

# PASCO SCHOOL DISTRICT NO. 1

## APPLICATION FOR CERTIFIED EMPLOYMENT

PLEASE COMPLETE THE APPLICATION IN YOUR OWN HANDWRITING AND RETURN TO:



Pasco School District No. 1  
1215 West Lewis Street  
Pasco, WA 99301-5472  
Main Office (509) 543-6700  
Job Line (509) 543-6725  
Fax (509) 543-6728  
Website: www.psd1.org

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_ Telephone \_\_\_\_\_  
Street City State/Zip

E-mail \_\_\_\_\_ Cell/Message \_\_\_\_\_

Present position or employment status \_\_\_\_\_ Telephone \_\_\_\_\_

In Case of Emergency, Notify \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

### CERTIFICATION:

Type of Certificate \_\_\_\_\_ Date Issued \_\_\_\_\_ Expiration Date \_\_\_\_\_

Certificate # \_\_\_\_\_ Endorsements \_\_\_\_\_

Praxis II Tests passed \_\_\_\_\_

### POSITION DESIRED:

 Indicate areas you are certified and interested in.

- |  |  |                                       |  |
|--|--|---------------------------------------|--|
| <input type="checkbox"/> Elementary        | <input type="checkbox"/> Middle School | <input type="checkbox"/> High School  | <input type="checkbox"/> Administrator               |
| <input type="checkbox"/> Counselor         | <input type="checkbox"/> Librarian     | <input type="checkbox"/> Nurse        | <input type="checkbox"/> Vocational                  |
| <input type="checkbox"/> Music             | <input type="checkbox"/> Art           | <input type="checkbox"/> P.E./Fitness | <input type="checkbox"/> Speech Language Pathologist |
| <input type="checkbox"/> Special Education | <input type="checkbox"/> Psychologist  | <input type="checkbox"/> O.T./P.T.    | <input type="checkbox"/> Other (specify) _____       |

Are you willing to substitute?  Yes  No (If yes, additional substitute packet must be completed.)

### ACTIVITIES:

 List activities, which you are able to coach or supervise.

Athletics \_\_\_\_\_

\_\_\_\_\_

Activities \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Office Use Only

Unofficial Transcripts: \_\_\_\_\_

Official Transcripts: \_\_\_\_\_

Placement File: \_\_\_\_\_

Letters: \_\_\_\_\_

Fingerprints: \_\_\_\_\_

Teaching Certificate: \_\_\_\_\_

Wash. Cert. # \_\_\_\_\_

Expiration: \_\_\_\_\_

Endorsements: \_\_\_\_\_

References: \_\_\_\_\_

Bilingual: \_\_\_\_\_

Form 1588: \_\_\_\_\_

**EDUCATION:** Starting with post high school, list all institutions in order of attendance.

Name of Institution City and State	Dates Attended Mo/Yr to Mo/Yr	Credits Earned Specify Sem/Qtr	Degree Earned	Major	Minor

The total number of hours earned since your degree must be verified before a contract salary is established.

**STUDENT TEACHING/PRACTICUM/INTERNSHIP EXPERIENCE:** List in order of occurrence.

DO NOT INCLUDE OBSERVATIONS.

City _____	School _____	Principal
Assignment _____	Date _____	Master Teacher
	College _____	College Supervisor
City _____	School _____	Principal
Assignment _____	Date _____	Master Teacher
	College _____	College Supervisor
City _____	School _____	Principal
Assignment _____	Date _____	Master Teacher
	College _____	College Supervisor

**CERTIFICATED SCHOOL EXPERIENCE:** List in order of occurrence.

INCLUDE SUBSTITUTE EXPERIENCE.

District Name/Address	Position held Grades/Subjects	Dates of Employment Mo/Yr to Mo/Yr	Part-Time or Full-Time	Total days Substituted	Reasons for Discontinuing Position

**NON-CERTIFICATED WORK EXPERIENCE:** List previous employer(s) during the last 10 years.

Start with present or most recent employer(s).

Firm Name/Address	Dates of Employment Mo/Yr to Mo/Yr	Position Title	Supervisor	Telephone

**PERSONAL STATEMENT:** Briefly state what and how you could contribute to the district:

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**PROFESSIONAL AND PERSONAL ACTIVITIES AND INTERESTS:** List experiences with young people in which you participate. (Example: tutoring, paraeducator, sports, volunteer work, awards, organizations, etc.)

Type of Experience	Where	Dates

**REFERENCES:** Include any principals and supervisors who are familiar with your professional competency.

Name	Position	Telephone(s)	Address

**PERSONAL DATA:**

- Have you ever been employed by the Pasco Public Schools in any capacity?  Yes  No  
 If yes, when, what was your job, and who was your supervisor? \_\_\_\_\_  
 If employment was under a different name, please indicate name. \_\_\_\_\_
- Do you have relatives presently employed by the Pasco School District?  Yes  No  
 If yes, please state name and relationship. \_\_\_\_\_
- Are you bilingual?  Yes  No Specify language(s) \_\_\_\_\_  
 Are you biliterate?  Yes  No Specify language(s) \_\_\_\_\_
- Have you ever had a certificate revoked or suspended or have you voluntarily relinquished your teaching certificate to avoid revocation procedures?  Yes  No  
 If yes, identify date, certificate number and reason \_\_\_\_\_
- Have you been or are you now the subject of a complaint to the Superintendent of Public Instruction or any other disciplinary board or licensing body (Washington or any other state)?  Yes  No
- (a) Are you presently charged with, but not convicted of, a crime?  Yes  No  
*A pending criminal charge will not necessarily bar you from district employment. Exclude civil infractions such as minor traffic citations.*  
 If yes, please explain: \_\_\_\_\_
- (b) Have you ever been convicted of a crime?  Yes  No  
 (The term "convicted" includes all adverse dispositions, including a finding of guilty, or nolo contendere, an Alford plea, a stipulation to facts, a deferred or suspended sentence, or a deferred prosecution.)  
*A conviction record will not necessarily bar you from district employment. Exclude civil infractions such as minor traffic citations.*  
 If yes, please explain: \_\_\_\_\_
- (c) Have you ever been convicted, jailed, or released from prison for any offense that involves violence such as assault, rape, child abuse; or any crime, which involves drugs, alcohol or extortion, blackmail, coercion, embezzlement, fraud, stealing or robbery?  Yes  No  
 If yes, please explain: \_\_\_\_\_

Name  
Last  
First  
Middle

**EMPLOYMENT PROCEDURES:**

1. Applicant must provide a complete application, placement file and/or three current letters of recommendation, evidence of Washington State Certificate, copies of transcripts, and applicant disclosure form.
2. A letter of interest is required for each position for which you apply.
3. All interviews will be initiated and scheduled through the Human Resources Office. Only applicants selected for interview will be contacted.
4. Any person requiring special accommodations in the application process should advise the Human Resources Director.
5. Completed application forms containing placement office credentials and transcripts will be kept on file in the Human Resources Office for one (1) year following the date of receipt. If you wish to keep your file active for a longer period of time, written notification must be received in the Pasco School District prior to one (1) year from receipt of application. Incomplete applications will be discarded by January 1 of the following year.
6. Salaries of certified employees are determined by approved experience, training and salary schedules. Additional compensation for extra assignments is provided in accordance with the negotiated agreement and established procedure.
7. Recommendation for employment will be made to the School Board for approval.

**CONDITIONS OF EMPLOYMENT:**

Applicant agrees to provide Pasco School District with information needed upon notification of hire to include:

1. Evidence of citizenship or work permit, if required.
2. W-4 federal tax information.
3. Retirement data: date of birth, social security card.
4. I-9 Immigration & Naturalization and necessary documentation.
5. Official Transcripts
6. Written Verification of Teaching Experience.

**PASCO SCHOOL DISTRICT NO. 1 – SIGNATURE RELEASE AND AUTHORIZATION FOR REFERENCE CHECKS**

Applicant agrees that falsification of any part of this application shall be cause for dismissal.

All of the information I have provided in this application or any supplement to it is true, correct, and complete. I authorize the Pasco School District to inquire with former employer(s) or references and obtain any and all information regarding my job related background. I release and waive Pasco School District No. 1, my former employer(s) and all references from any and all liability in obtaining or disclosing such information. I agree that if I have provided false or incomplete statements, the district may, at its sole discretion, without notice or due process procedures, terminate my employment contract. If such action is taken by the district, the contract shall be deemed void from its inception.

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

\_\_\_\_\_  
Date

# PASCO SCHOOL DISTRICT NO.1

C.L. Booth Education Service Center 1215 West Lewis Pasco, WA 99301-5472  
(509)543-6700 Fax (509)543-6728 Job Line (509)543-6725 Website: [www.psd1.org](http://www.psd1.org)

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TO: Pasco School District Certificated Candidates  
FROM: Glenda Cloud  
Assistant Superintendent Human Resources  
RE: Application Procedure for Certificated Employment

We are pleased you are interested in applying for a certificated position in the Pasco School District.

To be considered for any certificated position please return the completed Application for Certificated Personnel along with the following required documents:

1. College placement file and/or three (3) current letters of recommendation
2. Copies of all college transcripts (official copies are not necessary unless hired)
3. Copy of Washington State Teaching Certificate
4. Copy of PRAXIS II tests
5. Completed Form SPI 1588 (Washington State Sexual Misconduct Disclosure Release) for each current and past school district employer.

Upon receipt of this information, we will enter the information in our computer database of eligible applicants. However, to be considered for currently advertised positions you must submit a letter requesting consideration for each position for which you are applying. Please refer to the job line number (509-543-6725) or access our employment opportunities on our website at [www.psd1.org](http://www.psd1.org) by clicking on District, Employment and then desired link to check current available positions.

Please provide true, correct, and complete information. A background check will be conducted through the Washington State Patrol and FBI.

Questions regarding the application procedure should be directed to Pasco School District No. 1, Human Resources Office, 1215 W. Lewis Street, Pasco, WA 99301 or e-mail [esittman@psd1.org](mailto:esittman@psd1.org).

Equal Opportunity Employer

**PASCO SCHOOL DISTRICT NO.1**  
**1215 W. Lewis Street**  
**Pasco, WA 99301**

**APPLICANT DISCLOSURE**

In accordance with RCW 43.43.830, applicants and prospective volunteers are required to complete this disclosure form. In addition, applicants who have been offered employment or volunteer assignments, as outlined in said law, will be required to complete a Request For Criminal History form. These requests will be forwarded to the Washington State Patrol for disclosure of any applicable charges or findings. Applicants may be employed on a conditional basis pending completion of such background investigation. Volunteers will be retained on the same conditional basis.

Answer YES or NO to each listed item. If the answer is YES to any item, explain in the area provided, indicating the charge or finding, the date, and the court(s) involved.

1. Have you ever been convicted of any crimes against persons as defined in RCW 43.43.830, and listed as follows: Aggravated murder; first, second or third degree murder; first or second degree kidnapping; first, second or third degree assault; first, second or third degree rape; first, second or third degree statutory rape; first or second degree robbery; first degree arson; first degree burglary; first or second degree manslaughter; first or second degree extortion; indecent liberties; incest; vehicular homicide; first degree promoting prostitution; communication with a minor; unlawful imprisonment; simple assault; sexual exploitation of minors; first or second degree criminal mistreatment; child abuse or neglect as defined in RCW 26.44.020; first or second degree custodial interference; malicious harassment; first, second, or third degree child molestation; first or second degree sexual misconduct with a minor; patronizing a juvenile prostitute; child abandonment; promoting pornography; selling or distributing erotic material to a minor; custodial assault; violation of child abuse restraining order; child buying or selling; prostitution; felony indecent exposure; or any of these crimes as they may be renamed in the future?

ANSWER \_\_\_\_\_ IF YES, EXPLAIN BELOW

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2. Have you ever been found in any dependency action under RCW 13.34.030 (2) (b) to have sexually assaulted or exploited any minor or to have physically abused any minor?

ANSWER \_\_\_\_\_ IF YES, EXPLAIN BELOW.

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3. 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?

ANSWER \_\_\_\_\_ IF YES, EXPLAIN BELOW.

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4. Have you ever been found in any disciplinary board final decision to have sexually abused or exploited any minor or to have physically abused any minor?

ANSWER \_\_\_\_\_ IF YES, EXPLAIN BELOW.

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--OVER--

Pursuant to RCW 9A.72.085, I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_ Place Signed \_\_\_\_\_

Witness Signature \_\_\_\_\_

Date \_\_\_\_\_ Position \_\_\_\_\_

**INVESTIGATION CONSENT AND RELEASE OF LIABILITY**

I authorize the Pasco School District to make any investigation of a personal, educational, vocational, or employment history. I further authorize any former employer, person, firm, corporation, educational or vocational institution, or government agency to provide the Pasco School District with information from any and all liability as a result of furnishing this information.

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



OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION  
 Office of Professional Practices  
 Old Capitol Building  
 PO BOX 47200  
 Olympia WA 98504-7200

## WASHINGTON STATE SEXUAL MISCONDUCT DISCLOSURE RELEASE

<b>To:</b>	SCHOOL DISTRICT EMPLOYER
	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.

<b>Return all completed information to:</b>	SCHOOL DISTRICT Pasco School District #1	
	ADDRESS 1215 W. Lewis St Pasco, WA 99301	
	PHONE (509) 543-6700	FAX (509) 543-6728

Employing School Receipt Date \_\_\_\_\_ Recipient Name \_\_\_\_\_

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

<input type="checkbox"/> No sexual misconduct materials were found. <input type="checkbox"/> Yes, sexual misconduct materials are available. Please contact for more information. <input type="checkbox"/> No record of employment.	Complaint of sexual misconduct was filed with OSPI. <input type="checkbox"/> Yes <input type="checkbox"/> No
_____ Former Employer Representative Signature	_____ Title
	_____ Date