

# Application for Temporary Employment

FORM 177

## SOUTH KITSAP SCHOOL DISTRICT

2689 Hoover Ave SE / Port Orchard, WA 98366  
(360) 874-7079 / FAX (360) 874-7076

Page 1 of 2

**NAME**

**SSN**

**Mailing Address**

**Street Address**

Address

Address

City  State  ZIP Code

City  State  ZIP Code

Primary Phone  Type of phone  Email Address **(REQUIRED)**

Secondary Phone  Type of phone  Birth Date

**EXPERIENCE/QUALIFICATIONS**

Date You Can Start  Hours Available  Days Available

Summarize Special Skills and Qualifications

Position(s) Desired (please list)

**EDUCATION**

Attending High School  High School Graduate  Years of College  Other  **Teacher Certificate #**

**SCHOOL DISTRICT EXPERIENCE** (For each School District worked, we will need a completed Washington State Sexual Misconduct Disclosure Form.)

School District  Direct Supervisor

How long?  Contact Information

Brief description of duties

**OTHER PREVIOUS EXPERIENCE**

Employer  Direct Supervisor

How long?  Contact Information

Brief description of duties

I hereby certify that all the information I have provided in this application is true and correct. I give my permission for the South Kitsap School District to contact any references or prior employers given in conjunction with this application. I recognize that falsification of any part of this application shall be sufficient cause for dismissal. References and personal information which become a part of this application will be regarded as confidential and shall not be revealed to me. I understand that my employment is subject to a clear criminal history background report if hired for a position with regularly scheduled, unsupervised access to children.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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### OFFICE USE ONLY - RECOMMENDED EMPLOYEE - OFFICE USE ONLY

Applicant's Name

- SKHS Student
- Employee
- Temporary (current)
- Student (other than SKHS)
- Substitute
- Coach

Dates of Employment: (FROM)  (TO)

#### AUTHORIZED POSITION:

**Health Screener** (Acct # 0108-26-3000-036-8900-0000)

Position Title:

Hourly Rate:

**POOL** (Acct # 8900-91-3000-427-0000-0000) Hourly Rate

Lifeguard:  1st yr  2nd yr \_\_\_\_\_

Water Safety:  1st yr  2nd yr \_\_\_\_\_

Supervisor:  1st yr  2nd yr  3rd yr \_\_\_\_\_

**READY! for Kindergarten** (Acct # 5100-27-x000-034-8900-1500)

Position Title:

Hourly Rate:

**THEATER** (Acct # 8900-91-3000-428-7900-0000)

Position Title:

Hourly Rate:

**Arts 4 Learning** (Acct # \_\_\_\_\_)

Position Title:

Hourly Rate:

**SUMMER CAMPS** (Acct # 8994-91-x000-426-8900-0000)

Position Title:

Name of Sport:

**OTHER** (Acct #):

Position Title:

Hourly Rate:

Does this person have regularly scheduled, unsupervised access to children?  YES  NO  
If YES, arrangements must be made for fingerprinting prior to beginning work.

\_\_\_\_\_  
Recommending Signature

\_\_\_\_\_  
Date

- Prior Year Temporary Employee
- Classified Employee
- Certificated Employee
- Substitute
- Coach

#### For HR Use Only:

- Washington State Sexual Misconduct Disclosure Form
- Duty to Report Suspected Child Abuse or Neglect
- Insert A-Optional Confidential Data Form
- District Board Policies & Procedures Affidavit
- I-9
- Copy of Identification for I-9
- Copy of Social Security Card
- Applicant Disclosure Form
- Bloodborne Pathogen Review
- First Aid/CPR Exp Date
- Retirement Status Form
- Direct Deposit Form
- W-4
- Valid Wash Certificate
- Highly Qualified
- Fingerprints
- WATCH

\_\_\_\_\_  
Human Resources Approval

\_\_\_\_\_  
Date