

**La Center School District No. 101**

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

**Classified Application**

**Complete the application in full. "See resume" is not acceptable.**

Print Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Mailing City State Zip

Home Phone: \_\_\_\_\_ Cell Number: \_\_\_\_\_ Message Phone: \_\_\_\_\_

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

Employment Desired:  Full Time  Part Time

**Qualifications**

Position: \_\_\_\_\_

List your skills which you feel would qualify you for this position. (Be specific): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Employment History**

List below your last three employers, starting with the most recent.

Dates From/To	Name/Address of Employer or Firm	Position	Salary	Reason for Leaving

Have you ever been discharged from any employment?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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**Education**

School/Location	Specialization	Degree/Date

**References**

List three persons not related to you whom you have known for at least one year.

Name	Address	Phone	Position

I hereby certify that I agree and understand that misrepresentation or omission of facts called for in this application shall constitute cause for dismissal. I agree and understand that the district may contact employers and references for information concerning my employment, character, ability, and experience.

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

\*All substitutes need to provide fingerprint verification prior to being called to sub.

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**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.

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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 2006/2007 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 2006/2007

Building: \_\_\_\_\_ Grade/Subject/Classification: \_\_\_\_\_

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 Julie 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