

OROVILLE SCHOOL DISTRICT NO. 410

816 Juniper
Oroville, Washington 98844 (509) 476-2281
Fax (509) 476-2190

Equal Opportunity Employer

PROFESSIONAL APPLICATION

Important - Please Read Carefully

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 that this is impossible in our size school system. Please let us know when you are no longer available for consideration.

YOUR APPLICATION WILL BE KEPT ON FILE FOR ONE YEAR; AT WHICH TIME IT WILL BE DESTROYED.

Washington State
Teacher Certification No. _____

Type of Certificate _____

Date Certificate Issued _____

Date _____

Last Name First Name Middle

Present Address Telephone

City State Zip

Permanent Address Telephone

City State Zip
(please notify us of any change of address or telephone)

Phone and address where You can be reached at all times Phone

Present position _____

Why do you wish to leave your present position? _____

When will you be available? _____ Are you under contract now? _____ Yes _____ No

What degree do you presently hold? _____ How many quarter hours beyond? _____

Administrator _____ Teacher _____ Other (specify) _____

<i>If secondary, list areas of endorsement</i>	<i>If elementary, list grade endorsements</i>
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____

Major _____

Minor _____

Is there anything that would interrupt your employment during the school year? Yes ___ No ___

Please explain _____

Do you need any reasonable accommodations to complete the application/interview process?

Yes ___ No ___ (Please describe the accommodations, if yes) _____

What extra-curricular duties are you qualified to supervise/coach?

Supervisory or coaching experiences in the areas of extra-curricular duties in which you are interested:

Other areas of interest or special talents which could benefit students in our district: (i.e., foreign language, signing, computer)

EDUCATION AND PROFESSIONAL BACKGROUND

Institutions Attended		Dates From-To	Major Subjects	Degree Granted	Date of Degree or Graduation
High School			XXXXXXXXXXXXX XXXXXXXXXXXXX	XXXXXX XXXXXX	
College or University					

The information listed on college preparation must be substantiated by the submission of complete transcripts.

TEACHING EXPERIENCE/ADMINISTRATIVE EXPERIENCE

List all full-time paid experience beginning with your *most recent* position.

Name of College, City or School District	County	State	Position or Subject Taught	Full Time	Part Time	Dates of Employment		Total No. Yrs Taught
						From Mo/Yr	To Mo/Yr	

TOTAL YEARS TEACHING EXPERIENCE _____ TOTAL YEARS ADMINISTRATIVE EXPERIENCE _____

STUDENT TEACHING/PRACTICUM/INTERN EXPERIENCE

Name of School & Location	Grade or Subject	Dates

EXPERIENCE OTHER THAN TEACHING

(Include Military Service)

Place or Firm	Occupation	Dates	No. of Months

**Please return to: Personnel Services
Oroville School District No. 410
816 Juniper
Oroville, Washington 98844**

Please indicate, in your own handwriting, your reasons for applying for a position in the Oroville Public Schools.

PROFESSIONAL REFERENCES

Please list professional references who are capable of evaluating your ability to perform the work for which you have applied. Experienced persons **MUST** include superintendents or principals under whom they have taught most recently. Inexperienced applicants should list references whose recommendations are already a part of their confidential papers on file in a placement office. (It is the applicant's responsibility to notify all referents that they will be asked by the Oroville Public Schools for references concerning the applicant's qualifications.)

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

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

PRINT ALL INFORMATION

Name	Official Position	Address	Phone Number

Where may your credentials be obtained? _____

Please indicate if you are having your credentials mailed to us. YES NO

(This application will be considered when: all college transcripts and letters of reference, or up-to-date placement papers, have been received, and a personal interview held and recorded in the Department of Personnel Services.)

The information furnished on this application form is true and accurate to the best of my knowledge. If I am selected and accept employment, I will agree to salary placement in accordance with official verification of my teaching experience and college preparation. An acceptable FBI fingerprint check must also be obtained.

APPLICANT'S SIGNATURE (Full Legal Signature) _____

"Oroville School District is committed to providing equal opportunities for all persons without regard to age, sex, race, color, creed, religion, national origin, ethnic background, or disability in its educational programs, activities, policies and employment practices."

Permission to Release Previous Employment and Personnel Information

Date

TO:
Name of Organization/Previous Employer
Address
City/State/Zip
Phone
Supervisor/Contact Person
I, (Name) _____ give my permission to have information regarding my employment with the above-named organization released to: Oroville School District 816 Juniper Oroville, WA 98844 Phone 509-476-2281 Fax 509-476-2190
Printed name of applicant
Address
City/State/Zip
Phone
Signature

CRIMINAL INFORMATION

HAVE YOU BEEN: (If yes, attach a statement of explanation)

Yes No **a. *Convicted of any crime against children or other persons*** (aggravated murder; first or second degree murder; first or second degree kidnapping; first, second, or third degree assault; first, second, or third degree assault of a child; first, second, or third degree rape of a child; 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; child abuse, or neglect as defined in RCW 26.44.020; first or second degree custodial interference; malicious harassment; first, second, or third degree child molestation; first or second degree sexual misconduct with a minor; first or second degree rape of a child; patronizing a juvenile prostitute; child abandonment; promoting pornography; selling or distributing erotic material to a minor; custodial assault; violation of child abuse restraining order; child buying or selling; prostitution; felony indecent exposure; or any of these crimes as they may be renamed in the future?)

Yes No **b. Found in any dependency action or by a court in a domestic relations proceeding or in any disciplinary board final decision to have sexually assaulted or exploited any minor or to have sexually abused any minor?**

Yes No **c. Released from prison or convicted of any offense that involved drugs?**

Yes No **d. HAVE YOU BEEN, within the last ten years, convicted of a felony other than those listed (such conviction will not necessarily be a barrier to employment)?**

(An inquiry to the Washington State Patrol and/or state or federal law enforcement agencies will be made)

Should you be offered employment, you will be required to provide proof of citizenship, visa, or legal proof that you can be lawfully employed in the United States.

Have you ever had a certificate revoked or suspended? Yes No (If yes, give date) _____

Certificate revoked _____ Reason _____

SIGNATURE RELEASE

All of the information I have provided in this application is true, correct, and complete. I authorize Oroville School District No. 410 to inquire with former employers or references and obtain any and all information regarding my job related background. **I release and waive Oroville School District No. 410, 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.

I also understand and agree that I may be conditionally employed while the District performs a background record check or while the District awaits the Board of Directors making a final hiring decision. I understand that my employment is conditioned on the completion of both the above acts and until such time as they are completed, my employment, if any, shall only be as a casual day-to-day employee and will not in any way bind or require the District to continue my employment.

X _____

Signature of Applicant

Date

AFFIRMATIVE ACTION INFORMATION

Discrimination in employment is prohibited under Title VII of the Civil Rights Act of 1964. Recognizing its legal as well as social obligations to make equal employment opportunity a reality, the Oroville School District has implemented an affirmative action program. The goal of the program is proportionate representation of the entire community at all levels of school district employment.

For the purpose of effectively implementing Oroville's Affirmative Action Plan, we would appreciate your providing the information below. Completion of this page is optional and will remain confidential. The information given will be used for statistical reporting as part of our Affirmative Action Program. This information will not be made a part of your application form.

1.....Name_____

2.....Date of Birth_____Male_____Female_____

3.....Please indicate racial or ethnic group with which you identify:

White Black Asian American Indian

Spanish Surnamed Other_____ (please specify)

4..... Viet Nam Veteran

5..... Handicapped*

**Handicapped is defined as any person who (1) has a physical or mental impairment that substantially limits one or more major life activities, (2) has a record of such impairment, (3) is regarded as having such an impairment, or (4) is a disabled veteran.*