



Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit#

City

State

Zip Code

Phone: () _____

E-mail Address: _____

Date Available: _____

Social Security No.: _____

Position Applied For: _____

Are you a citizen of the United States? Yes ☐ No ☐ If no, are you authorized to work in the U.S.? Yes ☐ No ☐

Have you ever worked for this School District? Yes ☐ No ☐ If yes, when? _____

The Following Three Sections Are Optional If Included On Resume

Education

High School: _____ Address: _____
Yes No

From: _____ To: _____ Did you graduate? ☐ ☐ Degree: _____

College: _____ Address: _____
Yes No

From: _____ To: _____ Did you graduate? ☐ ☐ Degree: _____

Other: _____ Address: _____
Yes No

From: _____ To: _____ Did you graduate? ☐ ☐ Degree: _____

References

Please list three references.

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Previous Employment

Company: _____ Phone: () _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
YES NO
May we contact your previous supervisor for a reference? ☐ ☐

Company: _____ Phone: () _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
YES NO
May we contact your previous supervisor for a reference? ☐ ☐

Company: _____ Phone: () _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
YES NO
May we contact your previous supervisor for a reference? ☐ ☐

Military Service

Branch: _____ From: _____ To: _____
Rank at Discharge: _____ Type of Discharge: _____
If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

Nespelem School District PO Box 291 Nespelem, WA 99155 www.nsdeagles.org		<h2 style="margin: 0;">Character and Fitness Supplement</h2>				
All applicants must complete and submit this supplement.						
Last Name		First Name		Middle Initial	Former Name(s)	
Mailing Address: (Street, RFD, PO Box)			City	State	ZIP	
Social Security Number						
					Yes	No
Do you currently hold a Washington Teaching Certificate?					<input style="width: 40px; height: 20px;" type="checkbox"/>	<input style="width: 40px; height: 20px;" type="checkbox"/>
Certificate Number _____						
Issue Date _____ Expiration Date _____						
Answer each of the following questions by checking "Yes" or "No". If the answer to any of the questions below is "Yes," please attach a separate signed, dated, and detailed explanation of each event, including the date of the event and the circumstances surrounding the event.						
The questions apply to your experiences in Washington or in any other state or country.					Yes	No
1	Have you ever had adverse action taken against any professional certificate, license, or other credential issued for practice in any field, including teaching, or is any such action pending? Adverse action includes, but is not limited to, letter of warning, reprimand, denial, suspension, revocation, voluntary surrender, cancellation or failure to renew.				<input style="width: 40px; height: 20px;" type="checkbox"/>	<input style="width: 40px; height: 20px;" type="checkbox"/>
2	Have you ever resigned or been disciplined, discharged, or asked to resign or retire from a professional position or military service because of allegations of misconduct or is any such action pending? The scope of this question includes being dismissed from any teaching, administrative or specialist position for failure or refusal to fulfill an employment contract or any other misconduct associated with the teaching profession.				<input style="width: 40px; height: 20px;" type="checkbox"/>	<input style="width: 40px; height: 20px;" type="checkbox"/>
3	Have you ever been convicted of a felony or misdemeanor crime in Washington or any other state or country or is any such action pending? You may omit minor traffic violations, such as speeding tickets, but you must include DWIs, DUIs, reckless driving or similar violations. You must include cases in which you were found guilty, entered into a plea agreement, or entered a plea of "no contest" (or similar plea). We encourage you to be as inclusive as possible. If you are uncertain about whether to include a particular experience, contact Nespelem School District Superintendent @ (509) 634-4541. If the answer to this question is "Yes" please include the court name and address and the case name and number if available. If you have copies of court documents, please provide copies with your statement regarding the circumstances.				<input style="width: 40px; height: 20px;" type="checkbox"/>	<input style="width: 40px; height: 20px;" type="checkbox"/>

Release of Information: I am seeking employment with the Nespelem School District. I hereby expressly and voluntarily authorize the release of any and all information of a confidential or privileged nature, including confidential criminal justice information, to the Nespelem School District and its agents.

I understand and agree that such information may be necessary for the evaluation of my application for employment in the Nespelem School District.

This investigation may include such information as criminal or civil convictions, driving records, previous employers and education institutions, personal references, professional references, and other appropriate sources. I waive my right of access to such information, and without limitation, hereby release Nespelem School District and the reference sources from any liability in connection with its release or use. This release includes the sources cited above and specific examples as follows: information from Washington State Patrol, Federal Bureau of Investigation, Colville Tribal Police Department of either data on all criminal convictions or certification that no data on criminal convictions is maintained, information received from the OSPI Sexual Misconduct form (sent to former educational employers), information from OSPI, and information from Washington or other State Departments of Social and Health Services and any locality to which they may refer for the release of information pertaining to any finding of child abuse or neglect investigations involving me.

If the information provided or answer(s) to any questions on the application or the Pre-employment Background Questionnaire change prior to my being hired, I understand that I must immediately notify Nespelem School District. I understand that any omission, falsely answered statement, made on this application, or any supplement to it will be sufficient grounds for failure to employ me or for my discharge should I become employed with Nespelem School District. I understand that I may be subject to Washington State Patrol, FBI fingerprint background checks, and Colville Tribal Police Department checks, this clearance is a condition of employment and/or continued employment.

Applicants Signature

Date

Return all application materials to: Linda Descoteaux, District Administration, Nespelem School District, PO Box 291, Nespelem, WA 99155

Complete Application consists of :

Letter of Application

District Application

Character & Fitness Statement

Resume

Current Placement File or Three Current Letters of Recommendation (teachers)

Three Letters of Recommendation (classified)

NESPELEM SCHOOL DISTRICT No. 14 is committed to providing equal opportunities for all person without regard to age, sex, sexual orientation including gender expression, disability or use of a trained service animal, veteran or military status, race, creed, religion or ethnic background in its education programs, activities, policies and employment practices.

NESPELEM SCHOOL DISTRICT No. 14

ADMINISTRATION

Dr. Effie Dean, Superintendent / Principal
Keta Cline-Picking, Elementary Principal
Brittany Moreno, Administrative Assistant
Linda Descoteaux, District Admn Asst
David Cirk, Facilities / Transportation Director

PO Box 291
229 Schoolhouse Loop Rd
Nespelem, WA 99155
Phone: (509) 634-4541

BOARD OF DIRECTORS

P. Jolene Marchand, Chair
Nancy Armstrong-Montes, Vice
Annette Moses, Director
Anna Vargas, Director
Jarae Cate, Director

Nespelem School District # 14

AFFIRMATIVE ACTION STATEMENT FOR APPLICANTS

Dear Applicant:

The Nespelem School District is an Equal Opportunity Employer and is committed to an Affirmative Action Program which provides for the recruitment of minorities, older workers and the handicapped for jobs which they are qualified to fill.

For the purpose of implementing the Affirmative Action Program, you are given the opportunity to provide the following information:

This information is voluntary and will remain confidential.

Date: _____

Position(s) Applied For: _____

Name _____
(Last) (First) (Middle)

Sex: Female _____ Male _____ Age: 18-40 _____ 40 & over _____

Ethnic Origin: Asian / Pacific Islander _____

Native American / Alaskan Native _____

Black _____

Hispanic _____

White _____

Please complete the following, if applicable:

Vietnam Era Veteran _____ Disabled Veteran _____

Date of Service: _____

Handicapped _____

Please indicate type of handicap: _____



Nespelem School District #14

Colville Tribal Criminal History & Background Inquiry

NAME OF PERSON BEING CLEARED (PRINT CLEARLY)

SECTION 1

NAME AND ADDRESS OF CCT – STAFF WHO WILL CONDUCT BACKGROUND CHECK

Colville Confederated Tribes
ATTN: CCT Police Department
P.O. Box 617
Nespelem, WA 99155-0150

Nespelem School District #14
PO Box 291
Nespelem, WA 99155

SECTION 2: TO BE COMPLETED BY APPLICANT

NAME OF FACILITY:

Nespelem School District #14

NAME: LAST FIRST MIDDLE

ALIAS/MAIDEN NAME: LAST FIRST MIDDLE

PRESENT ADDRESS: STREET CITY STATE ZIP

DRIVER'S LICENSE NUMBER (WDL)

SEX

DATE OF BIRTH

SOCIAL SECURITY NUMBER

SECTION 3: APPROVAL BY (DEPARTMENT USE ONLY)

As an **authorized representative** of the Nespelem School Dist., I request a background inquiry be conducted on the person named in section 2

Signature:

Date

SECTION 4: TO BE COMPLETED BY APPLICANT

HAVE YOU:	YES	NO
BEEN CONVICTED OF ANY MISDEMEANOR OR FELONY?	<input type="checkbox"/>	<input type="checkbox"/>
IS THERE A CRIMINAL CHARGE (CURRENT OR PAST) PENDING AGAINST YOU WHICH BEARS UPON YOUR FITNESS TO PERFORM THE FUNCTION OF THE JOB?	<input type="checkbox"/>	<input type="checkbox"/>
BEEN RELEASED FROM PRISON IN THE LAST SEVEN (7) YEARS?	<input type="checkbox"/>	<input type="checkbox"/>
HAD YOUR NAME PLACED ON A REGISTRY OF CHILD/ADULT ABUSE IN THIS OR ANY STATE?	<input type="checkbox"/>	<input type="checkbox"/>
BEEN FOUND TO HAVE SEXUALLY ABUSED OR EXPLOITED OR PHYSICALLY, EMOTIONALLY, MENTALLY ABUSED ANY CHILD?	<input type="checkbox"/>	<input type="checkbox"/>
BEEN DENIED A LICENSE TO CARE FOR CHILDREN?	<input type="checkbox"/>	<input type="checkbox"/>
HAD A LICENSE TO CARE FOR CHILDREN SUSPENDED OR REVOKED?	<input type="checkbox"/>	<input type="checkbox"/>
RESIDED OUTSIDE THE STATE OF WASHINGTON WITHIN THE PAST FIVE (5) YEARS?	<input type="checkbox"/>	<input type="checkbox"/>
BEEN AN EMPLOYEE OF ANY OTHER TRIBAL INDIAN RESERVATION WITHIN THE PAST FIVE (5) YEARS?	<input type="checkbox"/>	<input type="checkbox"/>

I HEREBY CERTIFY THAT TO MY KNOWLEDGE THE ABOVE INFORMATION AND REQUIRED ATTACHMENTS ARE TRUE AND CORRECT. I UNDERSTAND FRAUD OR UNTRUTHFUL ANSWERS TO ANY OF THESE QUESTIONS CAN SERVE AS THE BASIS FOR FINDING ME UNSUITABLE.

SIGNATURE OF PERSON TO BE CLEARED

DATE

WASHINGTON STATE PATROL

Identification and Criminal History Section
PO Box 42633, Olympia WA 98504-2633



REQUEST FOR CRIMINAL HISTORY INFORMATION CHILD/ADULT ABUSE INFORMATION ACT RCW 43.43.830 THROUGH 43.43.845

<p>(A) REQUESTING AGENCY/ADDRESS</p> <p>Nespelem School District</p> <hr/> <p>Agency</p> <p>Linda Descoteaux</p> <hr/> <p>Attn</p> <p>229 Schoolhouse Loop Road</p> <hr/> <p>Address</p> <p>Nespelem, WA 99155</p> <hr/> <p>City/State/Zip</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"><p>I certify this request is made pursuant to and for the purpose indicated.</p> <table style="width: 100%;"><tr><td style="width: 60%; border-bottom: 1px solid black;">Authorized Signature</td><td style="width: 40%; border-bottom: 1px solid black;">Date</td></tr><tr><td style="border-bottom: 1px solid black;">District Administration</td><td style="border-bottom: 1px solid black;">(509) 634-4541</td></tr><tr><td style="font-size: small;">Title</td><td style="font-size: small;">Area Code/Phone Number</td></tr></table></div>	Authorized Signature	Date	District Administration	(509) 634-4541	Title	Area Code/Phone Number	<p>(B) PURPOSE</p> <p>Check appropriate box</p> <p><input checked="" type="checkbox"/> Educational School District (ESD)/School District Volunteer – no fee</p> <p><input checked="" type="checkbox"/> Non-Profit Business/Organization – no fee (Excluding Schools & ESD's)</p> <p><input type="checkbox"/> Profit Business/Organization - \$17</p> <p><input type="checkbox"/> Adoptive Parent - \$17</p> <p><input type="checkbox"/> Receive background results electronically</p> <p>Email address _____</p> <p>Password _____ (must be at least 8 characters)</p> <p>Fees: Make payable to Washington State Patrol by check, money order, or business account.</p> <p>Notary letters certifying the results are available upon request. There is an additional \$10.00 processing fee per notary seal.</p> <p style="text-align: right;">_____ Notarized Letter(s)</p>
Authorized Signature	Date						
District Administration	(509) 634-4541						
Title	Area Code/Phone Number						

(C)	<p>APPLICANT OF INQUIRY (Please provide as much information as possible; name and date of birth are mandatory.)</p> <p>Applicant's Name: _____</p> <p style="text-align: center; font-size: small;">Last First Middle</p> <p>Alias/Maiden Name(s): _____</p> <p>Date of Birth: _____ Sex: _____ Race: _____</p> <p style="text-align: center; font-size: small;">Month/Day/Year</p> <p style="font-size: small;">Secondary dissemination of this criminal history record information response is prohibited unless in compliance with statute.</p>
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(D)	<p>WASHINGTON STATE PATROL IDENTIFICATION & CRIMINAL HISTORY SECTION</p> <p>As of this date, the applicant named below has no record pursuant to RCW 43.43.830 through 43.43.845.</p> <p>_____ Requesting Agency</p> <p>_____ Applicant's Signature</p> <p>_____ Applicant's Name</p> <p>_____ Address</p> <p>_____ City/State/Zip</p>
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