

NON-COACHING EMPLOYMENT:

	Dates			
<u>Employer</u>	<u>To/From</u>	<u>Supervisor's Name</u>	<u>Supervisor's Title</u>	<u>Phone #</u>

REFERENCES: Give three references with whom you have coached who can be contacted to provide knowledge of your abilities.

<u>Name</u>	<u>Address</u>	<u>Phone #</u>	<u>Position</u>	<u>School/Organization</u>
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PERSONAL INFORMATION:

Have you ever been disciplined or investigated by a employer for any reason including sexual misconduct?

- Yes** **No**

If yes, please explain _____

Are you able to perform the duties and tasks of the position for which you are applying with or without accommodation or assistance?

- With accommodation or assistance Without accommodation or assistance

If accommodation or assistance would be required, please explain how you would perform the duties, tasks, and with what accommodation.

Are you a US citizen or are you eligible for lawful employment in the US? **Yes** **No**

*(Proof of citizenship or legal right to work in the US will be required upon hiring.)

I authorize the Lake Chelan School District to make an investigation of my personal, educational, vocational, or employment history. I further authorize any former employer, firm, corporation, educational or vocational institution, or government agency to provide the Lake Chelan School District with any information they may have regarding me. I hereby release and discharge the Lake Chelan School District and all of those who provide information from any and all liability as a result of furnishing and receiving this information.

I certify that the information contained in this application is true, correct, and complete. I agree that if I have provided false, misleading, or incomplete information, the District may, in its sole discretion, terminate my employment.

Signature of Applicant

Date

Minority and female candidates are encouraged to apply.

Lake Chelan School District is an equal opportunity employer. Lake Chelan School District comply with all federal and state rules and regulation and does not discriminate on the basis of race, creed, color, national origin, sex, sexual orientation, marital status, age, religion, or disability. This hold true for all district employment and opportunities. Inquiries regarding compliance procedures may be directed to the school Affirmative Action Officer, Larry Bowers, PO Box 369, Chelan, WA 98816.



OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION
 Professional Certification
 Office of Professional Practices
 Old Capitol Building, PO BOX 47200
 OLYMPIA WA 98504-7200
 OPP (360) 725-6130 TTY (360) 664-3631
 Web Site: <http://www.k12.wa.us/certification>
 E-Mail: cert@k12.wa.us

CHARACTER AND FITNESS SUPPLEMENT

Please complete the following questions carefully and completely before providing information and signing the affidavit. **Any falsification or deliberate misrepresentation, including omission of a material fact, in completion of this application can be grounds for denial of certification, or in the case of a certificate holder, reprimand, suspension, or revocation of the educational certificate, credential, or license.**

ALL REQUIRED DOCUMENTATION REQUESTED BELOW MUST ACCOMPANY THIS FORM. ALL QUESTIONS MUST BE ANSWERED. IF ADDITIONAL SPACE IS NEEDED, ATTACH ON A SEPARATE SHEET OF PAPER.

SECTION I - PERSONAL INFORMATION (please print or type)

1. NAME	LAST	FIRST	MIDDLE	2. MAIDEN NAME
3. ADDRESS				4. DATE OF BIRTH
CITY/STATE/ZIP				5. SOCIAL SECURITY NO. (OPTIONAL)
6. TELEPHONE				7. E-MAIL
BUSINESS: ()				HOME: ()
8. Please list all former names you have used and approximate dates of use. (If more than three, list on separate sheet of paper.)				
				Date
				Date
				Date

SECTION II - PROFESSIONAL FITNESS

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Have you ever held or do you currently hold a Washington education certificate? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Have you ever held or do you currently hold any education certificate, credential or license authorizing service in the public/private schools in another state, province, territory, or country? If "yes," list the states, provinces, territories, and/or countries: |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Are you currently or have you ever been the subject of any certificate or licensing investigation or inquiry by any certification or licensing agency for allegations of misconduct? If "yes," on a separate sheet of paper, list the agency, including complete address and telephone number as well as the purpose of the investigation or inquiry. |

If you answer "yes" to questions 4 through 11 (Section II), on a separate sheet of paper, give a complete explanation, including duties, circumstances, and supporting documentation.

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Have you ever had any adverse action taken on any certificate or license? (Adverse action includes letters of warning, reprimands, suspensions [including stayed], revocations, voluntary surrenders, or avoidance.) |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Have you ever been denied, or otherwise rejected for cause, an education certificate, credential, or license? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Have you ever withdrawn an application for any education certificate, credential, or license? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Have you ever practiced in any educational position in a public school for which you did not hold the appropriate valid educational certificate, credential, or license for that position? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Have you ever been dismissed, discharged, or fired from any employment position involving children or dependent adults? (Do not include RIFs) |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Have you ever resigned from or otherwise left any employment (e.g., settlement agreement) while allegations of misconduct were pending? |

- Yes No 10. Have you ever been disciplined by a past or present employer because of allegations of misconduct?
11. Are you currently or have you ever been the subject of any investigation or inquiry by an employer because of allegations of misconduct?

SECTION III - CRIMINAL HISTORY

If you answer "yes" to any of the questions 1-5 (Section III), please provide the following:

- A. On a separate sheet of paper state the following:
- a. A detailed statement including what occurred, the nature of the offense, charge or warrant.
 - b. The name and address of the arresting agency.
 - c. If a court was involved, the name and address of the court.
 - d. The date of the arrest.
 - e. The final disposition, if any.
- B. If a court was involved, provide a copy of the court docket (can be obtained at the court in which the charge[s] were filed).
- C. Provide a copy of the complete arresting officer's report.
- D. If a court was involved, provide the sentence and judgment (can be obtained at the court in which the charge[s] were filed).
- E. If the arrest was driving related, provide a copy of a current and complete 5-year driving abstract.

NOTE: For questions 1, 2, 3, DO NOT include minor in possession (MIP)/minor in consumption (MIC) occurring more than 2 years ago or driving under influence (DUI) occurring more than 5 years ago.

- Yes No 1. In the last 10 years, have you ever been arrested for any crime or violation of the law? (Do NOT include Minor in Possession [MIP]/Minor in Consumption [MIC] occurring more than 2 years ago or Driving Under Influence [DUI/DWI] occurring more than 5 years ago.) (Note: For "yes" responses to 1, 2, 3, even if your case was dismissed or your record was sealed you must answer this question in the affirmative.) You need not list traffic violations for which a fine or forfeiture of less than \$300 was imposed.
2. In the last 10 years, have you ever been fingerprinted as a result of any arrest for any crime or violation of the law?
3. In the last 10 years, have you ever been convicted of any crime or violation of any law? (Note: For the purpose of this question "convicted" includes [1] all instances in which a plea of guilty or nolo contendere is the basis of conviction, [2] all proceedings in which a sentence has been suspended or deferred, [3] or bail forfeiture.) You need not list traffic violations or fines for which a fine or forfeiture of less than \$300 was imposed.
4. Have you ever been convicted of any felony crime?
5. Do you currently have any outstanding criminal charges or warrants of arrest pending against you? This would include Washington State, any other state, province, territory, and/or country.
6. Have you ever been or are you presently under investigation in any jurisdiction for possible criminal charges? If your answer is "yes," identify agency and location (street address, city, state) and the circumstances or details relating to the investigation on a separate piece of paper.

SECTION IV - FITNESS

If you answer "yes" to any question (Section IV), provide a written explanation on a separate sheet of paper:

- Yes No 1. Have you ever exhibited any behavior or conduct which might negatively impact your ability to serve in a role which requires a certificate, credential, or license?
2. In the past 10 years, have you ever engaged in any conduct which resulted in the damage or destruction of property? (For purposes of questions 2 and 3, property includes both real and personal property owned by you or another. Do not list damages done as the result of an automobile accident.)
3. In the last 10 years, have you ever threatened to damage or destroy property?
4. Have you ever engaged in any conduct which resulted in the physical injury or harm of any person(s)? (Do not list injury or harm caused as the result of duties performed due to a job assignment such as police officer, armed forces member, or athlete.)
5. Have you ever threatened to do physical injury or harm to any person(s)? (Do not list threats issued as the result of duties performed due to a job assignment such as police officer, armed forces member, or athlete.)

SECTION IV - FITNESS

- Yes No
 6. Do you have a medical condition which in any way impairs or limits your ability to serve in a certificated role with reasonable skill and safety?
- N/A 7. If you use chemical substance(s), does this use in any way impair or limit your ability to serve in a certificated role with reasonable skill and safety?
- N/A If you disclosed a "yes" answer to questions 6 or 7 above, are the limitations or impairments caused by your medical condition(s) or substance abuse reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program? Please explain on a separate sheet of paper and provide the name, address, and telephone number of the program.
8. Do you currently use illegal drugs?
9. Have you used illegal drugs in the last year?
- N/A If you disclosed a "yes" answer to question 9 above, have you successfully completed or are you participating in a supervised rehabilitation program? Please explain on a separate sheet of paper and provide the name, address, and telephone number of the program.

If you answer "yes" to questions 10 or 11, attach copies of any court orders entered in the proceeding.

- Yes No
 10. Have you ever been found in any dependency or domestic relation matter to have sexually assaulted or exploited any minor?
11. Have you ever been found in any dependency or domestic relation matter to have physically abused any person?

If you answer "yes" to questions 12 or 13, and a repayment agreement has been established, attach copies of the repayment agreement from the appropriate agency.

- Yes No
 12. Are you currently in default status on any educational loan or scholarship? (Do not include loans that are currently in a compliant deferment status.)
13. Are you currently in non-compliance with a support order?

SECTION V - CHARACTER REFERENCES

List three individuals, not related to you, who will serve as character references.

NAME		TELEPHONE NUMBER ()
MAILING ADDRESS		CITY/STATE/ZIP
E-MAIL ADDRESS (OPTIONAL)		
NAME		TELEPHONE NUMBER ()
MAILING ADDRESS		CITY/STATE/ZIP
E-MAIL ADDRESS (OPTIONAL)		
NAME		TELEPHONE NUMBER ()
MAILING ADDRESS		CITY/STATE/ZIP
E-MAIL ADDRESS (OPTIONAL)		

*** ATTENTION ***

Please complete the appropriate sections on the next page (pg. 4 of 4).

ALL APPLICANTS MUST COMPLETE THE AFFIDAVIT

AFFIDAVIT

I, _____ certify (or declare) under the penalty of perjury under the laws of the state of Washington that the foregoing and all information included in the application is true and correct.

If the information provided or answer(s) to any question on the application or character and fitness supplement changes prior to my being granted certification, I must immediately notify the Office of Professional Practices and my college/university if I am a college/university candidate.

I understand I must answer this application truthfully and completely. Any falsification or deliberate misrepresentation, including omission of a material fact, in completion of this application can be grounds for denial of certification, or in the case of a certificate holder, reprimand, suspension, or revocation of the educational certificate, credential, or license.

SIGNATURE

DATE

CITY/STATE

THE FOLLOWING AFFIDAVIT MUST BE COMPLETED BY WASHINGTON COLLEGE/UNIVERSITY STUDENTS AND THOSE COMPLETING A PESB APPROVED TRAINING PROGRAM.

AFFIDAVIT

I hereby authorize _____ to release, orally or in writing as may be requested, all student records and other personally identifiable information to the Office of the Superintendent of Public Instruction (OSPI) for the purpose of investigating and determining my eligibility for Washington State certification pursuant to RCW 28A.410, WAC 181-86, and WAC 181-87, as now or hereafter amended.
(name of institution or organization)

SIGNATURE OF APPLICANT

DATE

Voluntary Equal Opportunity Employment Information

Lake Chelan School District #129 complies with all federal rules and regulations and does not discriminate on the basis of race, color, creed, national origin, sex, sexual orientation including gender identity, marital status, age (over 40), the presence of any sensory, mental, or physical disability, or the use of a trained dog guide or service animal by a person with a disability. This holds true for all district employment opportunities. Inquiries regarding compliance procedures may be directed to the school's Title IX Officer and/or Section 504 Coordinator.

Classified Application

Age Group: Over 40 **Date:** _____

Sex: Male Female

Race/Ethnic Designation

Please indicate your ethnic background:	
<input type="checkbox"/>	American Indian or Alaskan Native - All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
<input type="checkbox"/>	African American/Black (not of Hispanic origin) - All persons having origins in any of the Black racial groups of Africa.
<input type="checkbox"/>	Hispanic - All persons of Mexican, Puerto Rican, Cuban, Central or South American Spanish, or other culture or origin, regardless of race.
<input type="checkbox"/>	Asian or Pacific Islander - All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands. The areas include for example, Japan, Korea, India, the Philippine Islands and Samoa.
<input type="checkbox"/>	Caucasian - (White - not of Hispanic origin) - All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

Disabilities

Do you consider yourself to have a disability? (Definition of Disabled includes persons with physical, or mental impairments that would impede obtaining and maintaining permanent employment and opportunities.		
<input type="checkbox"/> YES	<input type="checkbox"/> NO	If yes, please explain:

Veteran

<input type="checkbox"/> YES	<input type="checkbox"/> NO	Are you a Vietnam Era Veteran (served actively in the armed forces between 8/5/1964 and 5/7/1975).
<input type="checkbox"/>	<input type="checkbox"/>	Do you consider yourself to be a Disabled Veteran? Definition of a disabled veteran: "Person who is materially disabled (disabled as defined above) and who is a veteran of the armed services."

Referral

How were you referred to the Lake Chelan School District?	
<input type="checkbox"/> Friend	<input type="checkbox"/> Public Agency <input type="checkbox"/> Newspaper <input type="checkbox"/> Web Site <input type="checkbox"/> Self <input type="checkbox"/> Employee <input type="checkbox"/> Other

This supplemental information is confidential and is for record keeping only. Your responses will be kept separate from other documents relating to your application.

**The Lake Chelan School District is an Equal Opportunity Employer.
Bilingual/biliterate individuals are encouraged to apply.**

CRIMINAL INFORMATION

HAVE YOU BEEN: (If yes, attach a statement of explanation)

Yes **No** **a. Convicted any crime against children or other persons** (aggravated murder; first or second degree murder; first or second degree kidnapping; first second or third degree assault; first, second, or third degree assault of a child; first, second, or third degree rape of a child; 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; first or second degree rape of a child; 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?)

Yes **No** **b.** Found in any dependency action or by a court in a domestic relations proceeding or in any disciplinary board final decision to have sexually assaulted or exploited any minor or to have sexually abused any minor?

Yes **No** **c.** Released from prison or convicted of any offense that involved drugs?

Yes **No** **d.** HAVE YOU BEEN, within the last ten years, convicted of a felony other than those listed (such conviction will not necessarily be a barrier to employment)?

(An inquiry to the Washington State Patrol and/or state or federal law enforcement agencies will be made.)

Should you be offered employment, you will be required to provide proof of citizenship, visa, or legal proof that you can be lawfully employed in the United States.

Have you ever had a certificate revoked or suspended? Yes No (If yes, give date) _____

Certificate revoked _____ Reason _____

SIGNATURE RELEASE

All of the information I have provided in this application is true, correct, and complete. I authorize Lake Chelan School District # 129 to inquire with former employers or references and obtain any and all information regarding my job related background. **I release and waive lake Chelan School District # 129, my former employer(s), and all references from any and all liability in obtaining or disclosing such information.** I agree that information provided by any individual shall be confidential and I shall not have access to 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.

I also understand and agree that I will be conditionally employed while the District performs a background record check or while the District awaits the Board of Directors making a final hiring decision. I understand that my employment is conditioned upon the completion of both the above acts and until such time as they are completed, my employment, if any, shall only be as a casual day-to-day employee and will not in any way bind or require the District to continue my employment.

 X _____ **Date** _____
Signature of Applicant