type="checkbox"/> Volleyball
<input type="checkbox"/> Cheerleaders	<input type="checkbox"/> Golf	<input type="checkbox"/> Wrestling
<input type="checkbox"/> Class Club Advisor	<input type="checkbox"/> Journalism/Newspaper	<input type="checkbox"/> Yearbook
<input type="checkbox"/> Cross-Country	<input type="checkbox"/> Soccer	<input type="checkbox"/> Other

Completed Application consists of:

<input type="checkbox"/> Letter of Interest	<input type="checkbox"/> Two Letters of Recommendation
<input type="checkbox"/> District Application	<input type="checkbox"/> Copy of College Transcripts
<input type="checkbox"/> Resume	<input type="checkbox"/> Copy of WA State Teaching Certificate
<input type="checkbox"/> College Placement File (Beginning Teachers Only)	<input type="checkbox"/> Copy of West E & NES results

Substitute Only applicants need only submit District Application and Copy of WA State Teaching Certificate.

Applicant Disclosure Statement (See RCW 43.43.830)

Applicants are all prospective employee and volunteers having unsupervised access to children.

Answer yes or no to each listed item. If the answer is yes to any item, explain in the area provided.

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 13.343.030(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: _____

6. Have you ever had a certificate revoked, suspended or denied, or have you voluntarily relinquished a teaching certificate to avoid revocation procedures?
 - 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.

I hereby certify that all the information I have provided is true and correct. I give my permission for Zillah School District to contact any references or prior employers given in conjunction with this application. I further agree that if I am employed, I will provide verification of my certification, education and experience. I also agree that falsification of any part of this application shall be just and 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.

Signature of Applicant _____

Date _____

The Zillah School District #205 complies with all federal rules and regulations and does not discriminate on the basis of race, color, national origin, sex, sexual orientation including gender expression or identity, creed, religion, age, veteran or military status, disability, or the use of a trained dog guide or service animal by a person with a disability and provides equal access to the Boy Scouts of America and other designated youth groups. This holds true for all district employment and opportunities. Inquiries regarding compliance procedures may be directed to the Title IX Officer and Section 504 Coordinator, Kevin McKay, Supt., 213 Fourth Ave., Zillah, WA

Zillah School District No. 205 is an Equal Opportunity Employer

Rev. 2/2016