

**APPLICATION FOR EMPLOYMENT**

Almira School District  
P.O. Box 217  
Almira, WA 99103  
(509) 639-2620

**CERTIFICATED POSITION:**

Full Name: \_\_\_\_\_

Application Date: \_\_\_\_\_

Full Address: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Any Special Job Certifications? (List type, certificate number, expiration date, issuing agency)

\_\_\_\_\_

Position(s) for which you are applying: \_\_\_\_\_

Describe below any health condition that may affect you work performance or ability to work.

\_\_\_\_\_

Have you worked for the Almira School District before?: \_\_\_\_\_yes \_\_\_\_\_no

Have you applied for a position with Almira School District previously?: \_\_\_\_\_yes \_\_\_\_\_no

If yes, when and for what position? \_\_\_\_\_

Have you ever been dismissed or non-renewed from any employment?: \_\_\_\_\_yes \_\_\_\_\_no

If yes, when and by what employer \_\_\_\_\_

Has your license ever been revoked?: \_\_\_\_\_yes \_\_\_\_\_no

If yes, explain: \_\_\_\_\_

**EDUCATION (Only to be filled out if not on your resume)**

Institution Name & Location	Date From	Date To	Degree	Major	Minor

**OTHER APPLICABLE TRAINING (Only to be filled out if not on your resume)**

Training Subject & Type (Clinic, etc.)	Institution Providing Training	Month & Year

**TEACHING OR OTHER CERTIFICATED POSITION(S) EXPERIENCE  
(Only to be filled out if not on your resume)**

Employer, Address and Supervisor (Most recent first)	Your Title/Duties	Dates From and To	Reason for Leaving

**RELEVANT EXPERIENCE OTHER THAN TEACHING Coaching, Club or Class Advisor, etc.  
(Only to be filled out if not on your resume)**

Type of Experience	Where?	When?

**CHARACTER REFERENCES WE CAN CONTACT**

Name and Title or Position	Address	Phone Number

**APPLICANT DISCLOSURE FORM PURSUANT TO CHAPTER 486, LAW OF 1987**

Answer YES or NO to each listed item. If the answer is YES to any item, explain in the area provided, indicating the charge or finding, the date, and the court(s) involved. Use additional paper if needed.

- 1. Have you ever been convicted of any crimes against persons as defined in Section 1 or Chapter 486, Laws of 1987, and listed as follows: Aggravated murder; first or second degree murder; first or second degree kidnapping; 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?

ANSWER: \_\_\_\_\_ IF YES, EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 2. Have you ever been 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?

ANSWER: \_\_\_\_\_ IF YES, EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 3. 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: \_\_\_\_\_ IF YES, EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 4. Have you ever been found in any disciplinary board final decision to have sexually abused or exploited any minor or to have physically abused any minor?

ANSWER: \_\_\_\_\_ IF YES, EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Applicant Signature: \_\_\_\_\_

Date & Place: \_\_\_\_\_

**NOTICE**

The Almira School District may request the Washington State Patrol, as provided in Chapter 486, your record for convictions of offenses against persons, adjudications of child abuse in civil action and disciplinary board final decisions. If this record is requested, you will be notified of its receipt within 10 days.

Within the last 10 years, have you ever been discharged or forced to resign for misconduct or unsatisfactory service from a position? YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IS THERE ANYTHING ELSE WE SHOULD KNOW ABOUT YOU THAT MIGHT AFFECT OUR DECISION?** If YES, Please briefly describe below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SIGNATURE RELEASE**

All of the information I have provided in this application is true, correct, and complete. I authorize the Almira School District to inquire with former employers or references and obtain any and all information regarding my job related background. I release and Almira School District, my former employer(s), 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 contract. If such action is taken by the district, the contract shall be deemed VOID from its inception.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Thank you for your interest in applying to help in providing an education to the students of Coulee Hartline School District. Should you be one of the applicants selected for interview, we will contact you through the number(s) listed on page 1. If there is a different number we should also use, then please list that number in the following space:

\_\_\_\_\_

Almira School District #17 provides equal opportunity in programs and employment and does not discriminate on the basis of race, color, national origin/language, creed/religion, sex, sexual orientation-including gender identity, disability, or the use of a service animal by a person with a disability, age, marital status, honorably discharged veteran or military status and HIV/Hepatitis C status. The following employee has been designated to handle questions and complaints of alleged discrimination:

Title IX Coordinator  
Name or Title: Supt. Shauna Schmerer  
Address: PO Box 217, Almira, WA 99103  
Telephone Number: 509.639.2414  
Email: sschmerer@achsd.org

Section 504/ADA Coordinator  
Name or Title: Supt. Shauna Schmerer  
Address: PO Box 217, Almira, WA 99103  
Telephone Number: 509.639.2414  
Email: sschmerer@achsd.org