

PROFESSIONAL ORGANIZATIONS IN WHICH YOU ARE AN ACTIVE MEMBER:

RESUME:

It is the responsibility of the applicant to submit a current resume attached to this application.

WASHINGTON STATE RETIREMENT SYSTEM:

Are you now/have you ever been a member of the Washington State Retirement System? Yes No
 If yes, check one if known: Plan I Plan II Plan III

\Are you a retiree of any Washington State Retirement System? Yes No

EDUCATIONAL PREPARATION: List most recent first.

<u>Name of University/College</u>	<u>Location</u>	<u>Inclusive Attendance Dates</u>	<u>Degree</u>	<u>Date Conferred</u>
<u>Major</u>	<u>Minor</u>	<u>GPA</u>	<u>Qtr. Hrs. Earned After Bachelor's Degree</u>	

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TEACHING EXPERIENCE: List most recent experience first; include student teaching.

<u>Dates</u> From - To	<u>District</u>	<u>Name & Complete Address of School</u>	<u>Number of</u> <u>Full-time Months*</u>
<hr/>			
	<u>Specific Grades/Subjects Taught</u>	<u>Supervisor</u>	<u>Reason for Leaving</u>
<hr/>			
<hr/>			

<u>Dates</u> From - To	<u>District</u>	<u>Name & Complete Address of School</u>	<u>Number of</u> <u>Full-time Months*</u>
<hr/>			
	<u>Specific Grades/Subjects Taught</u>	<u>Supervisor</u>	<u>Reason for Leaving</u>
<hr/>			
<hr/>			

<u>Dates</u> From - To	<u>District</u>	<u>Name & Complete Address of School</u>	<u>Number of</u> <u>Full-time Months*</u>
<hr/>			
	<u>Specific Grades/Subjects Taught</u>	<u>Supervisor</u>	<u>Reason for Leaving</u>
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* If part-time or substitute teaching experience, so specify.

Please attach sheet containing additional teaching experience information, as applicable.

REFERENCES:

List four references, including administrators with whom you have worked, who have first-hand knowledge of your teaching ability, character, etc.

<u>Name</u>	<u>Official</u> <u>Position</u>	<u>Complete Address</u>	<u>Telephone</u> <u>Number</u>
<hr/>			
<hr/>			
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ACTIVE MILITARY SERVICE, PEACE CORPS, VISTA, ETC.:

Dates

From To

Branch of Service or Organization

Where Assigned, Rank, etc.

OTHER WORK EXPERIENCE include all other school district employment not previously listed: List most recent experience first.

Dates

From To

Employer Name and Address

Type of Work

Reason for Leaving

PERSONAL INFORMATION:

Travel (dates and places) _____

Hobbies/Interests: _____

Please state why you desire a position with the Vashon Island School District, including information that may assist in application evaluation:

Please furnish all information requested, date and sign this application form prior to submitting to the Vashon Island School District. All requested application materials must be received by the District on or before the position application closing date.

- *Employees must complete a disclosure statement and will be fingerprinted; appropriate screening results are required for employment.
- *Employees must furnish verification of United States citizenship or hold Immigration and Naturalization work authorization prior to employment.

I certify that the information provided on this application form is a true and complete statement of my personal and professional record to date. I understand and agree that my employment with the District is conditional until the District completes the background check and informs me that, based on the results of that background check, my employment will continue or will terminate. Until such time as the background check is completed, my employment shall only be as a casual day-to-day employee and neither that employment, nor any acts, written agreements or other representations by the District or its representatives, shall in any way bind or require the District to continue my employment.

As required by Chapter 29, Laws of Washington 2004 and RCW 28A.400.301, I hereby authorize my current and past employers to disclose to the Vashon Island School District copies of all documents in the previous employer's personnel, investigative, or other files relating to sexual misconduct. I further release my current and past employers, and employees acting on behalf of those employers, from any liability for providing such information.

_____ Date of Application

_____ Signature of Applicant

The Vashon Island School District complies with federal rules and regulations and does not discriminate on the basis of race, creed, color, national origin, age, sex, marital status, sexual orientation or qualified individuals with disabilities insofar as such basis are valid occupational qualifications. The Vashon Island School District is an equal opportunity employer. Vashon Island School District is tobacco-free, drug-free and weapons free. Appropriate fingerprint screening results are required for employment. For specific information, contact Vashon Island School District Title IX and ADA/504 Coordinator Cathy Lambert, 9309 SW Cemetery Rd./PO Box 547, Vashon, Washington 98070, (206) 463-2121.



**WASHINGTON STATE SEXUAL MISCONDUCT
DISCLOSURE RELEASE**

(District Submits This Form to Previous School District Employer(s))

To :	SCHOOL DISTRICT EMPLOYER	<input type="checkbox"/> No prior school district employment
	PERSONNEL DEPARTMENT	
	STREET ADDRESS	
	CITY, STATE, ZIP	

The named applicant is under consideration for a position in our district. The Legislature has determined that additional safeguards are necessary in the hiring of school district employees to ensure the safety of Washington's school children. The individual whose name appears below has had previous employment with your organization. As a former employer, we request you provide the information requested on this form within 20 business days as required by state law (RCW 28A.400). Sexual misconduct definitions are found in WAC 180-87 and WAC 180-88. Your assistance is appreciated.

APPLICANT'S NAME (FIRST, MIDDLE, LAST)	
FULL NAME WHEN LAST EMPLOYED WITH ORGANIZATION	
SOCIAL SECURITY NUMBER	CERTIFICATE NO.
APPROXIMATE DATES OF EMPLOYMENT	
POSITION(S)	

I authorize you to release to the school/district listed above, all information related to any acts of sexual misconduct that the school district has made a determination that there is sufficient information to conclude that the abuse or misconduct occurred and that the abuse or misconduct resulted in the employee's leaving his or her position at the school district. Such information includes copies of all related documents, including any rebuttal documents, in personnel, investigative or other files, in accordance with RCW 28A.400. I release the above employer and employees acting on behalf of the employer from any liability for providing information described in this document.

Applicant Signature Date

This section to be completed by former school district employer(s) only.

- | | |
|--|--|
| <input type="checkbox"/> No sexual misconduct materials were found. | Was a complaint of sexual misconduct filed with OSPI? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Yes, sexual misconduct materials are available.
Please contact for more information. | |
| <input type="checkbox"/> No record of employment | |

Former Employer Representative Signature Title Date

Employing School Receipt Date _____ Received By _____

Return all completed information to:

SCHOOL DISTRICT Vashon Island School District	
ADDRESS PO Box 547	PHONE (206) 463-2121
STATE Vashon, WA	ZIP 98070
	FAX (206) 463-6262

OPTIONAL

APPLICANT INFORMATION SUPPLEMENT

The Vashon Island School District #402 provides equal opportunities in education and employment and does not discriminate on the basis of race, creed, color, national origin, age, sex, marital status, sexual orientation or qualified individuals with disabilities insofar as such basis are valid occupational qualifications in accordance with Title VI and VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, The Americans With Disabilities Act of 1990, and any applicable Washington State laws against discrimination (Washington State Law Against Discrimination). For specific information, please contact:

Vashon Island School District Title IX and A.D.A./504 Coordinator
Cathy Lambert
9309 SW Cemetery Rd./PO Box 547
Vashon, Washington 98070
(206) 463-2121

This information is to assist in our Affirmative Action Program. Completion of this form is optional and all information will be treated with complete confidentiality.

Date: _____ Sex: _____

Name: _____

Address: _____

Ethnic Codes:

- American Indian
- Black
- Hispanic
- White
- Asian/Pacific Islander
- Other

Disabilities:

Mental (include learning disability)

Sensory

Physical

If any, state nature of disability: _____

Veteran

Vietnam Era Veteran

Disabled Veteran

Position/s applied for: _____