



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** - (Not required) Unofficial transcripts will be accepted for application. 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.

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	_____	Date	_____
	Last First Middle		
Mailing Address	_____	Telephone	_____
	Street City State Zip		
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 _____



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.

- | | |
|--|--|
| <input type="checkbox"/> No sexual misconduct materials were found. | Was a complaint of sexual misconduct filed with OSPI? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Yes, sexual misconduct materials are available.
Please contact for more information. | |
| <input type="checkbox"/> No record of employment | |

Former Employer Representative Signature _____ Title _____ Date

Employing School Receipt Date _____ Received By _____

Return all completed information to:

SCHOOL DISTRICT		
Tonasket School District #404		
ADDRESS		PHONE
35 DO Hwy 20 East		509-486-2126
CITY	STATE	ZIP
Tonasket,	WA	98855
		FAX
		509-486-1263