

METHOW VALLEY SCHOOL DISTRICT NO. 350



18 Twin Lakes Rd.  
 Winthrop WA 98862  
 (509) 996-9205

APPLICATION FOR CLASSIFIED EMPLOYMENT	
<b>Position:</b>	
Maintenance _____	Paraprofessional _____
Custodial _____	Food Service _____
Transportation _____	Administrative _____
Secretarial/clerical _____	Other _____
<b>Availability:</b>	
Fulltime _____	Part-time _____
School year only _____	Hours available _____
Are you willing to substitute? _____	

Date of Application \_\_\_\_\_

THIS FORM IS TO BE COMPLETED IN INK BY APPLICANT

Name: \_\_\_\_\_ S.S. # \_\_\_\_\_  
                     Last                      First                      Middle

Present Address: \_\_\_\_\_  
   St. or PO Box                      Town                      State                      Zip

Home Phone: \_\_\_\_\_ Message/Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

In Case of Emergency Notify: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

EDUCATIONAL TRAINING

SCHOOL	NAME & LOCATION OF SCHOOL	COURSE OF STUDY	YEARS COMPLETED	DEGREE OR DIPLOMA
HIGH				
COLLEGE				
OTHER				

REFERENCES

List below three persons, other than relatives or former employers, who have known you during the past three years.

NAME	ADDRESS	TELEPHONE NO.
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1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

METHOW VALLEY SCHOOL DISTRICT IS AN  
 EQUAL OPPORTUNITY EMPLOYER  
 EMPLOYMENT EXPERIENCE

Please give a complete full- and part-time employment record. Start with present or most recent employer and explain any gaps in employment, such as military service, school attendance, unemployment, etc. If employment was under a different name, please indicate that.

EMPLOYER		DATES EMPLOYED		TITLE & JOB RESPONSIBILITIES
1	Name	From Mo. Yr.	To Mo. Yr.	Reason for Leaving
	Address			
	City, State, Zip Code	Hrs. Worked Per Week		
	Type of Business	Salary Begin End		
2	Name	From Mo. Yr.	To Mo. Yr.	Reason for Leaving
	Address			
	City, State, Zip Code	Hrs. Worked Per Week		
	Type of Business	Salary Begin End		
3	Name	From Mo. Yr.	To Mo. Yr.	Reason for Leaving
	Address			
	City, State, Zip Code	Hrs. Worked Per Week		
	Type of Business	Salary Begin End		
4	Name	From Mo. Yr.	To Mo. Yr.	Reason for Leaving
	Address			
	City, State, Zip Code	Hrs. Worked Per Week		
	Type of Business	Salary Begin End		
5	Name	From Mo. Yr.	To Mo. Yr.	Reason for Leaving
	Address			
	City, State, Zip Code	Hrs. Worked Per Week		
	Type of Business	Salary Begin End		

We may contact the employers listed above unless you indicate those you do not want us to contact.

DO NOT CONTACT: Employer #'s \_\_\_\_\_ Reason: \_\_\_\_\_

If applying for a bus driver position, list names and addresses of all employers for whom you drove a vehicle in the past ten years. Use a separate page if needed.

List other experience, including volunteer work or other jobs dealing with children:

Driver's license number \_\_\_\_\_

*The Methow Valley School District complies with all federal and state rules and regulations and does not discriminate on the basis of race, creed, color, national origin, families with children, sex, marital status, sexual orientation, age, presence of any sensory, mental or physical disability or the use of a trained dog guide or service animal by a disabled person, or status as disabled veteran or veteran of foreign wars or military action. This holds true for all District employment and opportunities. Inquiries regarding compliance and/or grievance procedures may be directed to the District's Title IX/RCW 28A.640 compliance officer Kathy Borgersen and/or Superintendent/Section 504/ADA Coordinator Dr. Lou Gates; Methow Valley School District; 18 Twin Lakes Rd.; Winthrop WA 98862, or phone 996-9205.*

Applicants who have been offered employment will be required to complete a Request For Criminal History Form, will be required to submit to fingerprinting, and will be required to complete a Washington State Sexual Misconduct Disclosure Release. Applicants shall be employed on a conditional basis pending completion of the background investigation. Being employed on a conditional basis means that the District has the absolute right to deny you employment if, in its exclusive judgment, your background investigation results in any basis for the District to decide that your employment is not in the best interest of the District.

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.

## **CERTIFICATION, AUTHORIZATION AND RELEASE**

*I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. I authorize Methow Valley School District to conduct a background investigation into my past employment, education, vocational, and other activities such as my credit and criminal background. To conduct this investigation, I authorize the District to obtain a consumer report or similar information regarding me to evaluate my suitability for employment. Further, if I am hired, I authorize the District at any time during my employment to obtain a consumer report or similar information regarding me for the purposes of promoting, reassigning, or retaining me as an employee. I understand that a consumer report is a communication by a consumer reporting agency that bears on a consumer's character and general reputation, and may include, but is not limited to, credit checks and criminal background information. I further authorize any current/former employer, person, firm, corporation, educational or vocational institution, or government agency to provide the District to which I am applying with any information regarding me. I further authorize the District to disclose any information they may have regarding me if a different potential future employer of me requests such information. I hereby release and discharge said District and those who provide, receive or use such information from any and all liability as a result of furnishing and receiving this information. I further agree that if an offer of*

*employment is made to me, I will provide verification of my certification, education and experience. **I understand and agree that false or misleading information, including omissions, in my application or interview(s) shall be sufficient cause for dismissal or refusal to hire.** References and personal information that become a part of this application will be regarded as confidential and shall not be revealed to me. I understand that any offer of employment that may be made to me is conditional, subject to the acceptable outcome of a criminal history background information check, fair credit reporting, and the approval of the District's Board of Directors.*

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature