



Personnel Office  
 P.O. Box 369  
 Chelan, WA 98816  
 (509) 682-3515

# LAKE CHELAN SCHOOL DISTRICT

## CERTIFICATED

Application for Employment

*"AN EQUAL OPPORTUNITY EMPLOYER"*

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Date of Application \_\_\_\_\_

Present Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

Permanent Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

Message Telephone \_\_\_\_\_ State grades, subjects or positions desired in order of preference below:

**ELEMENTARY TEACHER** (Prioritize the grade/subject you prefer to teach, 1 being your first choice)

Kindergarten \_\_\_\_\_ 1st \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_ 4th \_\_\_\_\_ 5th \_\_\_\_\_ 6th \_\_\_\_\_

Elementary Music \_\_\_\_\_ ESL \_\_\_\_\_ Elementary Art \_\_\_\_\_

Elementary Physical Education \_\_\_\_\_ Elementary Reading \_\_\_\_\_ Gifted Education (grade) \_\_\_\_\_

**SECONDARY TEACHER** We are interested in your teaching preferences as well as your qualifications.

Prioritize grade level you prefer: 7-8 \_\_\_\_\_ 9-12 \_\_\_\_\_

Are you interested in an Alternative School (7-12) assignment? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you interested in advanced placement/gifted education? Yes \_\_\_\_\_ No \_\_\_\_\_

**SPECIAL EDUCATION** Prioritize level of assignment: Elementary \_\_\_\_\_ Secondary \_\_\_\_\_

**SPECIALIST** (List specific positions, i.e. counselor, librarian, CDS, psychologist, nurse)

What is your present position? \_\_\_\_\_

Are you under contract \_\_\_\_\_ If yes, until when? \_\_\_\_\_

**SUPPLEMENTAL ACTIVITIES** (Check those you are capable and willing to supervise)

- |                                      |  |                                       |                                     |   |                                      |
|--------------------------------------|--|---------------------------------------|-------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Annual      | <input type="checkbox"/> Cross Country   | <input type="checkbox"/> Gymnastics   | <input type="checkbox"/> Tennis     | <input type="checkbox"/> Band/Orchestra | <input type="checkbox"/> Debate      |
| <input type="checkbox"/> Intramurals | <input type="checkbox"/> Track           | <input type="checkbox"/> Baseball     | <input type="checkbox"/> Drama      | <input type="checkbox"/> Musical        | <input type="checkbox"/> Vocal Music |
| <input type="checkbox"/> Basketball  | <input type="checkbox"/> Flag/Drill Team | <input type="checkbox"/> Newspaper    | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Cheerleader    | <input type="checkbox"/> Football    |
| <input type="checkbox"/> Soccer      | <input type="checkbox"/> Wrestling       | <input type="checkbox"/> Club Advisor | <input type="checkbox"/> Golf       | <input type="checkbox"/> Softball       | <input type="checkbox"/> Other _____ |

**CERTIFICATION**

List teaching, administrative or special certificates held (or to be held)

TYPE	NUMBER	STATE	DATE ISSUED	EXPIRATION DATE

List areas of endorsement \_\_\_\_\_

*This application can be activated for substitute teaching at your request.*

(This application is approved by the Washington State Human Rights Commission)

**TO BE SERIOUSLY CONSIDERED FOR POSITIONS, APPLICATION FORM MUST BE COMPLETED IN FULL.**

## SPECIAL TRAINING

If you have completed any of the following specific classes and/or workshops, please provide the number of contact class hours:

Instruction _____	Curriculum _____	Training in Specialized Student Needs
ITIP _____	Computer Training _____	Language learning/dyslexia _____
TESA _____	Child Abuse/Personal Safety _____	Gifted _____
Student Team Learning _____	Math Problem Solving _____	Remedial _____
Learning Styles _____	Sex Equity Awareness _____	Drug/Alcohol Problems _____
Inquiry Methods _____	Multi-Cultural Awareness _____	Bilingual _____
Other Instructional Training _____	Success in Reading & Writing _____	Other Student Needs Training _____
_____	Other Special Curriculum Training _____	_____
_____	_____	_____

## SUPPLEMENTAL QUESTIONS

Please take a few minutes to answer the following questions. This will help us get to know you better.

1. What do you believe are the most important factors to include when designing a lesson? \_\_\_\_\_  
\_\_\_\_\_
2. How much do you want to know about your students in order to be most helpful to them? \_\_\_\_\_  
\_\_\_\_\_
3. With what kind of student do you like to work and with which kind of student do you believe you could be most effective?  
Please provide examples of your explanation. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Please describe what plans you have for continuing your education and indicate why you have made these plans.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. From your prior experience, describe a difficult classroom situation that arose and how you handled it.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*If you need additional room for any of these questions, please use another sheet of paper.*

**In order to assure that you will have a completed file in our office, please check to make sure you have taken care of the following documents:**

1. \_\_\_\_\_ Completed district application form.
2. \_\_\_\_\_ College placement file has been forwarded.
3. \_\_\_\_\_ Affirmative action survey.
4. \_\_\_\_\_ Photocopy of Washington State teaching certificate.
5. \_\_\_\_\_ Transcripts - unofficial accepted.



**REFERENCES**

NAME	ADDRESS	TELEPHONE #

Within the last ten years have you ever been charged, plead guilty, been convicted, fined, imprisoned or placed on probation for violation of any law, police regulation or ordinance (excluding minor traffic violations)? (A conviction record will not necessarily bar you from employment.)

Yes\_\_\_\_\_ No\_\_\_\_\_

Within the last ten years have you ever been discharged or forced to resign for misconduct or unsatisfactory service from any position - teaching or other?

Yes\_\_\_\_\_ No\_\_\_\_\_

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

Have you ever had a teaching certificate revoked, suspended or denied, or have you ever voluntarily relinquished a teaching certificate to avoid revocation procedures?

Yes\_\_\_\_\_ No\_\_\_\_\_ If so, name of state \_\_\_\_\_

Some applicants who have a mental, physical, or sensory disability require an accommodation or assistance to enable them to perform the functions of the job sought.

Are you able to perform the functions of the job (with or without accommodation)?

Yes\_\_\_\_\_ No\_\_\_\_\_

If an accommodation is needed, please describe what accommodation is needed?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby certify that all the information I have provided in this application is true and correct. I give my permission for Lake Chelan Schools to contact any references or prior employers given in conjunction with this application. I further agree that if I am employed, I will provide verification of my certification, education and experiences. I also agree that falsifications of any part of this application shall be sufficient cause for dismissal. References and personal information which become part of this application will be regarded as confidential and shall not be revealed to me.

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

The Lake Chelan School District No. 129 complies with all federal rules and regulations and does not discriminate on the basis of race, color, national origin, sex, or handicap. This holds true for all district employment opportunities. Inquiries regarding compliance procedures may be directed to the school district's Title IX Officer and/or Section 504 Coordinator.

## *Voluntary Equal Opportunity Employment Information*

Lake Chelan School District #129 complies with all federal and state rules and regulations and does not discriminate on the basis of race, color, national origin (including language), sex, sexual orientation including gender expression or identity, creed, religion, age (over 40), veteran or military status, 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 and/or grievance procedures may be directed to the school's Title IX Officer and/or Section 504 Coordinator.

Age Group \_\_\_\_\_ (over 40)

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

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

### Race / Ethnic Designation

Please indicate your ethnic background:

	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.
	African American/Black (not of Hispanic origin) - All persons having origins in any of the Black racial groups of Africa.
	Hispanic - All persons of Mexican, Puerto Rican, Cuban, Central or South American Spanish, or other culture or origin, regardless of race.
	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, China, Japan, Korea, India, the Philippine Islands and Samoa.
	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, sensory, or mental impairments that would impede obtaining and maintaining permanent employment and promotional opportunities.)		
YES	NO	If yes, please explain:

### Veteran

YES	NO	Are you a Vietnam Era Veteran (served actively in the armed forces between 8/5/1964 and 5/7/1975).
YES	NO	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."

How were you referred to the Lake Chelan School District?

Newspaper \_\_\_\_\_ Friend \_\_\_\_\_ Web Site \_\_\_\_\_ Self \_\_\_\_\_ Employee \_\_\_\_\_ Public Agency \_\_\_\_\_ 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/Bi-literate individuals are encouraged to apply.*