

## Certificated Teacher Application

Date \_\_\_\_\_ position applying for \_\_\_\_\_

### PERSONAL

Name \_\_\_\_\_ phone no. \_\_\_\_\_

Address \_\_\_\_\_ d.o.l.# \_\_\_\_\_

\_\_\_\_\_ Ssn \_\_\_\_\_

\_\_\_\_\_

### CERTIFICATE INFORMATION (attach a copy of certificate to application)

current washington certificate: \_\_\_\_\_ Yes \_\_\_\_\_ no

type of certificate: \_\_\_\_\_ Initial \_\_\_\_\_ Continuing \_\_\_\_\_ Substitute

certificate no. \_\_\_\_\_ date issued \_\_\_\_\_ expires \_\_\_\_\_

endorsement(s) and grade level(s) \_\_\_\_\_

\_\_\_\_\_

### TEACHING EXPERIENCE

| from | to | school | location | grade/subject<br>position | supervisor/principal |
|------|----|--------|----------|---------------------------|----------------------|
|      |    |        |          |                           |                      |
|      |    |        |          |                           |                      |
|      |    |        |          |                           |                      |
|      |    |        |          |                           |                      |
|      |    |        |          |                           |                      |
|      |    |        |          |                           |                      |

## IF NO EXPERIENCE

Student teaching hours \_\_\_\_\_ subject or grade level \_\_\_\_\_

Place of student teaching \_\_\_\_\_ .

Address \_\_\_\_\_

Name of supervising teacher \_\_\_\_\_

## PROFESSIONAL PREPARATION

| College/university | state | from | to | years | Graduation<br>date & degree | subject<br>major | minor |
|--------------------|-------|------|----|-------|-----------------------------|------------------|-------|
|                    |       |      |    |       |                             |                  |       |
|                    |       |      |    |       |                             |                  |       |
|                    |       |      |    |       |                             |                  |       |
|                    |       |      |    |       |                             |                  |       |
|                    |       |      |    |       |                             |                  |       |

## PROFESSIONAL REFERENCES

| Name | Official Position | Address and Phone No. |
|------|-------------------|-----------------------|
|      |                   |                       |
|      |                   |                       |
|      |                   |                       |

### Authorization to check work history And release of prior employers

I authorize the Garfield and Palouse school districts to check my references and to investigate any information provided in my application for employment. I further authorize my past employers or anyone with information about my work history, education or qualifications to provide such information to Garfield and Palouse school districts in response to their inquiry. I agree to hold harmless from any liability (suit, claim, or other action) anyone supplying such information to Garfield and Palouse school districts.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### **Employment Information**

Successful candidate must complete a Washington State Patrol/FBI fingerprint background check. GAR-PAL Cooperative Schools (Garfield SD # 302 & Palouse SD #301) does not discriminate in any programs or activities on the basis of sex, race, creed, religion, color, national origin, age, veteran or military status, sexual orientation, gender expression or identity, disability, or the use of a trained dog guide or service animal and provides equal access to the Boy Scouts and other designated youth groups. The following employees have been designated to handle questions and complaints of alleged discrimination for Palouse SD #301 Title IX & Civil Rights Coordinator: Mike Jones 600 East Alder, Palouse WA 99161 Ph:

509-878-1921 Email: mjones@garpal.net / Section 504/ADA Coordinator: Diane Mylett 600 East Alder, Palouse WA 99161  
Ph. 509-878-1921 Email: dmylett@garpal.net For Garfield SD #302 Civil Rights Coordinator & Title IX Officer: Zane Wells  
810 N 3rd St, Garfield WA 99130 Ph: 509.635.1331 Email: zwells@garpal.net / Section 504/ADA Coordinator: Andree  
Marcus-Rader 810 N 3rd St, Garfield WA 99130 Ph: 509.635.1331 Email: amarcus-rader@garpal.net

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 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; communications 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's Signature \_\_\_\_\_

Date and Place \_\_\_\_\_