KALAMA SCHOOL DISTRICT NO. 402 548 China Garden Road Kalama WA 98625 (360) 673-5282

APPLICATION FOR CLASSIFIED EMPLOYMENT

An Equal Opportunity Employer

Full Name	Last Four Digits Soc. Sec. No					
	fiddle onal)					
Present Address(street/po) (c	Telephone					
Permanent Address(street/po) (c	Telephone					
(street/po) (c Present Position or Employment Status	city/state/zip) Telephone					
Position for which you are applying						
FOR OFFICE USE ONLY	GENERAL INFORMATION					
Location	be recommended for election. The district will request					
Assignment Beginning Date	an interview with those candidates being considered for the position.					
Personnel Number	2. THIS APPLICATION WILL BE ACTIVE ONE (1) YEAR FROM DATE OF APPLICATION. If not					
Experience: Military State	elected at that time, the candidate may request in writing that his/her application be reactivated for an additional year.					
Out-of-State	3. Supportive job related information that might not be requested on this form may be submitted.					
Degree(s)Contract Days	requested on this form may be submitted.					
Salary Code Actual Salary						
Date of Board Approval						
Termination Date						
I authorize the disclosure of this information to persons authorized access thereto by the Board, Superintendent or their agents. I hereby certify that the information is a true and complete statement of my personal and professional record to date.						
Date of Application	Signature of Applicant					

Academic Information:						
Last High School Attended	Location			Date of Graduation		
Colleges Attended – Which Degree(s) Earned	Location		Dates of At From	tendance Until	Credits Earned Sem/Quarter	Degree
Major		No	. Hrs (Other Major		No. Hr
Minor		No	. Hrs(Other Minor		No. Hr
Experience (Start with Most Re	Location Town/City	-	Service): Position(s) Held	Full-Time		Until Month/Yr
	nore references inc your character, per				have worked who	have firsthand
	our character, per		scholarship, an		bility.	have firsthand
knowledge of y	our character, per	rsonality,	scholarship, an	d working a	bility.	

Are you a member of the Washington State Public Employee's Retirement System? Yes_____ No____

Position(s) S	Sought: On the lines designate in ord	der of preference, 1, 2	2, 3, etc. the type of position sought.
Classified Po	osition		
	Elementary Secretary		Elementary Classroom Assistant
	Middle School Secretary		Elementary Playground Assistant
	Secondary Secretary		Elementary Isolation Assistant
	District Secretary		Middle School/Secondary Isolation Assistant
	Cafeteria Supervisor		Library Assistant
	Custodian/Janitor		Middle School/Secondary Classroom Assistant
	Substitute		
	Other (please identify)		
	ADDITIONAL INFORM		ING CONSIDERATION