



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?

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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?

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### 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 Nespalem 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 Nespalem 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 Nespalem 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 Nespalem 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 Nespalem 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 Nespalem 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, Nespalem School District, PO Box 291, Nespalem, 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

Effie Dean, Superintendent / Principal  
Virginia Lezard, Administrative Assistant  
Linda Descoteaux, PR / AP Specialist  
David Cirk, Facilities / Transp. Supervisor

PO Box 291  
229 Schoolhouse Loop Rd  
Nespelem, WA 99155  
Phone: (509) 634-4541  
Fax: (509) 634-4003

## BOARD OF DIRECTORS

P. Jolene Marchand, Chair  
Jarae Cate, Vice Chair  
Anna Vargas, Legislative Rep.  
Annette Moses, Director  
Nancy Armstrong-Montes, 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](http://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.**

	Yes	No
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The questions apply to your experiences in Washington or in any other state or country.		Yes	No
<b>1</b>	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"/>
<b>2</b>	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"/>
<b>3</b>	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

**A**

### REQUESTING AGENCY/ADDRESS

Nespelem School District No. 14

Agency

Attn

229 Schoolhouse Loop Road

Address

Nespelem, WA 99155

City/State/Zip

I certify this request is made pursuant to and for the purpose indicated.

Authorized Signature

Date

Title

( 509 ) 634-4541

Area Code/Phone Number

**B**

### PURPOSE

Check appropriate box

Educational School District (ESD)/School District  
Volunteer - no fee

Non-Profit Business/Organization - no fee  
(Excluding Schools & ESD's)

Profit Business/Organization - \$17

Adoptive Parent - \$17

Receive background results electronically

Email address \_\_\_\_\_

Password \_\_\_\_\_ (must be at least 8 characters)

Fees: Make payable to Washington State Patrol by check,  
money order, or business account.

Notary letters certifying the results are  
available upon request. There is an additional  
\$10.00 processing fee per notary seal.

\_\_\_\_\_  
Notarized Letter(s)

**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

Colville Tribal Law Enforcement Department

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: Gina Erickson  
Senior Administrative Assistant  
P.O. Box 617  
Nespelem, WA 99155-0150

NCIC Background required for information sensitive positions:  
CTPD, NRE, DOC, IT, PROSECUTORS OFFICE  
PUBLIC SAFETY

## SECTION 2: TO BE COMPLETED BY APPLICANT

NAME OF FACILITY:

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 Colville Tribes, 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?	[ ]	[ ]
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



**COLVILLE TRIBAL POLICE DEPARTMENT**  
 STEVE BROWN - CHIEF OF POLICE  
 28 OKANOGAN ST., PO BOX 617  
 NESPELEM, WASHINGTON 99155  
 509-634-2472



**AUTHORIZATION TO RELEASE INFORMATION**

Pursuant to any investigation concerning my suitability for employment with the **Colville Tribal Police Department:**

I, \_\_\_\_\_, do hereby authorize, and consent to, the release of all records (employment, social security, medical, psychiatric, financial, criminal, and traffic violation data) pertaining to myself, to the Colville Tribal Police department.

Further, I release and hold harmless any employer, physician, psychiatrist, financial institution, government agency, or traffic bureau of any liability connected with the release of said information.

Further, I demand that all information received by the Colville Tribal Police Department be used solely to evaluate my fitness for employment, and shall be regarded and held as confidential, and be utilized solely for the issue at hand.

A photocopy, scan or facsimile of the original of this document shall be as valid as the original. This authorization shall be void one year from the date authorized.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2022

By \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 2022

Notary Public in and for the State of \_\_\_\_\_

(Seal)

Residing at \_\_\_\_\_

My Commission expires \_\_\_\_\_

Signed \_\_\_\_\_