

SHAW ISLAND SCHOOL DISTRICT NO 10 CERTIFICATED APPLICATION FORM

Shaw Island School District does not discriminate in any programs, activities or employment opportunities 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 employee has been designated to handle questions and complaints of alleged discrimination: Civil Rights Compliance Coordinator, Title XI Officer, and Section 504 Coordinator: Deanna Shannon, Office Administrator, 360-468-2570, dshannon@shaw.k12.wa.us, PO Box 426, Shaw Island, WA 98286.

Name _____
Last
First
Middle

Address _____
Street
City
State-Zip

Phone (_____) _____ E-mail address _____

Social Security No. _____

I am applying for the following position: _____

I am applying for K-8 certificated substitute assignments

Certification:

State	Type of Certification	Endorsements	Cert Number	Date Issued	Expiration Date

Education: (Undergraduate & Graduate)

College/University	Dates	GPA	Degree

Certificated Experience: (Indicate student teaching when appropriate)

District Name, Address	Grade Taught	Subject Taught	Dates of Employment	Total Years	Reason for Leaving

Volunteer/Other Experience: Include military/Peace Corp/VISTA

Employer And Address	Phone Number	Dates of Service	Position

References: Please include three (3) of your most recent references, including principals/supervisors with whom you have worked and who could be contacted to provide first-hand knowledge of your professional ability, character and scholarship.

Name and Address	Phone	In what capacity did they become familiar with your work?

Certification: Enclose copies of all current Washington State certificates you hold. In order for us to give serious consideration to your application, you must hold a valid Washington State certificate or provide documented evidence that such a certificate will be issued in the near future. For certification requirements: Phone 360-753-6773 (cert@ospi.wednet.edu)

PERSONAL INFORMATION

Have you worked for the Shaw Island School District before? _____

Do you presently have a contractual association with any other district (e.g. under contract, on leave)? If yes, please explain:

Have you been convicted of any criminal offense within the past 7 years? _____ If yes, please explain in an attachment. (A record of conviction will not automatically bar you from employment.)

Have you ever had a certificate revoked, suspended or denied, or have you voluntarily relinquished a teaching certificate to avoid revocation procedures? Yes _____ No _____ If so, name of state _____.

Are you authorized to work in the United States? Yes _____ No _____ (Documentation of authorization to work in the U.S. will be required if any offer of employment is made and accepted).

GENERAL INFORMATION

To have a completed file the following must be received by the district office:

- Completed district application form;
- Letter of application and resume;
- University/College placement file or three (3) professional recommendations. Must be from individuals who can evaluate your recent teaching performance;
- Photocopy of your Washington State certificate

Special accommodations: If you are an individual with a disability who may need accommodation to enable you to complete the application process or participate in an interview, please let us know within a reasonable time frame or at the time your appointment is scheduled.

PLEASE READ CAREFULLY BEFORE SIGNING THIS APPLICATION

I authorize the district to investigate all statements in this application and to secure necessary information from all my employers, references, and academic institutions. I hereby release all of those employers, references, academic institutions, and the District from any and all liability arising from their giving or receiving information about my employment history, my academic credentials or qualifications, and my suitability for employment within the district.

I understand that any offer of employment is contingent upon receipt of a satisfactory report concerning academic credentials, employment references and background. I further understand that any false or misleading statements will be sufficient cause for rejection of my application if the District has not employed me and will result in immediate dismissal if the District has employed me. I also authorize the District to supply information about my employment record, in whole or in part, in confidence to any prospective employer, government agency, or other party having the legal and proper interest, and I hereby release the District from any and all liability for its providing this information.

I hereby acknowledge that I have read and understand the preceding statement.

Signature of Applicant

Date