Centerville Scho 2315 Centerville Hwy Centerville WA. 98613 phone: (509) 773-4893	ol District #215 Placement File Fax: (509) 773-4902 Transcripts		Res	Personnel of App. ume erences	Use Only Application
				modio	
APPLICATION FOR PROFES	SIONAL EMPLOYMENT				
Applicant's Full Name	(Last)	(First)	(M.I.)	(Maiden	ı Name)
Other Name(s) (Please provide any additional information relative to	change of name, use of an assumed name	or nickname, necessar	y to enable a check on yo	our work or school record.)	
Present Mailing Address	(Street)		(City)	(State)	(Zip)
Permanent Mailing Address	(Street)		(City)	(State)	(Zip)
Telephone Numbers:					
Present: ()	Permanent: ()		Work ()	
number on this form will not prohibit employment.) My signature below authorizes the sconnection with my application for erecords, previous employers and ed I waive my right of access to any su from any liability in connection with the local sheriff, information from the data on criminal convictions are main Protective Services Unit and any local neglect investigations involving me. Furthermore, I certify that I have mathey may be relied upon in consider this application, or any supplement with the school district.	school district to conduct a bacemployment. This investigation lucational institutions, personath information, and without limits release or use. This release e Central Criminal Records Exintained, information from the vality to which they may refer for the true, correct and completeing my application, and I under	kground investigen may include sure a references, proposition hereby received includes the second and the control of the contr	pation and authorich information as fessional reference lease the school ources cited abover data on all crimation pertaining thements on this appreciation, false an	zes release of info criminal or civil co ces, and other app district and the ref- re and specific exa anal convictions or ment of Social Ser g to any findings o	rmation in convictions, driving ropriate sources. erence source amples as follows: certification that no vices Child f child abuse or nowledge that made by me on
Signature of Applicant			Date		
MARK THE APPROPRIATE BOXES	INDICATE POS	TION(S) DESIRED	FOR WHICH YOU A	RE ENDORSED	
() New Application	() Teache	r	()	Administrator	
() Previous Application on File	() Guidan	ce	()	_ibrary/Media	
() Former Employee of the School Distric	t () Other (I	Explain			
Are you a U.S. Citizen? () Yes () N	lo				
If not, are you eligible to work in the U.S.? () Yes () No	List grade level	(s) and/or subject a	area(s) in order of p	reference:	

Rev.4/23/07

I. EDUCATIONAL AND PROFESSIONAL TRAINING (List chronologically)

Level of Education	Name of School or University	State	Field of Study	Type of Degree	Year of Graduation	Dates of Attendance FromTo
High School		9 5				
College of University		6				

II. STUDENT TEACHING EXPERIENCE (List chronologically and include any internships)

Name of School	School District City/County	State	Grade level and/or Subject	Dates	Personnel Use

III. TEACHING EXPERIENCE (List chronologically all teaching experience. DO NOT include substitute teaching)

Name of School	School District City/County	State	Position Held Grades and/or Subjects Taught (Specify)	Dates Mo/Day/Yr FromTo	Total Years	Full Time √	Part Time √	Personnel Use
		(6)						
3		5						
		0						
TOTAL								

IV. WORK EXPERIENCE OTHER THAN TEACHING (List chronologically and attach a sheet if necessary)

Employer	City/County	State	Kind of Work	Dates of Employment	Personnel Use

V. MILITARY EXPERIENCE

Branch of Service	Occupational Specialist (MOS)	Inclusive Dates	Type of Discharge

VI. CERTIFICATION If you have been issued a Wash. certificate, please submit a copy... Copy enclosed?No () Yes () Type of Washington Certificate: Year of Expiration of Washington Certificate ______ Endorsement(s) _____ Have you applied for a WA certificate? No () Yes () When _____ Check if statement of eligibility enclosed () Expiration Date Certification/Endorsements State Expiration Date Certification/Endorsements State ____ Do you meet the Washington State-No Child Left Behind Highly Qualified Requirement for this position? No () Yes () C. Please submit documentation of your Highly Qualified status for the core academic area you have applied for. VII. **GENERAL INFORMATION** Month, Day, and Year available for employment ______ Are you under contract?No () Yes () If yes, where? Present Position If presently employed, why do you wish to change? _ If under contract, what type: Annual/Probationary () Other () (Explain)_____ under contract now, have you ever held a continuing contract in Washington?No () Yes () If yes, cite school district(s) and date(s) Referral Source: Advertisement/Posting () Employee () Friend () Other (Explain) Have you ever been convicted of a violation of law other than a minor traffic violation? Have you been convicted of any offense involving the sexual molestation, physical or VIII. **REFERENCES** It is the applicant's responsibility to have the following information provided the School District in order to be considered for

It is the applicant's responsibility to have the following information provided the School District in order to be considered for employment:

- A. The names of at least three references sources must be provided and must include current employer if employed, or last employer if not currently employed.
- B. Unless included in Placement File, applicants with work experience must provide recommendations from principals and/or superintendents from all contracted educational work experiences within the past three years, provide references from last contracted experience. Applicants who are beginning teachers registered with a college placement office must include references from their student teaching supervisor(s) and cooperating teacher(s) in the placement file or by listing names below.
- C. As indicated above, () a Placement File is being sent, and/or () references are listed below:

Name of Reference	Position/Relationship	Mailing Address	Phone Number
	×		

IX. EXTRACURRICULAR ACTIVITIES

Indicate the number of years experience in the activities listed below. Circle activities you are willing to coach/sponsor:

Extra Curricular Activities	High School Experience	College Experience	Coaching Experience	Extra Curricular Activities	High School Experience	College Experience	Contract Experience
Football				Vocal Music			
Basketball				Athletic Dir.			
Baseball				Athletic Train.	ė.		
Softball				Drill Team			
Track				Drama			
Cross Cntry				Yearbook			
Wrestling				Newspaper			
Golf				Student Govt.			
Tennis				Honor Soc.	3	0	
Volleyball				Clubs			
Pep Band				Cheerleaders			

X. OTHER INFORMATION

To avoid conflict of interest, list any local school board member or employee (relative(s) in the school district and cite relationship:
Estimate your total absence from work or school for the last three years and explain the reason(s):
Explain any physical or mental conditions which would adversely affect your ability to perform the duties of the position you seek; or if there are none, so state:
In your own handwriting, provide any additional information you desire that will afford an additional understanding of your qualifications. Your goals, objectives, philosophy, and other background factors are of special interest.
ADDITIONAL REMARKS AND/OR EXPLANATIONS FROM SECTION VII GENERAL INFORMATION (attach additional sheet if needed)

The Centerville School District does not discriminate on the basis of race, color, natural origin, age, religion, political affiliation, handicapping conditions, or gender in its educational programs or employment. No person shall be denied employment solely because of any impairment, which is unrelated to the ability to engage in activities involved in the position or program for which application has been made. The Centerville School District maintains a drug, alcohol and tobacco free environment.

CENTERVILLE SCHOOL DISTRICT

	ENT RECORD tary and volunteer service	s)		
Date From To	Job Title	Employer Address, City, State	Supervisor's Name & Phone	Reason for Leaving
(Attach additi	onal sheets, if necessary, us	ing same format)		
PERSONAL	INFORMATION			
Did you ever	belong to a Washington Sta	te Retirement System?		
If yes, name o	of Retirement System			
Dates (from)	(to)	<u></u>		
(Persons hired		an alien lawfully authorized documents verifying identity		
		ntal limitations, handicaps or you are applying?		
		excluding RIF) or forced to real If yes, please explain:		
years?		her than a minor traffic violat on a separate sheet of paper.		