Odessa School District No. 105-157-166J
Odessa, Washington

Certificated Employment Application

Name:_____ Soc. Sec. #:_____
Last First Middle

Present Address: _____ Phone: _____
Street City State Zip Code

Permanent Address:_____ Phone: _____
Street City State Zip Code

Position Desired: _____ Present Position:_____

Where are credentials on file?_____

Are your credentials on file under another name? Yes ___ No _____ If yes, what name?_____

Certification and Placement Reference

Do you hold a Washington State teaching certificate? Yes____ No____ Type:_____

Certificate No._____ Endorsements_____

If not, for which Washington State certificate will you be eligible? _____

Other Certificates Held _____

Placement Preference (Circle the level of preference)
Primary K - 1 - 2 - 3 Intermediate 4 - 5 - 6 Jr. High 7 - 8 Sr. High 9 - 10 - 11 - 12

Education

Institution/ Location	Dates Attended	Major/Minor	Degree/ Certificate	Year
Senior High School				

Please forward credentials immediately at the time of application.
NOTE: Credentials might be viewed by administrators, teachers and board members of Odessa School District.

Mail application and letter to:

Odessa School District #105
P. O. Box 248
Odessa, WA 99159-0248
(Phone: 509-982-2668)

_____
Signature of Applicant

Date: _____

Professional Information

List in Order of Preference

Subjects or Grades Prepared to Teach	**Co Curricular Activities**

Employment History

(Teaching - List most recent first)

Organization/ Location	**Phone Number**	**Subject/ Grade Level**	**Dates of Employment**	**Reason for Leaving**

Other Employment (Include Military Service)

Organization/ Supervisor	**Phone Numbers**	**Type of Work**	**Dates of Employment**	**Reason for Leaving**

References

Please give five references, including superintendents and principals under whom you have taught, who have first-hand knowledge of your character, personality, scholarship, and teaching ability.

Name	Address	Phone No. Work/Home	Official Position

Personal

If requested, can proof of citizenship, visa, or alien registration be provided? ( ) Yes ( ) No

Do you have any health problems or physical conditions that may affect your work performance or job placement?
( ) Yes ( ) No

If yes, please describe _____

_____

In the last seven years have you been convicted of a crime in a court of law? ( ) Yes ( ) No
If yes, full details will be requested at a later date.

_____

General Information

* On the attached page include educational philosophy.
* Arrange to have a copy of your current placement file sent to our office.
* This application will be kept on file for one year following date of receipt.
* Any falsification or omission herein shall be considered sufficient cause for dismissal.
* Odessa School District has a "smoke free/drug free" work environment.

_____

Please use this space to provide a concise statement of your educational philosophy, and how such a philosophy will serve to better the education offered to students attending Odessa Schools.

The Odessa School District #105 complies with all federal rules and regulations and does not discriminate on the basis of race, color, national origin, age, sex or handicap. This holds true for all district employment and opportunities. Inquiries regarding compliance procedures may be directed to the school district's Title IX/RCW 28A.640 officer and/or Section 504 Coordinator.

Steve Fisk, Superintendent
PO Box 248
Odessa, WA 99159
509-982-2668