

## CLASSIFIED APPLICATION

FOCUSED ON LEARNING AND LINKING LEARNING TO LIFE

To be considered for any classified position with the **Tonasket School District** applicants must submit the following:

1. **Classified Application** - Complete a district application.
2. **WA State Sexual Misconduct Disclosure Release** - List all the school districts with whom you have worked. Complete a disclosure form for *each* district and return with your application packet.
3. **Letter of Interest** - Indicate for which position you are applying and your participation in other specialty areas.
4. **Resume**
5. **College Transcripts** - Unofficial transcripts will be accepted for application purposes. Upon hiring, official transcripts will be required.
6. **Letters of Recommendation** - Include letters of recommendation, if possible from previous employers that describe your work ethics and character reference.
7. **Proof of High School diploma or equivalent** - Diploma, transcripts, or GED.

Questions regarding any deviation from these guidelines should be directed to:  
**Tonasket School District Office**, 35 DO Hwy 20 East, Tonasket, WA 98855.  
Phone: 509-486-2126.

THE TONASKET SCHOOL DISTRICT IS  
AN EQUAL EMPLOYMENT OPPORTUNITY/DIVERSITY EMPLOYER



# Tonasket School District

## APPLICATION FOR CLASSIFIED EMPLOYMENT AN EQUAL EMPLOYMENT OPPORTUNITY/DIVERSITY EMPLOYER

Tonasket School District  
35 DO Hwy 20 East  
Tonasket, WA 98855  
509-486-2126  
Fax: 509-486-1263

THE TONASKET SCHOOL DISTRICT IS A TOBACCO FREE,  
DRUG AND ALCOHOL FREE EDUCATIONAL SYSTEM

### CLASSIFIED APPLICATION

PLEASE TYPE OR PRINT

#### PERSONAL INFORMATION

Full Name

Last

First

Middle

Date

Mailing Address

Street

City

State

Zip

Telephone

Person through whom you may be reached

Telephone

Present position or employment status

Telephone

#### By District Policy and State Law you are required to disclose whether you have ever been:

1. Convicted of any crimes 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 Tonasket School District #404 to inquire with former employers or references and obtain any and all information regarding my job related background. I release and waive Tonasket School District #404, my former employer(s), and all references from any and all liability in obtaining or disclosing such information. I agree that information provided by any individual shall be confidential and I shall not have access to 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*

## JOB INTEREST/SKILLS

POSITION APPLYING FOR:

Date you could begin working:

Typing Speed:

Summarize any computer skills and any other special skills or qualifications:

## EDUCATION and TRAINING

School	Name and Location	Course of Study	Dates Attended Mo/Yr - Mo/Yr	Grade Average	Grade Completed	Degree, Diploma, Certificate Received
High School						
College						
College						
Other						
Other						

## REFERENCES

Name	Relationship	Home Phone	Work Phone

## EMPLOYMENT HISTORY (List most recent first)

Name of Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Supervisor and Title \_\_\_\_\_ Your Title \_\_\_\_\_  
Dates Employed \_\_\_\_\_ Employer's Phone Number \_\_\_\_\_  
Work Performed \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Name of Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Supervisor and Title \_\_\_\_\_ Your Title \_\_\_\_\_  
Dates Employed \_\_\_\_\_ Employer's Phone Number \_\_\_\_\_  
Work Performed \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Name of Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Supervisor and Title \_\_\_\_\_ Your Title \_\_\_\_\_  
Dates Employed \_\_\_\_\_ Employer's Phone Number \_\_\_\_\_  
Work Performed \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

**AFFIRMATIVE ACTION INFORMATION**

In order to maintain the Tonasket School District's Affirmative Action Plan, the following information is needed. This information will be confidential.

**ETHNIC AND RACE DESIGNATION** Please answer the questions below.

**QUESTION 1. A.** Hispanic/Latino (Y)       **QUESTION 1. B.** Not Hispanic /Latino (N)

Hispanic/Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin,

**QUESTION 2.**

- (I) American Indian or Alaska Native  (P) Native Hawaiian or Other Pacific Islander
- (A) Asian  (W) White
- (B) Black or African American

**American Indian or Alaska Native (I)** - A person having origins in any of the original peoples of North and South American

**Asian (A)** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent,

**Black (B)** - A person having origins in any of the black racial groups of Africa.

**Native Hawaiian or Other Pacific Islander (P)** - A person having origins in any of the original peoples of Hawaii, Guam,

**White (W)** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**DISABILITIES**

Do you consider yourself to have a disability? (Definition of "disability" for affirmative action includes persons with physical, sensory, or mental impairments that would impede obtaining and maintaining permanent employment and promotional opportunities. The impairments must be significant and permanent.)

Yes       No    If yes, explain \_\_\_\_\_

**VETERAN**

Are you a Vietnam Era Veteran (served actively in the armed forces between 8/5/64 and 5/7/76)?

Yes       No

Do you consider yourself to be a Disabled Veteran?

Yes       No

Definition of a Disabled Vetetan:

"Person who is materially diabled (handicapped as defined above) and who is a veteran of the armed services."





# WASHINGTON STATE SEXUAL MISCONDUCT DISCLOSURE RELEASE

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

To: SCHOOL DISTRICT EMPLOYER	<input type="checkbox"/> No prior school district employment
PERSONNEL DEPARTMENT	
STREET ADDRESS	
CITY, STATE, ZIP	

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. The individual whose name appears below has had previous employment with your organization. As a former employer, we request you provide the information requested on this form within 20 business days as required by state law (RCW 28A.400). Sexual misconduct definitions are found in WAC 180-87 and WAC 180-88. Your assistance is appreciated.

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. Such information includes copies of all related documents, including any rebuttal documents, in personnel, investigative or other files, in accordance with RCW 28A.400. I release the above employer and employees acting on behalf of the employer from any liability for providing information described in this document.

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.  
Please contact for more information.
- 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 Tonasket School District #404	
ADDRESS 35 DO Hwy 20 East	PHONE 509-486-2126
STATE Tonasket, WA	ZIP 98855
	FAX 509-486-1263