



Symbol Of Excellence

Carbonado Historical School District No. 19

P.O. Box 131
301 O'Ferrell Drive
Carbonado, WA 98323
(360) 829-0121
FAX # (360) 829-0471

Jessie Sprouse
Superintendent

CARBONADO SCHOOL DISTRICT NO. 19

Certificated Application Form

Carbonado School District is an equal opportunity employer. We encourage applications from disabled and ethnic candidates as well as men and women for employment in non-traditional roles.

Carbonado 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 including gender expression or identity, the presence of any sensory, mental or physical disability, or the use of trained dog guide or service animal by a person with a disability. If you believe that you have been discriminated against, you may file a grievance with the District Compliance Title IX Officer, Tonya Mills, P.O. Box 131, Carbonado, WA. 98323, telephone number (360) 829-0121.

Personal Information

Last Name: _____ First Name _____

Home Address (Street/PO Box): _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Fax: _____ E-Mail _____

Social Security Number: _____

Authorized to Work? Yes/No _____ Current Legal Status: _____

Date Available for Interview: _____

Date Available for Employment: _____

Positions Applied For:

Full Time: _____ Part Time: _____ Substitute: _____

Designate in order of preference the type of position for which you are applying by WRITING THE NUMERALS 1, 2, 3, ETC. BESIDE THE FOLLOWING:

_____ Kindergarten _____ Primary _____ Intermediate _____ Middle School
_____ Special Ed. _____ Administration

EDUCATION

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

CERTIFICATED EXPERIENCE

(Indicate Student Teaching When Appropriate)

District Name, Address, City, State	Grades Taught	Subject Taught	Dates of Employment	Reason for Leaving

VOLUNTEER/OTHER EXPERIENCE

(INCLUDE MILITARY/PEACE CORPS/VISTA)

Employer	Address	Phone Number	Position	Dates of Service (Month and Year)

REFERENCES

Please list three (3) of your most recent references; including principals/supervisors with whom you have worked that could be contacted to provide first-hand knowledge of your professional ability, character and scholarship.

Name	Address	Home Phone	Work Phone	Official Position

CERTIFICATION

Enclose copies of all current Washington State certificates you hold.

In order for us to give serious consideration to your application, you must hold a valid Washington certificate or provide documented evidence that such a certificate will be issued in the near future. For certificates or certification requirements, write:

Superintendent of Public Instruction
Old Capital Building, Mail Stop FG11
Olympia, WA 98054-3211

	Type*	Number	Date Issued	Expiration Date	Endorsements**
Teaching					
ESA					
Vocational					
Administrator					

* For example: standard, continuing, initial, permit, 3-year vocational

** Endorsements are required for initial certificates and for continuing certificates for which requirements were met after 8/31/87.

PERSONAL INFORMATION

Do you presently have a contractual association with another district (e.g., under contract, on leave)?

If yes, please explain: _____

Have you previously been employed by or applied to the Carbonado School District? _____

If yes, please indicate during which year(s) and, if employed, in what capacity, and under what name:

Have you been **convicted** of any criminal offense or released from prison within the last 10 years?

_____ If yes, please explain through attachment. (A record of conviction will automatically bar you from employment)

Have you ever had a certificate revoked, suspended, or denied, or have you voluntarily relinquished a teaching certificate to avoid revocation procedures? _____ If so, name of state _____

Have you ever been the subject of an investigation of sexual misconduct while employed by a School District? _____ If so, name of District and date _____

Are you authorized to work in the United States? Yes__ No__ (Documentation of authorization to work in the U.S. will be required if an offer of employment is made and accepted).

Give the names and relationships of any relatives you have working for the District:

GENERAL INFORMATION

To have a completed file, the following must be received by Personnel Services:

- Completed application form;
- A minimum of three (3) current recommendation letters
- Photocopy of your Washington State certificate(s)
- _____Affirmative action information card (optional)

Special Accommodations: If you are an individual with a disability who may need accommodation to enable you to complete the application process or participate in an interview, please let us know within a reasonable time frame or at the time your appointment is scheduled.

PLEASE READ CAREFULLY BEFORE SIGNING THIS APPLICATION

I authorize the District to investigate all statements in this application and to secure any necessary information from all my employers, references, and academic institutions. I hereby release all of those employers, references, academic institutions, and the District from any liability arising from their giving or receiving information about my employment history, my academic credentials or qualifications, and my suitability for employment with the District.

I understand that any offer of employment is contingent upon receipt of a satisfactory report concerning my academic credentials, employment references and background. I further understand that any false or misleading statements will be sufficient cause for rejection of my application if the District has not employed me and for immediate dismissal if the District has employed me. I also authorize the District to supply information about my employment record, in whole or in part, in confidence to any prospective employer, government agency, or other party having legal and proper interest, and I hereby release the District from any and all liability for its providing this information.

I hereby acknowledge that I have read and understand the preceding statement.

Signature of Applicant

Date