



CURLEW SCHOOL DISTRICT #50

"Where People Really Make a Difference"

47 Curlew School Rd. *Curlew, WA 99118* Phone (509)779-4932 Fax (509) 779-4938

CLASSIFIED EMPLOYMENT APPLICATION Equal Opportunity Employer

Last Name	First Name	Middle Name	Social Security Number
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Present Address	City	State	Zip
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Permanent Address	City	State	Zip
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Phone Number(s) Indicate type (work, message, home, etc.) and include area code

Position(s) desired: _____

Can you provide proof of authorization to work in the United States? Yes No

Instructions:

1. Please complete the entire application. A completed application will include the following:
 - District application form
 - Applicant's Disclosure Statement
 - Letter of application
 - Current resume
 - Confidential Employment Information Survey (optional). Mail separately.
2. All blanks must be completed unless otherwise indicated. A resume will not substitute for a completed application form. Requested information must be provided on the district application form. Please do not complete a space with "see resume"
3. The Disclosure Form must be completed, signed, and submitted with your application.
4. Do not include information that would identify race, religion, sex, age, or other protected information on your application.
5. Please sign the application before submitting it.

The Curlew School District complies with all state and federal rules and regulations and 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. This holds true for all district employment and opportunities. Inquiries regarding compliance and/or grievance procedures may be directed to the school district's Title IX/RCW 28A.640 officer and/or Section 504/ADA coordinator: Steve McCullough; PO Box 370; Curlew, WA 99118.

CLASSIFIED APPLICATION FORM

CERTIFICATION OR LICENSE: List special certificates and/or license held (CDL, Food Handler Permit, etc.).

TYPE (Initial, continuing, etc.) **ENDORSEMENTS** **NUMBER** **STATE** **ISSUED** **EXPIRES**

EDUCATION: List all colleges attended. Use additional sheet if necessary.

Name/Location of School/Institution	Dates Attended Mo/Yr to Mo/Yr	Number of Years Attended Degree Received	Major(s)/Concentration(s) Minor(s)

SPECIAL TRAINING: List any other special training you believe is pertinent to the position for which you are applying (i.e. inservice, seminars, etc.). Use additional sheet if needed.

CLASSIFIED APPLICATION FORM

Do you presently have a contractual association with any other district (i.e., under contract, on leave of absence, etc.)? If yes, please explain: _____

WORK EXPERIENCE: Please list your employment history beginning with your most recent experience. Include substitute experience applicable to the position for which you are applying. Attach additional sheet(s) if necessary. Final approval of experience shall be determined by personnel upon employment.

District Name, School, Address, Supervisor & Phone	Position(s)	Grade(s) & Subject(s)	Employment Dates Mo/Yr to Mo/Yr	Total Years	Reason for Leaving

VOLUNTEER/OTHER WORK EXPERIENCE: Please include military/Peace Corps/VISTA experience. Attach additional sheet(s) if necessary.

Employer name, address & phone	Position/Duties	Supervisor Name	Dates of Service Mo/Yr to Mo/Yr	Reason for Leaving

CLASSIFIED APPLICATION FORM

REFERENCES: Please include people who have supervised your work. References should have a first hand knowledge of your working skills and abilities. Current/former supervisors and other references listed will be contacted prior to a job offer being made.

Name	Title	Company/Location	Area Code/Phone

PLEASE READ CAREFULLY BEFORE SIGNING THIS APPLICATION

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct and acknowledge that missing or false data may result in either no job offer or dismissal upon hire. I authorize the District to investigate all statements in this application and to secure any necessary information from all my employers (current and previous), references, and academic institutions. I hereby release all of those employers (current and previous), references, academic institutions, and the District from any and all liability arising from their giving or receiving information about my employment history, my academic credentials or qualifications, and my suitability for employment with the District.

I understand and agree that I may be conditionally employed while the Curlew School District performs a background record check or while the Curlew School District awaits the Board of Directors making a final hiring decision as to whether or not I will be employed by the Curlew School District. I understand that my employment is conditioned on the completion of both of the above acts and until such time as they are completed, my employment shall be as a casual day-to-day employee and will not in any way bind or require the Curlew School District to continue my employment. I also authorize the District to supply information about my employment record, in whole or in part, in confidence to any prospective employer, government agency, or other party having a legal and proper interest, and I hereby release the District from any and all liability for its providing this information.

I hereby acknowledge that I have read and understanding the preceding statement.

Signature of Applicant

Date Signed

CURLEW SCHOOL DISTRICT NO. 50
47 Curlew School Road
PO Box 370
Curlew, WA 99118

CONFIDENTIAL EMPLOYMENT INFORMATION

COMPLETION OF THIS FORM IS VOLUNTARY. The information on this form will be used for statistical analysis only and shall not affect any employment decision including hiring, discharge, promotion, transfer, discipline or evaluation. The form will be kept separate from individual employee applications and personnel files.

The Curlew School District prohibits discrimination on the basis of race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other legally protected status. As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply. The purpose of this form is to comply with government record keeping, reporting, and other legal requirements. Your response to the following questions will assist the District in accurately reporting employment practices to state and federal agencies.

INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

Name (Print): _____ Position: _____
Gender: Male Female Age (40 and above): Yes No

RACE/ETHNIC ORIGIN:

- American Indian/Alaska Native – a person having origins in any of the original peoples of North America and who maintain culture identification through tribal affiliation or community recognition.
- Asian/Pacific Islander – a person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands.
- Black (not of Hispanic origin) – a person having 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.
- White (not of Hispanic origin) – a person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

DISABLED: Disabled individuals means any person who (1) has a physical or mental impairment which substantially limits one or more of such person's major life activities, (2) has a record of such impairment, or (3) is regarded as having such an impairment:
 Yes No

DISABLED VETERAN: The term "disabled veteran" means a person entitled to disability compensation under laws administered by the Veteran's Administration for a disability rated at thirty percent (30%) or more, or a person who was discharged or released from active duty for a disability incurred or aggravated in the line of duty.
 Yes No

Signature: _____ Date: _____



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Names Used (if any)		
Address (Street Number and Name)			Apt. Number	City or Town		State	Zip Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		E-mail Address			Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

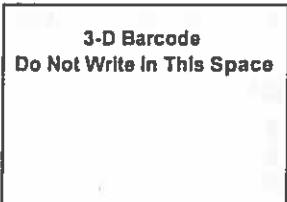
- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee:	Date (mm/dd/yyyy):
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Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:		Date (mm/dd/yyyy):		
Last Name (Family Name)		First Name (Given Name)		
Address (Street Number and Name)		City or Town	State	Zip Code



Employer Completes Next Page



CURLEW SCHOOL DISTRICT NO. 50

47 Curlew School Road

PO Box 370

Curlew, WA 99118

APPLICANT'S DISCLOSURE STATEMENT

(See RCW 28A.400.303 - 340, RCW 43.43.830 - 845)

INSTRUCTIONS: Please answer all questions on this two-sided form. All required documentation requested below must accompany this statement. Your application will not be accepted without this completed and signed form.

Name (Print): _____ Social Security Number: _____

1. Have you ever been convicted of any crime(s) listed below? (The term "convicted" includes all instances in which a plea of guilty or nolo contendere or stipulation to facts or deferred or suspended sentence occurred.)

Yes No, I have not been convicted of any crime(s) listed below.

If Yes, please check any of the following for which you have been convicted:

- | | | |
|---|--|---|
| <input type="checkbox"/> Aggravated Murder | <input type="checkbox"/> First or Second Degree Murder | <input type="checkbox"/> First or Second Degree Kidnapping |
| <input type="checkbox"/> First, Second, or Third Degree Assault | <input type="checkbox"/> First, Second, or Third Degree Assault of a Child | <input type="checkbox"/> First, Second, or Third Degree Rape |
| <input type="checkbox"/> First, Second, or Third Degree Rape of a Child | <input type="checkbox"/> First or Second Degree Robbery | <input type="checkbox"/> First Degree Arson |
| <input type="checkbox"/> First Degree Burglary | <input type="checkbox"/> First or Second Degree Manslaughter | <input type="checkbox"/> First or Second Degree Extortion |
| <input type="checkbox"/> Indecent Liberties | <input type="checkbox"/> Incest | <input type="checkbox"/> Vehicular Homicide |
| <input type="checkbox"/> First Degree Promoting Prostitution | <input type="checkbox"/> Communication With a Minor | <input type="checkbox"/> Unlawful Imprisonment |
| <input type="checkbox"/> Fourth Degree Assault/Simple Assault | <input type="checkbox"/> First or Second Degree Sexual Exploitation of Minors | <input type="checkbox"/> Criminal Mistreatment |
| <input type="checkbox"/> Child Abuse or Neglect as Defined In RCW 26.44.020 | <input type="checkbox"/> First or Second Degree Custodial Interference | <input type="checkbox"/> Malicious Harassment |
| <input type="checkbox"/> First, Second, or Third Degree Child Molestation | <input type="checkbox"/> First or Second Degree Sexual Misconduct With a Minor | <input type="checkbox"/> Criminal Abandonment |
| <input type="checkbox"/> Patronizing a Juvenile Prostitute | <input type="checkbox"/> Child Abandonment | <input type="checkbox"/> Promoting Pornography |
| <input type="checkbox"/> Selling or Distributing Erotic Material To a Minor | <input type="checkbox"/> Custodial Assault | <input type="checkbox"/> Violation of Child Abuse Restraining Order |
| <input type="checkbox"/> Child Buying or Selling | <input type="checkbox"/> Prostitution | <input type="checkbox"/> Felony Indecent Exposure |

If you have been convicted of any such crimes, then state on a separate piece of paper the following:

- a. the nature of the offense charged
- b. the name and address of the court
- c. the date of disposition
- d. the final disposition

(All volunteers having unsupervised access to children under 16 years of age and all prospective employees are "applicants")



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 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.

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

Employing School Receipt Date Received By

Return all completed information to:

SCHOOL DISTRICT Curlew School District Attn: Terrie Morrison ADDRESS PO Box 370 Curlew WA STATE WA ZIP 99118 PHONE 509-779-4931 FAX 509-779-4938