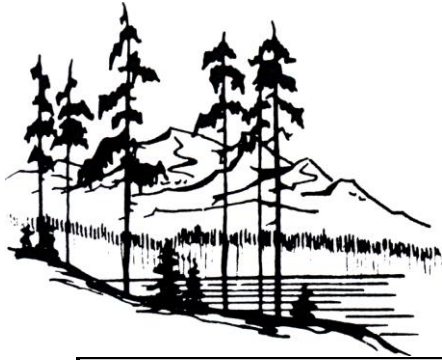


Directions and General Information for Classified Applicants

Thank you for your interest in the Brinnon School District. Please read through the application materials carefully. Only completed applications will be considered for screening. You are encouraged to contact Human Resources to inquire about the status of your application and/or the open position for which you applied. **The following documents are required to complete your application:**

	Brinnon School District application form completed and signed.
	Letter of interest specific to the position you are applying for, addressing each qualification listed in the job description.
	Current resume (optional)
	Letters of reference (optional).
	Applicant Disclosure Statement completed and signed.
	Washington State Patrol Criminal History Record form completed and signed.
	Other information the candidate feels is important for consideration
	Affirmative Action form (optional)
	Washington State Sexual Misconduct Disclosure Release (upon hire). <ul style="list-style-type: none"> • One form will be completed and sent to each school district you have been employed with.
	Fingerprints taken; background checks verified (upon hire).
	Payroll forms for applicants and substitutes (upon hire), including, but not limited to: <ul style="list-style-type: none"> • I-9 (Copy of driver's license and social security card required.) • W-4

When an offer of employment is made, new employees who will or may have unsupervised access to children, developmentally disabled persons, or vulnerable adults must complete a background check for criminal history, including a fingerprint check, by the Washington State Patrol and the Federal Bureau of Investigation (FBI), as well as a written disclosure of specified criminal convictions and civil or disciplinary board findings. Any offer of employment is conditional upon the successful outcome of the criminal history background check and approval by the Brinnon School District Board of Directors. If you have further questions, please contact our office at 360-796-4646.



Brinnon School District No. 46

46 SCHOOLHOUSE ROAD
 BRINNON, WA 98320
 Phone: (360) 796-4646

CLASSIFIED APPLICATION			
Date:		<i>Your social security number is not required at the time of application, however a copy of the original will be necessary upon hiring for federal income tax, state retirement and internal record keeping purposes.</i>	
Name:		Alias/Maiden Name:	
Mailing Address~City~State:			
Phone:		Cell Phone:	E-Mail:
POSITION YOU ARE APPLYING FOR: _____			
I WOULD LIKE TO SUBSTITUTE IN THE BRINNON SCHOOL DISTRICT: YES NO			
PREFERENCES			
Educational Assistant		Custodial / Maintenance	Bus / Sub Bus Driver
Playground / Cafeteria		Office	Library / Technology
Certification, Authorization and Release			
			<i>Initial Here</i>
I hereby certify that all the information I provide in this application is true and correct.			
I authorize the Brinnon School District to make any investigation of my personal, educational, vocational and employment history.			
I further authorize any current/former employer, person, firm, corporation, educational or vocational institution, or government agency to provide the Brinnon School District with information regarding me.			
I hereby release and discharge the Brinnon School District and those who provide information from any and all liability as a result of furnishing and receiving information.			
I understand and agree that falsification of any part of this application shall be sufficient cause for dismissal or refusal to hire.			
Signature			Date

EDUCATIONAL TRAINING

List all schools attended.

Name of School	City & State	Dates Month/Year	Degree Diploma	Major Area of Study	Date Degree Granted
		High School	Yes		
			No		
			GED		
		From: ___/___ To: ___/___			
		From: ___/___ To: ___/___			
		From: ___/___ To: ___/___			
		From: ___/___ To: ___/___			

EXPERIENCE

List most recent experience first. Include military experience. Do not indicate "see resume".

Dates Month/Year	Employer & Address	Supervisor's Name, Title and Phone #	Type of Work	Reason for Leaving
From: ___/___ To: ___/___				
From: ___/___ To: ___/___				
From: ___/___ To: ___/___				
From: ___/___ To: ___/___				
From: ___/___ To: ___/___				

PROFESSIONAL REFERENCES

Please list three references (former supervisors) who may be contacted.

Name	Position	Employer & Address	Phone
			Work () _____ Home () _____
			Work () _____ Home () _____
			Work () _____ Home () _____

STATEMENT OF NONDISCRIMINATION

Brinnon School District does not discriminate on the basis of sex, race, creed, religion, color, national origin, age, honorably discharged veteran or military status, sexual orientation, gender expression or identity, 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 in its programs and activities and provides equal access to the *Boy Scouts and other designated youth groups. The following employee has been designated to handle questions and complaints of alleged discrimination:

Title IX Coordinator

Patricia Beathard, Superintendent
46 Schoolhouse Road
Brinnon, WA 98320
Email: pbeathard@bsd46.org
360-796-4646

Section 504/ADA Coordinator

Patricia Beathard, Superintendent
46 Schoolhouse Road
Brinnon, WA 98320
Email: pbeathard@bsd46.org
360-796-4646

Compliance Coordinator for 28A.640 and 28A.642 RCW

Patricia Beathard, Superintendent
46 Schoolhouse Road
Brinnon, WA 98320
Email: pbeathard@bsd46.org
360-796-4646

Send completed applications to:

Patricia Beathard
Brinnon School District #46
46 Schoolhouse Road
Brinnon, WA 98320

e-mail: pbeathard@bsd46.org
Fax: 360-796-4113

*It is not possible to interview everyone who completes an application.
Only finalists will be interviewed and those interviewed will be notified regarding final selection.*

BRINNON SCHOOL DISTRICT

46 Schoolhouse Rd
Brinnon, WA 98320
360-796-4646

APPLICANT DISCLOSURE STATEMENT

The information given below is confidential.

Print Name:	Date:	
<u>EMPLOYMENT HISTORY DISCLOSURE</u>	Yes	No
1. Are you presently employed? If yes, with whom?		
2. Are you a former employee of our district?		
3. Have you ever been on a plan of improvement or probation plan or advised that you would be placed on such plan?		
4. Have you ever been placed on leave pending investigation of allegations of misconduct?		
5. Have you ever been discharged or forced to resign from employment (inclusive of regular or extracurricular positions) while allegations of misconduct on your part were under investigation or in order to avoid discharge for unsatisfactory performance/service?		
6. Have you ever been discharged from any employment (inclusive of regular or extracurricular positions)?		
7. Have you ever been disciplined for misconduct by any employer?		
If you answered yes to any of the questions three (3) through seven (7), please attach on a separate sheet an explanation of the circumstances including underlying facts, place, date, and outcome.		
<i>Initial Here</i>		
8. Some applicants who have a mental, physical or sensory disability require an accommodation or assistance to enable them to perform the essential functions of the position sought. Are you able to perform the essential functions of the position for which you are applying (with our without accommodation)? If an accommodation is needed please describe the nature of the accommodation.		

I declare under the penalty of perjury of the laws of the State of Washington that the foregoing answers and all information included in my application are true, complete and correct. If the information provided or answer(s) to any question on the Application or Background Questionnaire change prior to my being hired, I understand and agree to immediately notify the Brinnon School District. I agree that if I have failed to update the Background Questionnaire or if I have provided false, misleading or incomplete information on the application or background questionnaire, the Brinnon School District may, in its sole discretion, terminate my employment.

Signature	Date
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APPLICANT DISCLOSURE STATEMENT

CRIMINAL HISTORY DISCLOSURE

1. Are you presently charged with, but not convicted of, a crime? (Exclude civil infractions, such as minor traffic citations.) No Yes **If yes, attach an explanation of the nature of the charge, place, date, and court. A pending criminal charge will not necessarily bar you from District employment.**

2. Have you ever been convicted of a crime? **(The term “convicted” means all adverse dispositions, including a finding of guilty, a plea of guilty or nolo contendere, an Alford plea, a stipulation to the facts, a deferred or suspended sentence, or a deferred prosecution.** Exclude civil infractions, such as minor traffic citations.) No Yes **If yes, attach an explanation of the nature of the crime, place, date, and court. A conviction record will not necessarily bar you from District employment.**

3. **(A) CHECK ANY OF THE FOLLOWING FOR WHICH YOU HAVE BEEN CONVICTED, INCLUDING ANY OF THESE CRIMES AS THEY MAY HAVE BEEN RENAMED: (See above for definition of “convicted”).**

- | | | |
|---|---|---|
| <input type="checkbox"/> Custodial Assault | <input type="checkbox"/> First, Second, or Third Degree Child Molestation | <input type="checkbox"/> First or Second Degree Manslaughter |
| <input type="checkbox"/> First, Second, or Third Degree Assault of a Child | <input type="checkbox"/> First or Second Degree Sexual Misconduct with Minor(s) | <input type="checkbox"/> First, Second, or Third Degree Rape |
| <input type="checkbox"/> First, Second, or Third Degree Assault | <input type="checkbox"/> Patronizing a Juvenile Prostitute | <input type="checkbox"/> First or Second Degree Robbery |
| <input type="checkbox"/> Simple Assault | <input type="checkbox"/> Selling or Distributing Erotic Material to Minor(s) | <input type="checkbox"/> Indecent Liberties |
| <input type="checkbox"/> First or Second Degree Custodial Interference | <input type="checkbox"/> Sexual Exploitation of Minor(s) | <input type="checkbox"/> Felony Indecent Exposure |
| <input type="checkbox"/> Incest | <input type="checkbox"/> Communication with a Minor for Immoral Purposes | <input type="checkbox"/> Vehicular Homicide |
| <input type="checkbox"/> First, Second, or Third Degree Rape of a Child | <input type="checkbox"/> First Degree Arson | <input type="checkbox"/> Unlawful Imprisonment |
| <input type="checkbox"/> Child Abandonment | <input type="checkbox"/> First Degree Burglary | <input type="checkbox"/> Malicious Harassment |
| <input type="checkbox"/> Child Abuse or Neglect as Defined in RCW 26.44.020 | <input type="checkbox"/> Aggravated Murder | <input type="checkbox"/> Criminal Abandonment |
| <input type="checkbox"/> Violation of Child Abuse Restraining Order | <input type="checkbox"/> First or Second Degree Murder | <input type="checkbox"/> First or Second Degree Criminal Mistreatment |
| <input type="checkbox"/> Child Buying or Selling | <input type="checkbox"/> First or Second Degree Extortion | <input type="checkbox"/> Promoting Pornography |
| <input type="checkbox"/> First or Second Degree Kidnapping | | <input type="checkbox"/> First Degree Promoting Prostitution |
| | | <input type="checkbox"/> Prostitution |
| | | <input type="checkbox"/> First or Second Degree Custodial Sexual Misconduct |

4. **(B) CHECK HERE IF YOU HAVE NOT BEEN CONVICTED OF ANY OF THE ABOVE, INCLUDING ANY OF THESE CRIMES AS THEY MAY HAVE BEEN RENAMED.**

APPLICANT DISCLOSURE STATEMENT

5. **Have you ever been: (a) found by a court in a protection proceeding under Chapter 74.34 to have abused or financially exploited a vulnerable adult or (b) convicted of any of the following crimes where the victim was a vulnerable adult: (Vulnerable adult means adults of any age who lack the functional, mental, or physical ability to care for themselves.)**

- First, second, or third degree extortion
- First second or third degree theft
- First or second degree robbery
- Forgery
- Any of the foregoing crimes as they may have been renamed

ANSWER: NO YES IF YES, EXPLAIN BELOW.

6. **Have you ever been convicted of any crime involving the manufacture, delivery, or possession with intent to manufacture or deliver a controlled substance?**

ANSWER: NO YES IF YES, EXPLAIN BELOW.

7. **Have you ever been found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor or to have physically abuse any minor?**

ANSWER: NO YES IF YES, EXPLAIN BELOW.

8. **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: NO YES IF YES, EXPLAIN BELOW.

9. **Have you ever been found in any disciplinary board final decision to have sexually or physically abused any minor or developmentally disabled person, or to have abused or financially exploited any vulnerable adult? "Disciplinary board final decision" means (a) any final decision by the director of the Department of Licensing for real estate brokers and salespersons and (b) any final decision by a disciplinary authority under Chapter 18.130 RCW or the secretary of the Department of Health for the following businesses or professions: chiropractic, dentistry, dental hygiene, naturopathy, massage, midwifery, osteopathic medicine and surgery, physical therapy, physicians, practical nursing, registered nursing, and psychology.**

ANSWER: NO YES IF YES, EXPLAIN BELOW.

APPLICANT DISCLOSURE STATEMENT

10. Are you presently charged with, but not convicted of, any of the crimes or offenses described in questions 3 through 8 above? ANSWER: NO YES

An inquiry may be made to the Washington State Patrol, a Federal, or other Law enforcement agency to verify your responses to the above inquiries. A copy of any response received pursuant to such inquiry will be made available to you upon request.

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct

Applicant Name (please print):

Applicant Signature:

(Original signature)

Date and Place:

TO BE COMPLETED AFTER CONDITIONAL EMPLOYMENT IS OFFERED.

I certify under penalty of perjury under the laws of the State of Washington that as of this date____/____/____, a date on or after which I have been offered conditional employment with the hiring district, the foregoing remains true and correct. I further certify that I have been released from all contractual obligations with other Washington State School Districts. I understand that any falsification or deliberate misrepresentation, including omission of a material fact or failure to complete any part of my application or this questionnaire can be grounds for denial of employment or continued employment with the hiring district.

Your signature must be witnessed by an employee of the hiring district.

Print Name: _____

Sign Name: _____

Witness, Print Name/Title: _____

Witness, Sign Name: _____

Date and Place: _____

**Washington State Patrol Criminal History Record
Request for Criminal History Information
Child/Adult Abuse Information Act
Reference RCW 10.97 , 43.43.830 – 43.43.845**

Today's Date: / ____ / ____

Please Print

NAME:	_____		
	First	Middle	Last
Alias/Maiden Name:	_____		
	First	Middle	Last
Social Security #	_____ - _____ - _____		
Driver's Lic. Number/State:	_____		
Date of Birth:	____ / ____ / ____	Male <input type="checkbox"/>	Female <input type="checkbox"/> Race: _____
Mailing Address:	_____		
City	_____	Zip	_____
Home Phone:	_____	Cell Phone:	_____
Email Address:	_____		

APPLICANT SIGNATURE: _____

OFFICE USE ONLY	
Verify applicant's name matches with valid (unexpired) driver's license	<input type="checkbox"/>
Date of clearance: _____	Initial: _____
Results attached	<input type="checkbox"/>

BRINNON SCHOOL DISTRICT

46 Schoolhouse Rd
Brinnon, WA 98320
360-796-4646

Request for Affirmative Action Program Data

This information requested is voluntary. Your responses will be kept separate from other documents relating to your application. This document will be used by the individuals who process your application. The information given below is confidential and will be used for statistical reporting as part of our Affirmative Action Program.

Name:	Date:
Position applied for:	

Please check the appropriate items in each of the following categories.	Yes	No
Are you a Vietnam-era veteran? <i>Served on active duty for a period of more than 180 days, any part of which occurred between the dates of August 5, 1964 through May 7, 1975 to qualify, and was discharged or released from that duty with discharge other than dishonorable; was discharged or released from active duty for a service-connected disability if any part of such duty was performed between above noted dates.</i>		
Are you a disabled veteran? <i>Is entitled disability compensation under laws administered by the Veterans Administration for disability rated at 30% or more; or was discharged or released from active duty due to a disability in the line of duty.</i>		
Do you have a physical, sensory or mental impairment which substantially limits one or more life activities? <i>The impairment(s) must be material rather than slight; static and permanent in that it is seldom fully corrected by medical replacement, therapy or surgical means.</i>		
Are you in a protected age group? <i>40 years of age or older</i>		
What race do you consider yourself to be?		
<ul style="list-style-type: none"> • American Indian or Alaskan Native: a person having origins in any of the original peoples of North America and South America, including Central America, and who maintains tribal affiliation or community attachment. 		
<ul style="list-style-type: none"> • Asian: a person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Island, Thailand and Vietnam. 		
<ul style="list-style-type: none"> • Black or African American: a person having origins in any of the Black racial groups of Africa. 		
<ul style="list-style-type: none"> • Native Hawaiian or Other Pacific Islander: a person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands. 		
<ul style="list-style-type: none"> • White: a person having origins in any of the original peoples of Europe, North Africa or the Middle East. 		
<ul style="list-style-type: none"> • Hispanic or Latino: a person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin. 		
Gender		_____