

**ALMIRA/COULEE-HARTLINE SCHOOL DISTRICTS
EQUAL OPPORTUNITY EMPLOYERS**

APPLICATION FOR EMPLOYMENT - CLASSIFIED

Complete those questions which are applicable to the position for which you are applying.

All active, qualified applicants will receive continuing consideration for appropriate vacancies as they occur. We would like to keep you currently informed of your status, but you will understand this is impossible. Please let us know when you are no longer available for consideration. Your application will be kept on file for one year.

PERSONAL DATA

DATE _____

Name _____
Last First Middle

Address _____
PO Box/Street Address City State Zip Phone

In case of emergency, who shall we notify? _____ Phone _____

Do you need any reasonable accommodations in order to complete the interview or application?
☐ YES ☐ NO (Please describe the accommodation, if yes) _____

GENERAL INFORMATION

Part Time ☐ Full Time ☐ Substitute ☐

PARA-EDUCATOR

Instructional _____
Hearing Impaired _____
Special Services _____
Playground _____

CLERICAL

Secretary _____
Office Aide _____

MAINTENANCE

Carpenter _____
Custodian _____
Electrician _____
Grounds _____

COACH

Middle School _____
High School _____

FOOD SERVICES

Baker _____
Cook _____
Server _____
Laundry _____

TRANSPORTATION

Bus Driver _____
Bus Service _____
Mechanic _____

Have you previously been employed by A/C-H School Districts or any other school districts?
If yes, please list: _____

List any relatives presently employed by A/C-H School Districts: _____

What date will you be available? _____

WORK HISTORY

(Go back five years.)

Most recent

Total time employed

Employer _____ Supervisor _____ Years _____ Months _____

Address _____ From _____
PO Box/Street Address City State Zip Phone

Duties _____ To _____

_____ Full time: Yes ___ No ___

Reason for leaving _____

_____ Last salary _____

Employer _____ Supervisor _____ Years _____ Months _____

Address _____ From _____
PO Box/Street Address City State Zip Phone

Duties _____ To _____

_____ Full time: Yes ___ No ___

Reason for leaving _____

_____ Last salary _____

Employer _____ Supervisor _____ Years _____ Months _____

Address _____ From _____
PO Box/Street Address City State Zip Phone

Duties _____ To _____

_____ Full time: Yes ___ No ___

Reason for leaving _____

_____ Last salary _____

Please list and describe any previous injuries which you have sustained requiring medical treatment for 30 days or longer:

Please list and describe any prior worker's compensation claims you have filed:

Name (Please Print)

Signature

Date

ADDITIONAL INFORMATION REQUIRED FOR EMPLOYMENT AS SCHOOL BUS DRIVER

1. List any activities or commitments that may interfere with job requirements:

2. List handicaps or health problems that should be considered in job placement:

3. Type of employment as bus driver desired:
- | | |
|---------------------------------------|-------|
| Permanent part-time (regular route) | _____ |
| Substitute route driver | _____ |
| Activity/extra-curricular/field trips | _____ |

4. Specialized training or skills helpful for bus driving:

4. Professional driving experience:

Date	Type	Employer Name and Address	Supervisor
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I authorize investigation of all statements contained in this application for employment. I understand that misrepresentations or omission of facts called for hereon will be sufficient cause for cancellation of consideration for employment or dismissal from school district service if I have been employed.

I also understand that to become a certified bus driver that I must have completed or will complete the following obligations for the position:

- | | |
|--|-----------------------------------|
| (1) Complete 24-hour school bus driving school | (5) Pass physical exam |
| (2) Obtain CDL endorsement on driver's license | (6) Pass drug/alcohol test |
| (3) Pass proper first aid course | (7) Pass WSP driving record check |
| (4) Pass fingerprint check by WSP and FBI | (8) Must be 21 years old |

Signature

Date



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 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 COULEE-HARTLINE SCHOOL DISTRICT 151		
ADDRESS 410 W LOCUST ST		PHONE 509-632-5231
STATE WA	ZIP 99115	FAX 509-632-5166