

## Certificated Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Present Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Mailing City State Zip Code

Message Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

### Teaching Preference

Position for which you are applying: \_\_\_\_\_

Where did you learn of current opening: \_\_\_\_\_

Check subjects you are prepared to teach at level of your choice:

**Elementary:**  All Basic Subjects  Art  Music  P.E.  Foreign Language  Other \_\_\_\_\_

**Secondary Endorsements:** \_\_\_\_\_

**Activities:** (List those you can supervise or coach.)

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

### Current Position

School/Business	City/State	Responsibilities	Dates From/To	Supervisor

### Teaching Experience

School	City/State	Grades/Subjects	Dates From/To	Supervisor

### Other Work Experience

Employer or Firm	City/State	Position/Duties	Dates From /To	Supervisor

**Certification**

List below Washington Teaching, Administrative or Special Certificates held:

Type	Number	State	Date Issued	Expiration Date

Are you a member of Washington State Teachers' Retirement System? \_\_\_\_\_ Number \_\_\_\_\_

**Practice Teaching**

School	City/State	Grades/Subjects	Dates From/To	Classroom Supervisor

**Education**

College and Universities attended:

Institution	City/State	Years Completed	Dates From/To	Degree/Date

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

**References**

List those persons who have firsthand knowledge of your personal traits, scholarship and teaching ability.  
 (Instructors, supervising teacher, principal and other administrators.)

Name and Title	Address	Phone Number

I hereby certify that all the information herein is a true and complete statement of my personal and professional record to date. Falsification of any part of this application shall be cause for dismissal or withdrawal from consideration.

Signature of Applicant: \_\_\_\_\_

La Center School District No. 101  
725 Highland Road/PO Box 1840  
La Center, WA 98629  
Phone: (360)263-2131/Fax(360)263-1140

## **Fingerprinting/Background Check for New Hires and Substitutes**

**Fingerprinting services are available by appointment only.  
To schedule an appointment call: 360-750-7503.**

Available by appointment, Monday through Friday, for district employment, teacher certification, and others needing fingerprint services.

### **Current Fingerprinting Fees:**

District Employment (including classified personnel, teachers, substitute teachers and temporary employees): **\$55.00** cashier's check, personal check, or money order **payable to the OSPI** and **\$25.00 cash or check payable to ESD 112** for fingerprint processing.

### **Certification Applicants:**

\$65.00 cashier's check, personal check, or money order payable to the Washington State Patrol and a \$25.00 ESD 112 fingerprint processing fee payable by cash or check.

Please call Nancy Red or Allison Hutchison at 360-750-7503 x 254 to schedule an appointment.

### Voluntary, Confidential Information For Affirmative Action Purposes

Information derived from this questionnaire is for statistical purposes and will not be filed with or made part of your application or personnel file. La Center School District No. 101 is committed to ensuring equal employment opportunities for all persons without regard to race, color, creed, religion, national origin, age, sex, marital status, or the presence of any sensory, mental or physical disability, except as may be necessary to meet a bona fide occupational qualification.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Position applying for: \_\_\_\_\_

Male

Female

Veteran/Racial/Ethnic Group:

American Indian or Alaskan Native

Asian or Pacific Islander: \_\_\_\_\_

Black, not of Hispanic origin

Hispanic

White, not of Hispanic origin

Protected age group (40-70 years)

Disabled Veteran

Veteran: Vietnam-era or more recent military action

La Center School District No. 101 complies with all federal rules and regulations and does not discriminate on the basis or race, color, national origin, sexual orientation, gender identity, or disability. This holds true for all district employment opportunities. Inquiries regarding compliance and/or grievance procedures may be directed to the district's Title IX Officer and section 504 Coordinator, ADA. c/o Superintendent at the above address.

### Employment Disclosure Statement

All applicants who will or may have unsupervised access to children during the course of employment in connection with his/her application for a position with La Center School District No. 101 and pursuant to RCW 43.43.830 through 834, RCW 9.96A.020, and RCW 10.97.030 and 050 must complete the following disclosure statement. This information will be used only in making the initial decision of whether to employ you and will not be used or disseminated for any other purpose. We will request your fingerprints to obtain a report of your conviction record. If you are hired before the report is available, your employment will be conditioned upon the receipt of a satisfactory report.

Have you ever been convicted of any misdemeanor, gross misdemeanor or felony crimes against children or other persons (including instances in which a plea of guilty or nolo contendere is the basis for the conviction) or any proceedings in which the charge has been deferred from prosecution under chapter RCW 10.05 or the sentence has been deferred or suspended listed as follows:

Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Have you been convicted of any crime	<input type="checkbox"/>	<input type="checkbox"/>	First degree promoting prostitution
<input type="checkbox"/>	<input type="checkbox"/>	First or second degree murder	<input type="checkbox"/>	<input type="checkbox"/>	Communication with a minor
<input type="checkbox"/>	<input type="checkbox"/>	First or second degree kidnapping	<input type="checkbox"/>	<input type="checkbox"/>	First degree arson
<input type="checkbox"/>	<input type="checkbox"/>	First, second or third degree assault	<input type="checkbox"/>	<input type="checkbox"/>	First degree burglary
<input type="checkbox"/>	<input type="checkbox"/>	First, second or third degree rape	<input type="checkbox"/>	<input type="checkbox"/>	Indecent liberties
<input type="checkbox"/>	<input type="checkbox"/>	First, second or third rape of a child	<input type="checkbox"/>	<input type="checkbox"/>	Incest
<input type="checkbox"/>	<input type="checkbox"/>	Felony indecent exposure	<input type="checkbox"/>	<input type="checkbox"/>	Vehicular homicide
<input type="checkbox"/>	<input type="checkbox"/>	First or second degree robbery	<input type="checkbox"/>	<input type="checkbox"/>	Unlawful imprisonment
<input type="checkbox"/>	<input type="checkbox"/>	First or second degree manslaughter	<input type="checkbox"/>	<input type="checkbox"/>	Simple assault
<input type="checkbox"/>	<input type="checkbox"/>	First or second degree extortion	<input type="checkbox"/>	<input type="checkbox"/>	Sexual exploitation of minors
<input type="checkbox"/>	<input type="checkbox"/>	First or second degree criminal mistreatment	<input type="checkbox"/>	<input type="checkbox"/>	First or second degree custodial interference
<input type="checkbox"/>	<input type="checkbox"/>	Child abuse or neglect as defined in RCW 26.44.020	<input type="checkbox"/>	<input type="checkbox"/>	Malicious harassment
<input type="checkbox"/>	<input type="checkbox"/>	Selling or distributing erotic material to a minor	<input type="checkbox"/>	<input type="checkbox"/>	First, second, or third degree child molestation
<input type="checkbox"/>	<input type="checkbox"/>	Custodial assault	<input type="checkbox"/>	<input type="checkbox"/>	Patronizing a juvenile prostitute
<input type="checkbox"/>	<input type="checkbox"/>	Child buying or selling	<input type="checkbox"/>	<input type="checkbox"/>	Violation of child abuse restraining order
<input type="checkbox"/>	<input type="checkbox"/>	Promoting pornography	<input type="checkbox"/>	<input type="checkbox"/>	Prostitution
<input type="checkbox"/>	<input type="checkbox"/>	First, second or third degree assault of a child	<input type="checkbox"/>	<input type="checkbox"/>	Or any of these crimes as they may have been named
<input type="checkbox"/>	<input type="checkbox"/>	Aggravated murder			

1. Have you ever been found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor or to have physically abused any minor?  Yes  No
2. Have you ever been found by a court in a domestic relations proceeding under title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor?  Yes  No
3. Have you ever been found in any disciplinary board final decision to have sexually to physically abused or exploited any minor or developmentally disabled person?  Yes  No
4. Have you ever been found in any disciplinary board final decision to have abused or financially exploited any person 60 years or age or older who has a functional, mental, or physical inability to care for himself or herself or who is a patient in a state hospital?  Yes  No

**All Applicants:**

If your answer is "yes" to any of the above, please describe and provide the dates(s) of the conviction(s) or finding(s) and the sentence(s) and/or penalty(ies) imposed. If the conviction has been the subject of an expungement, pardon, annulment, or certificate of rehabilitation, please specify (attach additional sheets if necessary).

Under Penalty of Perjury, I certify that the above information is true, correct, and complete. I understand that if I am hired, I can be discharged for any misrepresentations or omission in the above statement. I also understand that if I am hired, my employment is conditioned on your receipt of a satisfactory report from the Washington State Patrol.

Signature \_\_\_\_\_ Name(print) \_\_\_\_\_ Date \_\_\_\_\_

### Information/Emergency Information Verification

We are in the process of completing the 2011/2012 payroll, personnel, and directory records. In order to have all information correct, it is necessary for you to take a few minutes to complete the following:

Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date: \_\_\_\_\_

#### Directory Information

Building: \_\_\_\_\_ Grade/Subject/Classification:  Certified  Classified  
 Para Pro  ESD

Home Address (Mailing): \_\_\_\_\_

Street Address (If different from mailing address): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Is this an unlisted number?  Yes  No (Please indicate your number even if it is unlisted. It will appear in the directory with a notation to not reveal unpublished numbers.)

#### **Emergency Information**

Emergency Contact Person (1) \_\_\_\_\_

Phone Number: Work: \_\_\_\_\_ Home: \_\_\_\_\_

Emergency Contact Person (2) \_\_\_\_\_

Phone Number: Work: \_\_\_\_\_ Home: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Any medical problems we need to be aware of? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**This information will be kept confidential.**

**Please return to Laurie in the District Office.**

I

## Immunization History for School Personnel and Volunteers

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Individuals born prior to January 1, 1957, need not provide evidence of immunity to measles, rubella, or mumps; these individuals are considered naturally immune.

### Measles

One dose of live measles vaccine administered since 1968 and given at or after one year of age; or laboratory evidence of measles immunity. Date of Vaccine: \_\_\_\_\_

Month/Day/Year

#### Documentation of Measles Immunity

I certify that the person named above has laboratory evidence of immunity to measles virus and does not need measles vaccine.

\_\_\_\_\_  
Titer Result

\_\_\_\_\_  
Physician's Signature or Stamp

\_\_\_\_\_  
Date

### Rubella

One dose of rubella vaccine administered at or after one year of age and after July 1969; or laboratory evidence of rubella immunity. Date of Vaccine: \_\_\_\_\_

Month/Day/Year

#### Documentation of Rubella Immunity

I certify that the person named above has laboratory evidence of immunity to rubella virus and does not need measles vaccine.

\_\_\_\_\_  
Titer Result

\_\_\_\_\_  
Physician's Signature or Stamp

\_\_\_\_\_  
Date

### Mumps

One dose of vaccine administered at or after one year of age.

Date of Vaccine: \_\_\_\_\_ Previously had mumps?  Yes  No When: \_\_\_\_\_

Month/Day/Year

#### Documentation of Mumps Immunity

I certify that the person named above has laboratory evidence of immunity to mumps virus and does not need measles vaccine.

\_\_\_\_\_  
Titer Result

\_\_\_\_\_  
Physician's Signature or Stamp

\_\_\_\_\_  
Date

### Tetanus-Diphtheria

TD (adult): A boosters needed every 10 years

Date of Vaccine: \_\_\_\_\_

Month/Day/Year

### Exemption

In the event of an outbreak of vaccine preventable disease from which you are exempt, you may be excluded from work for the duration of the outbreak.

Religious  Philosophical  Medical Exemption

I certify that the information provided above is correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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[Washington State Sexual Misconduct Disclosure](#) (click to download form) Print three(3) copies to include in your application.

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**LA CENTER SCHOOL DISTRICT NO. 101  
ANNUAL TRAINING CONFIRMATION FORM FOR EMPLOYEES/SUBSTITUTES/COACHES AND VOLUNTEERS**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

(Please Print)

The following training is required annually for every **EMPLOYEE/SUBSTITUTE/COACH AND VOLUNTEER** of the La Center School District. Please log on to our website at [www.lacenterschools.org](http://www.lacenterschools.org) – *staff page* to access the **Annual Training Slide Show and Sign Off Form**. Please check off each item as you review it. Once you have completed your review, please sign the bottom of this form and return it to Julie McKee in the District Office. PLEASE NOTE: By signing this sheet you acknowledge that you understand policies and procedures outlined in the review.

- |  |          |                          |
|--|----------|--------------------------|
| 1. LCSD Mandatory Safety Training Overview                             | Reviewed | <input type="checkbox"/> |
| 2. LCSD Mandatory Safety Training Overview Cont.                       | Reviewed | <input type="checkbox"/> |
| 3. Safety Program (Policy 6511)  | Reviewed | <input type="checkbox"/> |
| 4. First Aid Training (Not required of all employees)                  | Reviewed | <input type="checkbox"/> |
| 5. Emergency Response Procedures                                       | Reviewed | <input type="checkbox"/> |
| 6. HIV/Hepatitis B   | Reviewed | <input type="checkbox"/> |
| 7. Infection Control Program (Policy 6512, 3414)                       | Reviewed | <input type="checkbox"/> |
| 8. Boundary Invasion Policy (5253)                                     | Reviewed | <input type="checkbox"/> |
| 9. Sexual Harassment (Policy 6590)                                     | Reviewed | <input type="checkbox"/> |
| 10. Sexual Misconduct Notification                                     | Reviewed | <input type="checkbox"/> |
| 11. Harassment, Bullying, and Intimidation (Policy 3207)               | Reviewed | <input type="checkbox"/> |
| 12. Weapons/Firearms (Policy 4210)                                     | Reviewed | <input type="checkbox"/> |
| 13. Use of Tobacco on School Property (Policy 4215)                    | Reviewed | <input type="checkbox"/> |
| 14. Drug Free Workplace (Policy 5201)                                  | Reviewed | <input type="checkbox"/> |
| 15. Asbestos   | Reviewed | <input type="checkbox"/> |
| 16. Pesticide (Policy 6895)  | Reviewed | <input type="checkbox"/> |
| 17. Notification of Threats of Violence or Harm (Policy 4314)          | Reviewed | <input type="checkbox"/> |
| 18. Sexual Misconduct Notification Cont.                               | Reviewed | <input type="checkbox"/> |
| 19. Use of Videos in Class (Policy 2027)                               | Reviewed | <input type="checkbox"/> |
| 20. Electronic Information System (K-20 Network) (Policy 2022 & 2022P) | Reviewed | <input type="checkbox"/> |
| 21. Staff Treatment (Executives Limitations-4)                         | Reviewed | <input type="checkbox"/> |
| 22. End of Annual Training   | Reviewed | <input type="checkbox"/> |

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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