

**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? _____

EDUCATION AND TRAINING

Circle highest year of education completed (grade and high school)

1 2 3 4 5 6 7 8 9 10 11 12

Did you graduate? _____ Year/Degree _____

Name and address of last secondary school attended _____

COLLEGE, BUSINESS OR TRADE SCHOOL

Name and Address	Dates Attended	Dates Graduated	Degrees Received
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List your college major and other courses preparing you for the position for which you are applying:

Additional training taken: _____

Skill

10 key electric adding machine
Bookkeeping
Bus driver
Calculator
Custodian
Other language spoken (Specify)
Computer (Specify model/programs)
Electric typewriter
Dictaphone
Other

Years experience or speed

Indicate any experiences with public agencies, voluntary groups, etc. which you feel would fit you for work with A/C-H School Districts:

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 _____

CHARACTER REFERENCES

(Include only names of people who know of your work professionally.)

(Please be certain that the correct address, including zip code, is given for each reference.)

Name	Address	Phone
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Name	Address	Phone
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Name	Address	Phone
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When may we contact your present employer regarding your job performance? _____

I give my approve for Almira/Coulee-Hartline School Districts to conduct a Washington State Patrol/FBI fingerprint check.

Yes _____ No _____

I certify that all of the foregoing statements are true and correct to the best of my knowledge and belief.

Please use full, legal signature.

Washington state driver's license number
(Or out-of-state, if applicable)

Coulee-Hartline School District 151 is an Equal Opportunity Employer and complies with all rules and regulations and does not discriminate on the basis of race, color, national origin (including language), sex, sexual orientation including gender expression or identity, creed, religion, age, veteran or military status, disability, or the use of a trained dog guide or service animal by a person with a disability or handicap.

COULEE-HARTLINE SCHOOL DISTRICT
410 W LOCUST
COULEE CITY WA 99115

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

APPLICANT DISCLOSURE FORM PURSUANT TO CHAPTER 486, LAWS 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.

1. Have you ever been convicted of any crimes against persons as defined in Section 1 of Chapter 486, Laws of 1987, and listed as follows: Aggravated 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 BELOW.

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 BELOW.

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 BELOW.

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 BELOW.

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 and Place _____

Witness _____

Business or Organization _____

Address _____ State _____ Zip _____



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		PHONE
410 W LOCUST ST		509-632-5231
STATE	ZIP	FAX
WA	99115	509-632-5166