



# Cusick School District

## APPLICATION FOR EMPLOYMENT – CERTIFICATED

*Filed for One Year*

*This application form will be used as a working document by the screening committee. Complete the entire form. If there is insufficient space for an answer, attach an additional page with your name on it and indicate which answer you are continuing. Please print or type your responses.*

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**Date of Application:** \_\_\_\_\_ **Date available for employment:** \_\_\_\_\_

**Position(s) applied for:** \_\_\_\_\_

### PERSONAL INFORMATION:

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Email: \_\_\_\_\_

**WASHINGTON STATE CERTIFICATE NUMBER** \_\_\_\_\_

Check appropriate lines     Elementary     Secondary     Other

Provisional     Standard

Other certificates (kind, state, current or expired): \_\_\_\_\_

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### PRESENT EMPLOYMENT INFORMATION:

Present Position/Title: \_\_\_\_\_

Employer Name/Address: \_\_\_\_\_  
\_\_\_\_\_

Dates of employment: \_\_\_\_\_

Current annual salary: \_\_\_\_\_

Business phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

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**PREVIOUS EMPLOYMENT HISTORY:** *List other full-time experience in reverse chronological order.*

Position/Title	Organization/Location	Grade Level/Enrollment	Dates

Do you wish to place any restrictions on contacting previous or present employers?  
If yes, explain:

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**EDUCATION:** *List in reverse chronological order.*

Institution	Dates Attended	Major/Minor	Degrees

**Please include copies of:**    \*Driver’s License    \*Social Security Card    \*Teaching Certificate

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**DEGREES:**

	Field	Institution	City/State	Date Received
Bachelor Degree				
Master Degree				
Doctoral Degree				

**Undergraduate Majors** \_\_\_\_\_ **Minors** \_\_\_\_\_

Total quarter hour credits since Bachelor’s Degree \_\_\_\_\_ since Master’s Degree \_\_\_\_\_.

If not hired, would you be interested in being placed on our Certificated Substitute List? [ ] YES [ ] NO

Are you interested in teaching a self-contained classroom? [ ] YES [ ] NO

Can you teach music? [ ] YES [ ] NO    Art? [ ] YES [ ] NO    Physical Education? [ ] YES [ ] NO

Are you qualified to coach athletics? [ ] YES [ ] NO    If so, what sports? \_\_\_\_\_

If given a preference, what grades or educational courses would you prefer to teach? Additional comments pertaining to your qualifications for the position(s) you are applying may be made on additional sheets of paper.

List the elementary grades you are able to teach – **K 1 2 3 4 5 6 7 8**

REFERENCES: *List the names of four persons who know of your professional work and qualifications.*

Name	Position	Address	Phone

Do you wish to place any restrictions on contacting these and other references?

If yes, explain:

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**What experience or preparation have you had which qualifies you for teaching in a small, rural school district?**

**With what type of school schedule or programs have you had preparation or experience (i.e., team teaching, individualized instruction, flexible schedule, etc.)?**

My signature below authorizes the school district to conduct a background investigation, including criminal convictions, driving records, previous employment, and personal references, as part of the application process. I hereby consent to the release all information related to this investigation, and release the school district from any liability in connection with the use of this information.

I hereby certify that the information contained in this application and otherwise provided by me as part of the application process is complete and true. I understand that any false or misleading information provided by me will constitute sufficient grounds for disqualification of my application, or in the event that I am employed by the district, for my dismissal.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**APPLICATION INSTRUCTIONS:**

Mail letter of application, completed application form and resume to:

**Superintendent  
Cusick School District  
305 Monumental Way  
Cusick, WA 99119**

**APPLICANT DISCLOSURE FORM PURSUANT TO RCW 43.43.830.** 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. Pursuant to RCW 9A.72.085, I certify under penalty or perjury under the laws of the State of Washington that the foregoing is true and correct.

1. Have you ever been convicted of any crimes against persons as defined in RCW 43.43.830 and listed as follows: Aggravated murder; first, second or third 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; 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; 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 \_\_\_\_\_ 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. ?  YES  NO \_\_\_\_\_ 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? ?  YES  NO \_\_\_\_\_ 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? ?  YES  NO \_\_\_\_\_ If YES, explain below.

5. Have you ever been dismissed or asked to resign or had any disciplinary action against you from any employment or position?  YES  NO If yes, please provide details:

6. Have you ever resigned or left a job by mutual agreement following allegations of misconduct or unsatisfactory job performance?  YES  NO If yes, please provide details:

7. Have you ever received disciplinary action against you for a school-related incident?  YES  NO If yes, please provide details:

**Pursuant to RCW 9A.72.085, I certify under penalty or perjury under the laws of the State of Washington that the foregoing is true and correct.**

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Cusick School District is in compliance with Federal Title IX guidelines, announces that it will eliminate discrimination on the basis of sex in the education programs and activities of Cusick School District. The policy of nondiscrimination on the basis of sex will also apply to the employment practices of the district. Any person seeking more information on Title IX or who has a grievance may contact the Compliance Officer at the district office at 305 Monumental Way, Cusick, Washington 99119 or by phone at (509) 445-1125.