

WASHOUGAL SCHOOL DISTRICT

4855 EVERGREEN WAY
PH: 360.954.3000



WASHOUGAL, WA 98671
FAX: 360.954.3099

Dear Classified Applicant:

Your recent inquiry regarding a position with the Washougal School District is appreciated. Enclosed is an application along with additional forms needed to apply for a position with the Washougal School District.

The following are steps necessary in order to receive consideration for employment:

1. Complete and return the classified application. Please print one side of paper only.
2. Complete and sign the Disclosure Form.
3. Complete a Sexual Misconduct form for each of your previous employers, if that employer was a school district.
4. A resume.
5. A signed personal letter responding specifically to the experiences relating to the identified job responsibilities
6. Two (2) signed letters of recommendation.

Upon receipt of the above-listed materials, your file will become “active” and made available for screening.

In an ongoing effort to continue to provide a safe environment for the children and employees of our District, any individual recommended for employment with the Washougal Schools will undergo a fingerprint check and a background investigation prior to finalization of employment.

If you have any questions, please contact the Washougal School District office at 360-954-3000. Again, thank you for your interest in the Washougal School District.

CLASSIFIED EMPLOYMENT APPLICATION

Position(s) Applying For: _____

Full Time: _____ Part Time _____ Substitute: _____

Date: _____ Email Address: _____

Name: _____
Last First Middle

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

Address: _____
Street City State Zip

Home Phone: _____ Business/Message Phone: _____

Have you applied for employment with Washougal School District previously? _____

Dates: _____ Positions: _____

EDUCATION AND TRAINING:

Name of School	City and State	Average Grade	Major Courses	Year Graduated

Other education and training: (List name of course, grade achieved, and year taken)

EMPLOYMENT HISTORY: (Start with last or present position and work backward)

List below your last four employers, beginning with current or most recent.

Dates: Month/Year	Name, Address, Zip and Telephone Number of Employer	Position Held Supervisor/Telephone	Reason for Leaving
From: To:			
From: To:			
From: To:			
From: To:			

(Attach additional sheets, if necessary, using same format.)

PROFESSIONAL REFERENCES

(Must include current employer if employed, or last employer if not currently employed.)

Name/Position	Company Name and Address	Telephone Number

CHARACTER REFERENCES

Name and Address	Occupation	Telephone Number

PERSONAL INFORMATION

U.S. Citizen or are you eligible for lawful employment in the U.S.? Yes ___ No ___
(proof of citizenship or legal right to work and identity will be required after hire.)

Have you ever been charged, excluding lay-off, or forced to resign for misconduct or unsatisfactory service from any position? Yes ___ No ___
(If yes, attach a statement explaining circumstances and disposition.)

Within the last seven years have you ever pled guilty, been convicted, fined, Imprisoned or placed on probation for violation of any law, police regulation, or ordinance, excluding minor traffic violations? Yes ___ No ___

Driver's License Number: _____ State _____

Commercial Vehicle Drivers

Applicants for employment in positions requiring a commercial drivers license (CDL) are subject to pre-employment controlled substance testing. District employees performing safety sensitive functions are subject to random, reasonable suspicion, post-accident, return to duty and follow-up controlled substance and alcohol testing mandated by the Federal Highway Administration (49 CFR Part 382) and district policy.

All of the information I have provided in this application is true, correct, and complete. I authorize Washougal School District to inquire with former employers and/or references and obtain any and all information regarding my job-related background. I also authorize Washougal School District to check for any conviction(s) on record. I release and waive Washougal School District, my former employers, and all references from any and all liability in obtaining or disclosing 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.

Applicant Signature

Date

WASHOUGAL SCHOOL DISTRICT 112-6 IS AN EQUAL OPPORTUNITY EMPLOYER

Title IX Officer: Gary McGarvie (360) 954-3104;
Civil Rights Coordinator & Section 504 Coordinator: Aaron Hansen (360) 954-3050.

Washougal School District 112-6 Applicant Disclosure Statement

YOU MUST ANSWER ALL NINE (9) ITEMS ON THIS FORM.

(Reference RCW 28A.400, RCW 43.43)

1. Check any of the following for which you have been convicted, including any of these crimes as they may have been renamed: (The term "convicted" includes all instances in which a finding of guilt, a plea of guilty or nolo contendere, or stipulation to facts, or deferred or suspended sentence occurred.)

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

Check here if you have not been convicted of any of the above, including any of these crimes as they may have been renamed.

2. Have you been convicted of crimes relating to financial exploitation if the victim was a vulnerable adult as defined in Chapter 43.43.830(6) RCW as amended and listed as follows:

- **First, second or third degree extortion;**
- **Forgery or any of these crimes as they may be renamed in the future**
- **First, second or third degree theft**
- **First or second degree robbery**

Answer: No Yes If Yes, please explain. _____

3. Have you ever been convicted of any crime involving the manufacture, delivery, or possession with intent to manufacture or deliver a controlled substance?

Answer: No Yes If Yes, please explain. _____

¹ All volunteers and prospective employees, who will or may have unsupervised access to children under 16 years of age, developmentally disabled persons, and/or vulnerable adults, and all prospective employees are "applicants."

4. Have you ever been found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor or to have physically abuse any minor?

Answer: No Yes If Yes, please explain. _____

5. Have you ever been 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?

Answer: No Yes If Yes, please explain. _____

6. Have you ever been found in any disciplinary board final decision to have sexually or physically abused any minor or developmentally disabled person, or to have abused or financially exploited any vulnerable adult? "Disciplinary board final decision" means (a) any final decision by the director of the Department of Licensing for real estate brokers and salespersons and (b) any final decision by a disciplinary authority under Chapter 18.130 RCW or the secretary of the Department of Health for the following businesses or professions: chiropractic, dentistry, dental hygiene, naturopathy, massage, midwifery, osteopathic medicine and surgery, physical therapy, physicians, practical nursing, registered nursing, and psychology.

Answer: No Yes If Yes, please explain. _____

7. Have you ever been found by a court in a protection proceeding under Chapter 74.34 RCW to have abused or financially exploited a vulnerable adult?

Answer: No Yes If Yes, please explain. _____

8. Are you presently charged with, but not convicted of, any of the crimes or offenses described in questions 1 through 7 above? Answer: No Yes

9. Have you ever been convicted of any crime not otherwise listed?

Answer: No Yes

Pursuant to RCW 9A.72.085, I certify under perjury under the laws of the State of Washington that the foregoing is true and correct.

Last Name: _____ First Name: _____

Applicant Signature

Date and Place

TO BE COMPLETED AFTER CONDITIONAL EMPLOYMENT IS OFFERED.

I certify under penalty of perjury that as of this date _____, a date on or after which I have been offered conditional employment with Washougal School District 112-6, the foregoing remains true and correct.

Your signature must be witnessed.

Prospective Employee Print Name

Prospective Employee Signature

Witness Print Name

Witness Signature

Washougal School District Ethnicity and Race Data Collection Form

Last Name

First

Middle

QUESTION 1. Are you of Hispanic or Latino origin? (Check all that apply)

Not Hispanic/Latino

Any of the 9 Hispanic/Latino Groups

- CUBAN
- DOMINICAN
- SPANIARD

- PUERTO RICAN
- MEXICAN/MEXICAN AMERICAN/CHICANO
- CENTRAL AMERICAN
- SOUTH AMERICAN
- LATIN AMERICAN
- OTHER HISPANIC/LATINO

QUESTION 2. What race(s) do you consider yourself? (Check all that apply.)

African American or Black

White

Any of the 15 Asian Groups

- ASIAN INDIAN
- CAMBODIAN
- CHINESE
- FILIPINO
- HMONG
- INDONESIAN
- JAPANESE
- KOREAN
- LAOTIAN
- MALAYSIAN
- PAKISTANI
- SINGAPOREAN
- TAIWANESE
- THAI
- VIETNAMESE
- OTHER ASIAN

Any of the 9 Pacific Islander Groups

- NATIVE HAWAIIAN
- FIJIAN
- GUAMANIAN or CHAMORRO
- MARIANA ISLANDER
- MELANESIAN
- MICRONESIAN
- SAMOAN
- TONGAN
- OTHER PACIFIC ISLANDER

Any of the 31 American Indian Groups

- ALASKA NATIVE
- CHEHALIS
- COLVILLE
- COWLITZ
- HOH
- JAMESTOWN
- KALISPEL
- LOWER ELWHA
- LUMMI
- MAKAH
- MUCKLESHOOT
- NISQUALLY
- NOOKSACK
- PORT GAMBLE KLALLAM
- PUYALLUP
- QUILEUTE
- QUINAULT
- SAMISH
- SAUK-SUIATTLE
- SHOALWATER
- SKOKOMISH
- SNOQUALMIE
- SPOKANE
- SQUAXIN ISLAND
- STILLAGUAMISH
- SUQUAMISH
- SWINOMISH
- TULALIP
- YAKAMA
- OTHER WASHINGTON INDIAN
- OTHER AMERICAN INDIAN



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	
	FAX #	

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 181-87 and WAC 181-88. 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 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. 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 Washougal School District 112-6		
ADDRESS 4855 Evergreen Way		PHONE 360-954-3000
STATE WA	ZIP 98671	FAX 360-954-3099