



Employment Application

Applicant Information

Full Name: Last First M.I. Date:

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:
From: To: Did you graduate? Yes No Degree:
College: Address:
From: To: Did you graduate? Yes No Degree:
Other: Address:
From: To: Did you graduate? Yes No 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: _____

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: Virginia Lezard, District Secretary, 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

ADMINISTRATION

Dr. Effie Dean, Superintendent / Principal
Keta Cline, Assistant Principal
Virginia Lezard, Administrative Assistant
Linda Descoteaux, District Administrative Assistant
David Cirk, Director Facilities/ Transportation

PO Box 291
229 Schoolhouse Loop Rd
Nespelem, WA 99155
Phone: (509) 634-4541
Fax: (509) 984-6411

BOARD OF DIRECTORS

P. Jolene Marchand, Chair
Nancy Armstrong-Montes, Vice
Anna Vargas, Director
Annette Moses, 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
 PO Box 291
 Nespelem, WA 99155
www.nsdeagles.org

Character and Fitness Supplement

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 type="checkbox"/>	<input 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 type="checkbox"/>	<input 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 type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>

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 No. 14 Agency</p> <p>Attn</p> <p>229 Schoolhouse Loop Road Address</p> <p>Nespelem, WA 99155 City/State/Zip</p> <p>I certify this request is made pursuant to and for the purpose indicated.</p> <p>_____ Authorized Signature Date</p> <p>_____ Title (509) 634-4541 Area Code/Phone Number</p>	<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>_____ Notarized Letter(s)</p>
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(C) APPLICANT OF INQUIRY (Please provide as much information as possible; name and date of birth are mandatory.)

Applicant's Name: _____
Last First Middle

Alias/Maiden Name(s): _____

Date of Birth: _____ Sex: _____ Race: _____
Month/Day/Year

Secondary dissemination of this criminal history record information response is prohibited unless in compliance with statute.

(D) WASHINGTON STATE PATROL IDENTIFICATION & CRIMINAL HISTORY SECTION

As of this date, the applicant named below has no record pursuant to RCW 43.43.830 through 43.43.845.

Requesting Agency

Applicant's Signature

Applicant's Name

Address

City/State/Zip

Confederated Tribes of the Colville Reservation

CRIMINAL HISTORY & BACKGROUND INQUIRY

NAME OF PERSON BEING CLEARED (PRINT CLEARLY)	
NAME AND ADDRESS OF CCT – STAFF WHO WILL CONDUCT BACKGROUND CHECK Colville Confederated Tribes ATTN: Gina Erickson Senior Administrative Assistant P.O. Box 617 Nespelem, WA 99155	
TO BE COMPLETED BY APPLICANT	
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	
TO BE COMPLETED BY APPLICANT	
HAVE YOU:	YES NO
BEEN CONVICTED OF ANY MISDEMEANOR OR FELONY?	[] []
IS THERE A CRIMINAL CHARGE (CURRENT OR PAST) PENDING AGAINST YOU WHICH BEARS UPON YOUR FITNESS TO PERFORM THE FUNCTION OF THE JOB?	[] []
BEEN RELEASED FROM PRISON IN THE LAST SEVEN (7) YEARS?	[] []
HAD YOUR NAME PLACED ON A REGISTRY OF CHILD/ADULT ABUSE IN THIS OR ANY STATE?	[] []
BEEN FOUND TO HAVE SEXUALLY ABUSED OR EXPLOITED OR PHYSICALLY, EMOTIONALLY, MENTALLY ABUSED ANY CHILD?	[] []
BEEN DENIED A LICENSE TO CARE FOR CHILDREN?	[] []
HAD A LICENSE TO CARE FOR CHILDREN SUSPENDED OR REVOKED?	[] []
RESIDED OUTSIDE THE STATE OF WASHINGTON WITHIN THE PAST FIVE (5) YEARS?	[] []
BEEN AN EMPLOYEE OF ANY OTHER TRIBAL INDIAN RESERVATION WITHIN THE PAST FIVE (5) YEARS?	[] []
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

FOR OFFICIAL USE ONLY

SIGNATURE

DATE