



CERTIFICATED SUBSTITUTE APPLICATION

FOCUSED ON LEARNING AND LINKING LEARNING TO LIFE

To be considered for a substitute position with the **Tonasket School District**, applicants must submit the following:

Letter of Interest - Indicate for which position you are applying and your participation in other specialty areas. If you are qualified to supervise extracurricular activities, please be sure to include this in your letter.

Resume

Certificated Application - Complete a district application.

Three Letters of Recommendation or Placement File

College Transcripts - Unofficial transcripts will be accepted for application purposes.

Upon hiring, official transcripts will be required.

Copy of Certificate - Attach a copy of your Washington State certificate.

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.

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

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

Tonasket School District

APPLICATION FOR CERTIFICATED SUBSTITUTE 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

Full Name _____ **Date** _____
Last First Middle

PLEASE TYPE OR PRINT

PERSONAL INFORMATION			
Other name(s) under which records may be listed	_____	_____	_____
	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

CERTIFICATE INFORMATION

Have you ever had a certificate revoked? NO YES (If yes, identify date, certificate, and reason).

Reason:

Certificate Number:

List below: Teaching, administrative, and special certificates which you hold. Be sure to list all endorsements, if any.

Type of Certificate	Endorsements	Issue Date	Expiration Date

ACADEMIC INFORMATION Starting with high school, list in order of attendance in all institutions

Name of Institution City and State	Dates Attended Mo/Yr to Mo/Yr	Credits Earned Specify Sem/Qtr	Degree Earned	Date Earned	Major

Student Teaching/Internship Experience

School District	Principal	Assignment	Date	College

Certificated School Experience List most recent first. Do not include: day-care, student teaching or substitute experience.

District Name/Address (Street, City, State)	Assignment Grade/Subjects	Dates of Employment	Full-time Yes/No	Reason for Discontinuing Position

Substitute Experience

School District	Grade Level

REFERENCES

Name/Relationship	Street, City	State	Zip	Phone

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, Samoa,

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 Veteran:

"Person who is materially disabled (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.

- | | |
|--|--|
| <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 35 DO Hwy 20 East	PHONE 509-486-2126
CITY STATE Tonasket, WA	ZIP FAX 98855 509-486-1263