

La Center School District No. 101

725 Highland Road/PO Box 1840
La Center, WA 98629
Phone: 360.263.2131/Fax: 360.263.1140
jmckee@lcsd.k12.wa.us

Certificated Application

Name: _____ Date: _____

Present Address: _____ Phone: _____

Permanent Address: _____ Phone: _____

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. _____

4. _____ 5. _____ 6. _____

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

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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: _____

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Fingerprint Verification

Name: _____

Address: _____

City, State, Zip: _____

Date Fingerprinted: ____/____/____

By Officer: _____

Please sign with blue ink

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**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 of 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.

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Information/Emergency Information Verification

We are in the process of completing the 2007/2008 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

Assignment for 2007/2008

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.

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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.