



DEER RIVER SCHOOL DISTRICT No. 343

1320 – 178th Avenue East, Lake Tapps, WA 98391 (253) 862-2537

CLASSIFIED EMPLOYMENT APPLICATION

Date: _____ Email: _____

Name: _____
Last First Middle

Present Address: _____
Street City State Zip

Mailing Address: _____
Street City State Zip

Phone No.: _____ Message Phone: _____

Previous Name(s): _____

Other Language(s): _____ Read Write Translator Services

POSITION(S) APPLYING FOR (in order of preference)

_____ Regular _____ Substitute _____
_____ Regular _____ Substitute _____
_____ Regular _____ Substitute _____

Date Available to Begin Work: _____

EDUCATIONAL BACKGROUND

School City and State	Dates Attended Mo/Yr to Mo/Yr	Graduated Y/N	Major	Minor	Official GPA

LICENSES/ CERTIFICATES/ PERMITS

License/ Certificate/ Permit	Document No. (if applicable)	Expiration Date
Washington State Driver's License		
Washington State School Bus Driver's Certificate		
First Aid Certificate		
CPR Certificate		
Food Handler's Card		
Other:		
Other:		

Have you ever had a certificate/ license revoked, suspended or denied, or have you voluntarily relinquished a certificate/ license to avoid revocation procedures? Yes _____ No _____

If yes, please provide the name of the state where incident occurred: _____

EMPLOYMENT HISTORY (List current position or last job first)

Company Name	Telephone Number
Name and Title of Supervisor	Dates of Employment From: _____ To: _____
Title	Reason for Leaving
Description of Duties Performed	May we contact this employer? Yes No

Company Name	Telephone Number
Name and Title of Supervisor	Dates of Employment From: _____ To: _____
Title	Reason for Leaving
Description of Duties Performed	May we contact this employer? Yes No

Company Name	Telephone Number
Name and Title of Supervisor	Dates of Employment From: _____ To: _____
Title	Reason for Leaving
Description of Duties Performed	May we contact this employer? Yes No

** If you have additional employment history, please attach on a separate sheet using the above format.

REFERENCES

Please provide references who have first-hand knowledge of your personal and professional competencies (other than the supervisors listed above).

Name	Title	Telephone Number	Years Known

OTHER

Please list any additional information that you feel would be helpful in obtaining the position(s) applied for:

Are you a former employee of the Dieringer School District?

Yes _____ No _____ *If yes, please indicate the position held and dates of employment:*

Are you related to any current or former Dieringer School District employee or member of the Board of Directors?

Yes _____ No _____

Have you ever been discharged or forced to resign from a teaching position or other educational position?

Yes _____ No _____

Have you ever been convicted of any crime of violation of any law? *Note: For the purpose of this question "convicted" includes (1) all instances in which a plea guilty of nolo contendere is the basis of conviction and (2) all proceedings in which a sentence has been suspended or deferred). You need not list traffic violations for which a fine or forfeiture of less than \$150.00 was imposed. A yes answer will not necessarily bar you from employment.*

Yes _____ No _____

If you answered yes, please respond to the following items on a separate, attached sheet of paper:

- Give a detailed statement regarding the incident, including what occurred, the nature of the offense, charge or warrant;
- The name and address of the arresting agency, the date of the arrest, the final disposition (if any), any courts that were involved and their name and address;
- Provide a copy of the complete arrest report, sentence and judgment, and a complete five-year driving abstract if the arrest was driving related.

PLEASE READ CAREFULLY BEFORE SIGNING THIS APPLICATION

“As required by Chapter 29, Laws of Washington 2004 and Chapter 28.400 RCW, I hereby authorize my current and past employers to disclose to the Dieringer School District copies of all documents in the previous employers’ personnel, investigative or other files relating to sexual misconduct. I further release my current and past employers and employees acting on behalf of those employers, from any liability for providing such information”.

I authorize the district to investigate all statements in this application and to secure any necessary information from all listed employers, references and academic institutions. I hereby release all of those employers, references, academic institutions and the district from any and all potential liability as a result of giving or receiving information about my employment history, 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.

Applicant Signature

Date

The Dieringer 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 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: Dr. Judy Neumeier-Martinson, Superintendent: Phone: 253.862.2537