

QUILCENE SCHOOL DISTRICT
CHECKLIST AND APPLICATION INSTRUCTIONS

To be considered for employment in the Quilcene School District No. 48, a complete application packet is required. Therefore, the following checklist has been provided to assist you with our application process.

- ❑ Completed application – 8 total pages – Signed and dated
- ❑ Signature on all applicable pages
- ❑ Letter of interest addressing each qualification point on the position description
- ❑ Resume
- ❑ Letters of recommendation (2-3 minimum)
- ❑ Transcripts, if requested
- ❑ College placement or credential file, if requested

Mail, fax or return your application to:

Quilcene School District No. 48
P O Box 40
Quilcene, WA 98376 or
FAX #360 765-3015
(not responsible for missing pages)

GENERAL INFORMATION – HIRING PROCEDURES

1. Each applicant must submit a complete application.
2. Each applicant's documents, if received by closing, will be screened.
3. Qualified applicants are selected for testing, if applicable
4. Qualified applicants are selected for an interview. Not all applicants will be granted an interview.
5. The finalists are scheduled for an interview.
6. The applicant is recommended for hiring to the Superintendent.
7. The Quilcene School District No. 48 Board of Directors takes official action on the Superintendent's recommendation at a school board meeting.
8. All applicants will be notified relative to selection or rejection.

Condition of Employment - Fingerprinting:

Washington State Law requires that all school district employees must be fingerprinted. Newly hired employees must have their fingerprints taken at the Educational Service District 114 in Bremerton, Washington. This must be accomplished within two weeks of being hired.

QUILCENE SCHOOL DISTRICT NO. 48
294715 HIGHWAY 101
P O BOX 40
QUILCENE, WA 98376

360 765-3363
360 765-3015 (fax)

www.qsd48.org

APPLICATION FOR EMPLOYMENT

PLEASE TYPE OR PRINT CLEARLY:

NAME:

_____ Last First Middle

MAILING ADDRESS: _____

_____ City State Zip

OTHER NAME(S) UNDER WHICH RECORDS MAY BE LISTED: _____

HOME TELEPHONE #: _____ **OFFICE TELEPHONE #** _____

E-MAIL ADDRESS: _____ **CELL PHONE/OTHER:** _____

SOCIAL SECURITY #: _____

POSITION FOR WHICH YOU ARE APPLYING: _____

___ FULL TIME ___ PART TIME

PRESENT POSITION OR EMPLOYMENT STATUS: _____

PROFESSIONAL CERTIFICATES (*if required*)

Certificate Type: _____ Certificate # _____ Endorsement: _____

Certificate Type: _____ Certificate # _____ Endorsement: _____

Certificate Type: _____ Certificate # _____ Endorsement: _____

QUILCENE SCHOOL DISTRICT #48-AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

Quilcene School District #48 does not discriminate in any programs or activities on the basis of sex, race, creed, religion, color, national origin, age, veteran or military status, sexual orientation, gender expression or identity, disability, or the use of a trained dog guide or service animal and provides equal access to the Boy Scouts and other designated youth groups. The following employees have been designated to handle questions and complaints of alleged discrimination:*

Quilcene School District – 294715 Highway 101 – Quilcene, WA 98376

Title IX Coordinator

Title: Superintendent – (360)765-3363 Ext 202

Section 504/ADA Coordinator

Title: Counselor – (360)765-3363 Ext 255

Compliance Coordinator for State Law (RCW 28A.640/28A.642) Title: Superintendent – (360)765-3363 Ext .202

REFERENCES

Please list three (3) persons other than relatives and supervisors listed under “previous employment” who can provide a character reference:

Name and Relationship	Address	Phone No.

SKILLS, KNOWLEDGE AND EXPERIENCE

Indicate and describe the skills, knowledge and/or experience you have in the areas of work for which you are applying. If applicable, specify type of computer and software experience.

____ First Aid Training ____ CPR Training ____ CDL Endorsement

PERSONAL INFORMATION

Do you presently have a contractual association with any other district (e.g. under contract, on leave)? If yes, please explain:

Have you previously been employed by the Quilcene School District? _____
If yes, please indicate during which year(s) and, if employed, in what capacity, and under what name:

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

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: _____

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.

EDUCATION

School Name and Address	Dates Attended Mo/Yr to Mo/Yr	Degree/Diploma Received	Major	Minor

Undergraduate GPA _____ Graduate GPA _____

PREVIOUS EMPLOYMENT

List most RECENT employment FIRST:

Dates of Employment	Company Name and Address	Company Phone No.	Position	Name of Supervisor	Reason for Leaving

VOLUNTEER/OTHER EXPERIENCE

(Include military/Peace Corp/VISTA)

Employer	Address	Phone No.	Position	Dates of Service (month and year)

QUILCENE SCHOOL DISTRICT NO. 48

PLEASE READ CAREFULLY BEFORE SIGNING THIS APPLICATION

I authorize the Quilcene School 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 Quilcene School District from any and all 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 a 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 Signed

DISCLOSURE STATEMENT

QUILCENE SCHOOL DISTRICT

Pursuant to the requirements of RCW 43.43.834 and Washington Administrative Code 246-320-105, we must ask you to complete the following Disclosure Statement. This information will be kept confidential.

1. Have you ever been convicted of a crime or had findings made against you? (*Exclude civil infractions, such as minor traffic citations*). If yes, please attach an explanation of the nature of the crime with dates, name of court and sentence imposed. Yes No
2. Are you presently charged with, but not convicted of a crime? (*Exclude civil infractions such as minor traffic citations*). If yes, please attach an explanation of the nature of the crime, place, date and court. Yes No
3. Have you ever had findings against you for domestic violence, abuse, sexual abuse, neglect, exploitation or financial exploitation of a child or vulnerable adult in any civil adjudicative proceeding? *Civil adjudicative proceeding includes judicial or administrative proceedings as well as findings by DSHS or the Department of Health that you have not administratively challenged or appealed.* Yes No
4. Have you ever been found in any dependency action under RCW 13.34.03(2)(b) to have sexually assaulted or exploited any minor or have physically abused any minor?
 Yes No
5. 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 have physically abused any minor?
 Yes No
6. Have you ever been found in any disciplinary board final decision to have sexually abused or exploited any minor or to have physically abused any minor? Yes No

I declare under the penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. I understand that if I am hired, I can be discharged for any misrepresentation or omission in the above statement. I also understand that if hired, my employment is conditioned on your receipt of a satisfactory report from the Washington State Patrol.* **By signing below, I authorize the Quilcene School District to conduct a Washington State Patrol (WSP) WATCH & FBI background check.** The background check is valid for two years. This personal information is held completely confidential.

I have signed this Disclosure Statement on the date shown below at _____, WA.

DATE: _____ Signature: _____

Print _____

