



Methow Valley School District

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

To: Certificated Applicant
From: District Office
Subject: Application Procedures

We appreciate your interest in the Methow Valley School District. For your application to be considered for any certificated position in the District, you must complete the items below. If you are hired, this application packet will become part of your permanent employment record.

- Complete the entire certificated application.
- Include in your packet a resume and a letter of interest that speaks specifically to the position you are seeking.
- Include a copy of your Washington State certificate.
- Request that a placement file be sent from your college/university, or supply the District with three letters of recommendation from supervisors and a copy of your transcripts.
- The attached sexual misconduct disclosure release form should be submitted directly to those districts where you have previous work experience. This form may be copied if you need multiples.

Your completed application packet will remain on file for three years. If you apply for another position in the future, please submit an updated letter of interest specific to that position and refer to the application on file.

If you have any questions regarding the application process outlined above, please call the District Office at (509) 996-9205.

METHOW VALLEY SCHOOL DISTRICT NO. 350

Application for Certificated Employment



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

Date _____

Name: _____
Last
First
Middle

Physical Address: _____
Street
City
State
Zip

Mailing Address: _____
Street or PO Box
City
State
Zip

Home Phone: _____ Message/Work Phone: _____

Cell Phone: _____ Email: _____

In Case of Emergency Notify: _____ Phone: _____

Address: _____

JOB PREFERENCE

If appropriately certificated and interested in one or more of the areas listed below, indicate your preference by rank (1, 2, 3, etc.). For Other, please explain.						
Elem. Primary	Elem. Intermed	Jr. High	Sr. High	Special Ed.	ESA/Specialist	Other

CERTIFICATION INFORMATION

List below any Washington certifications you hold or will hold. Please be certain to list all endorsements, if any.				
Type of Certificate	Endorsements/Grade Level	Certificate Number	Issue Date	Expiration Date

ACADEMIC INFORMATION

SCHOOL	LOCATION	DATES	DEGREE	MAJOR
Cumulative college GPA (BA):		Credit hours earned since BA:		
Cumulative college GPA (MA):		Credit hours earned since MA:		

STUDENT TEACHING/INTERNSHIP (Beginning Teachers Only)

District Name and Address	School	Grade/Subject	Dates	Master Teacher & Phone

CERTIFICATED EDUCATIONAL EXPERIENCE

District	Address City & State	Position Grade/Subject	Dates	Reason for Leaving
Total Years Experience:				

SUBSTITUTE EXPERIENCE

District	Address City & State	Position Grade/Subject	Dates From To	Approximate Number of Days

WORK EXPERIENCE (Other)

Employer	Address City & State	Position	Dates From To	Reason for Leaving

REFERENCES (Professional)

Give references, including supervisors & administrators, who have first-hand knowledge of your abilities.			
Name	Address	Phone	Position

List any coaching or extracurricular expertise: _____

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 Sharlene Cardoza and/or Superintendent/Section 504/ADA Coordinator Dr. Mark Wenzel; 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

DISCLOSURE STATEMENT

Please complete the following questions and confirm the declaration. Any falsification or misrepresentation, including omission of a material fact, or failure to complete any part of your application or this questionnaire shall be grounds for denial of employment, denial of continued employment, as well as termination of employment with the Methow Valley School District.

I. EMPLOYMENT HISTORY DISCLOSURE

1. Are you presently under contract or employed? If yes, with whom?
What is your present position (title)?
2. Are you a former employee of our District? If yes, dates and positions.
3. Have you ever been on a plan of improvement or placed on probation with any employer?
4. Has any entity or person ever notified you or implied to you that you might be placed on a plan of improvement, placed on probation, disciplined, non-renewed or discharged?
5. Have you ever been placed on administrative leave pending investigation of allegations of misconduct with any employer?
6. Has any entity or person ever notified you or implied to you that you might be placed on administrative leave pending investigation of allegations of misconduct?
7. Have you ever been the subject of a complaint to the Superintendent of Public Instruction or any other disciplinary board or licensing body?
8. Has any person or entity ever notified you or implied to you that you might be the subject of a complaint to the Superintendent of Public Instruction or any other disciplinary board or licensing body?
9. Have you ever resigned or otherwise separated from any employment (inclusive of regular, part-time, or extracurricular positions) in order to avoid discipline, discharge, nonrenewal, threatened discipline, discharge or nonrenewal, or perceived future discipline, discharge or nonrenewal?
10. Have you ever been disciplined, discharged, non-renewed or threatened to be disciplined, discharged or non-renewed from any employment (including regular, part-time, and extracurricular positions)?
11. Have you ever had sanctions placed on your teaching certificate for any reason?
12. Have you ever had sanctions threatened to be placed on your teaching certificate for any reason?
13. Have you ever been denied a teaching certificate anywhere?
14. Has any entity or person ever threatened to deny you of a teaching certificate?
15. Is disciplinary action currently pending anywhere against you?
16. Have you ever had an educational or job-related license, permit, or certificate revoked or suspended, or been subject to discipline, from a licensing or certification agency, such as the State Board of Education, in this State or any other jurisdictions?
17. If you answered YES to questions 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16 or 17, provide an explanation of the circumstances, including the underlying facts, place, date, and outcome.

18. Please identify every reason for leaving each job in the last ten years of employment.

19. Do you have any nicknames, a shortened first name, or any other name or alias by which you are referred or by which you refer to yourself, other than as signed below? If yes, please explain.

20. Have you previously retired from any other public agency? If yes, please explain.

Summary: Check here if answers to questions 1-19 Employee History are No.

All prospective employees who will have unsupervised access to children, developmentally disabled persons, and/or vulnerable adults are "applicants."

II. CRIMINAL HISTORY DISCLOSURE

1. Are you presently charged with, but not convicted of, any crime? (Exclude civil infractions, such as minor traffic citations. DUI and DWI convictions are not minor traffic citations and must be reported).

If yes, include 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 arrested and/or charged with a crime at any time? If yes, as to each arrest, supply the following information:

Were you charged with a crime?

If charged, are the charges still pending? If so, indicate the nature of the charge, date charged, court of jurisdiction, case number, and trial date (if scheduled).

If the charges are not still pending, indicate the nature of the charge, the date charged, the court of jurisdiction, and the case number, and specify how the charges were resolved. (Indicate whether by dismissal, acquittal, conviction, guilty plea, agreement with court or prosecutor, or some other manner of disposition.)

3. Have you ever been convicted of any 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. DUI and DWI convictions are not minor traffic citations and must be reported.)

If yes, include an explanation of the nature of the crime, place, date and court. A conviction record will not necessarily bar you from District employment.

4(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 (3) for definition of "convicted").

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

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.

5. Have you ever been (a) found by a court in a protection proceeding under Chapter 74.34 RCW to have abused or financially exploited a vulnerable adult or (b) convicted 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
 - Forgery
 - First, second, or third degree theft
 - First or second degree robbery
 - Any of the foregoing crimes as they may have been renamed

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? 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 abused any minor? 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? 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 of 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. If yes, explain below.
10. Are you presently charged with, but not convicted of, any of the crimes or offenses described in questions 1 through 9 above?
11. The above questions pertaining to criminal history disclosure are not exhaustive. If you have ever been charged, arrested or convicted of another crime, please explain in accordance with Section II Criminal History Disclosure, questions 1-4 above.

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Print Name

Date

Signature

Affirmative Action Information

To ensure equal employment opportunity, we ask your voluntary cooperation in responding to the questions below. This information will be treated as confidential, and will be available only to authorized personnel. Please review the Affirmative Action definitions at the bottom of the page.

Name (Last, First, Middle Initial)		Date of Birth	Social Security Number (Optional)
1. Are you Hispanic (717) <input type="checkbox"/> Yes <input type="checkbox"/> No		3. Are you <input type="checkbox"/> Male <input type="checkbox"/> Female	
2. What race or culture do you consider yourself? <input type="checkbox"/> American Indian (597) <input type="checkbox"/> Alaskan Native (015) <input type="checkbox"/> Native Hawaiian or Other Pacific Islander (653) <input type="checkbox"/> Asian (621) <input type="checkbox"/> Black/African American (870) <input type="checkbox"/> White/Caucasian (800) <input type="checkbox"/> Other Race (Indicate Race or Culture) _____ <input type="checkbox"/> Multi-Racial (Indicate Races or Cultures) _____		4. Have you ever been on active duty in the US Armed Forces? <input type="checkbox"/> No <input type="checkbox"/> Yes* Dates _____ to _____ <input type="checkbox"/> Vietnam Era Veteran <input type="checkbox"/> Did you serve in the Republic of Vietnam <input type="checkbox"/> No <input type="checkbox"/> Yes Dates _____ to _____ <input type="checkbox"/> Disabled Veteran _____% of disability. * If you checked yes, complete the Veterans Information on the next page and attach a copy of your DD214. 5. Do you have a long-term condition such as: blindness, deafness, severe vision or hearing impairment, a substantial limitation on one or more basic physical activities (e.g., walking, climbing stairs, reaching, lifting or carrying), or a physical, mental or emotional condition which impacts learning, remembering or concentrating? <input type="checkbox"/> Yes <input type="checkbox"/> No (Refer to Affirmative Action definitions below.)	
Date	Signature		

Affirmative Action Definitions

Hispanic. A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin regardless of race. For example, persons from Brazil, Guyana, or Surinam would be classified according to their race and would not necessarily be included in the Hispanic category. This category does not include persons from Portugal, who should be classified according to race.

American Indian or Alaskan Native. A person with origins in any of the original peoples of North America and who maintains cultural identification through documented tribal affiliation or community recognition.

Native Hawaiian or Other Pacific Islander. A person with origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

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 Islands, Thailand and Vietnam.

Black/African-American. A person with origins in any of the Black racial groups of Africa.

White/Caucasian. A person with origins in any of the original peoples of Europe, North Africa, or the Middle East.

Disabilities. For Affirmative Action purposes, people with disabilities are persons with a permanent physical, mental, or sensory impairment, which substantially limits one or more major life activities. Physical, mental, or sensory impairment means: (a) any physiological or neurological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the body systems or functions; or (b) any mental or psychological disorders such as mental retardation, organic brain syndrome, emotional or mental illness, or any specific learning disability. The impairment must be material rather than slight, and permanent in that it is seldom fully corrected by medical replacement, therapy or surgical means.

Disabled Veteran. A person who is entitled to compensation under laws administered by the U.S. Department of Veteran Affairs for disability (A) rated at 30 percent or more, or (B) rated at 10 or 20 percent in the case of a veteran who has been determined by the Department of Veteran's Affairs to have a serious employment handicap or (C) a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty. Applicant must provide letter from the Department of Veteran's Affairs Secretary confirming employment handicap as it relates to item (B).

Vietnam-era Veteran. A person who served on active duty for a period of more than 180 days, any part of which occurred between February 28, 1961*, and May 7, 1975, and was discharged or released from active duty with other than a dishonorable discharge; or who was discharged or released from active duty for a service connected disability if any part of the active duty was performed between August 5, 1964 and May 7, 1975.

*Service between February 28, 1961 and August 14, 1964 must have been performed within the Republic of Vietnam.

Sexual Misconduct Disclosure Release Form

INSTRUCTIONS

The legislature has determined that additional safeguards are necessary in the hiring of school district employees to ensure the safety of school children. To provide this additional safeguard, the attached form is required for all applicants.

- Complete one form (attached) for each school district/ESD where you have worked. You may need to make several copies. Complete the top and middle sections, sign and date.
- The original form(s) will be kept in your applicant file until you are being considered for employment. The Methow Valley School District will send the form to the district/ESD that you have listed on each form. Prior employers will then return the completed form to the Methow Valley School District.
- Hiring is contingent upon information provided on the returned form(s).



WASHINGTON STATE SEXUAL MISCONDUCT DISCLOSURE RELEASE

(District Submits This Form to Previous School District Employer(s))

To:	SCHOOL DISTRICT EMPLOYER	<input type="checkbox"/> No prior school district employment
	PERSONNEL DEPARTMENT	
	STREET ADDRESS	
	CITY, STATE, ZIP	

The named applicant is under consideration for a position in our district. The Legislature has determined that additional safeguards are necessary in the hiring of school district employees to ensure the safety of Washington's school children. The individual whose name appears below has had previous employment with your organization. As a former employer, we request you provide the information requested on this form within 20 business days as required by state law (RCW 28A.400). Sexual misconduct definitions are found in WAC 181-87 and WAC 181-88. Your assistance is appreciated.

APPLICANT'S NAME (FIRST, MIDDLE, LAST)	
FULL NAME WHEN LAST EMPLOYED WITH ORGANIZATION	
SOCIAL SECURITY NUMBER	CERTIFICATE NO.
APPROXIMATE DATES OF EMPLOYMENT	
POSITION (S)	

I authorize you to release to the school/district listed above, all information related to any acts of sexual misconduct that the school district has made a determination that there is sufficient information to conclude that the abuse or misconduct occurred and that the abuse or misconduct resulted in the employee's leaving his or her position at the school district. Such information includes copies of all related documents, including any rebuttal documents, in personnel, investigative or other files, in accordance with RCW 28A.400. I release the above employer and employees acting on behalf of the employer from any liability for providing information described in this document.

Applicant Signature _____
Date

This section to be completed by former school district employer(s) only.

- | | |
|--|--|
| <input type="checkbox"/> No sexual misconduct materials were found. | Was a complaint of sexual misconduct filed with OSPI? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Yes, sexual misconduct materials are available.
Please contact for more information. | |
| <input type="checkbox"/> No record of employment | |

Former Employer Representative Signature _____
Title _____
Date

Employing School Receipt Date _____ Received By _____

Return all completed information to:

Methow Valley School District	
18 Twin Lakes Rd., Winthrop	PHONE (509) 996-9205
WA	FAX (509) 996-9208
98862-9713	