

**Soap Lake School District**  
410 Ginkgo St S  
Soap Lake WA 98851  
509.246.1822 – 509.246.0669 Fax

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**Dear Certificated Applicant:**

Thank you for your interest in the Soap Lake School District. Enclosed are your application materials. Please read them carefully. Once your application and other required documents have been received by the District Office, your file will be reviewed. **Applications will be kept on file for a period of one year, unless renewed at the request of the applicant.**

Position openings are posted at our web site: [www.slschools.org](http://www.slschools.org) and at each school building. Call the District Office as instructed to indicate your interest in being considered for a posted position. Your file will be screened to determine if you are eligible for an interview. You are encouraged to contact the District Office (509) 246-1822 to inquire about the status of your application and/or any open position for which you apply.

As a reminder, the following documents are required to complete your application:

1. **Certificated Employment Application Form.**
2. **General Cover Letter** stating your qualifications for the type of positions in which you are interested.
3. **Current Resume**
4. **College Placement File.** Request your college placement service send the file directly to the District Office.  
(If you do not have a placement file, submit three (3) letters of reference.)
5. **Response to Application Questions (Insert B)**
6. **Confidential Professional Reference Forms. (Insert D)** Three (3) blank forms are enclosed. You should distribute these forms to persons of your choice; one must be to a previous supervisor. **Note that you must sign each form before distributing for completion.** Two (2) must be returned. These are in addition to those references included in your placement file and are required to complete your application. **NEW TEACHERS:** Please have your student teaching supervisor complete one (1) of the two (2) required forms.
7. **Applicant Disclosure Statement (Insert E).** This form must be completed by all applicants. **(Provide original signature on each copy submitted to selected districts as checked on the front of the application).**
8. **Copies of College Transcripts.** Transcripts are not normally included in your placement file. **(Official transcripts will be required upon employment.)**
9. **Copy of Washington State Teaching Certificate.** If you have not received your certificate, submit a copy immediately upon receipt.
10. **Sexual Misconduct Disclosure Release.** Please sign release form.

When an offer of employment is made, new employees who will or may have unsupervised access to children, developmentally disabled persons, or vulnerable adults must complete a background check for criminal history, including a fingerprint check, by the Washington State Patrol (WSP) and the Federal Bureau of Investigation (FBI), as well as a current written disclosure of specified criminal convictions and civil or disciplinary board findings. Any offer of employment is conditional upon the successful outcome of the criminal history background check and approval by the District's Board of Directors.

If you have further questions, please call our office at (509) 246-1822.

<b>Only <u>Complete</u> Application Packets will be considered.</b>
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# Soap Lake School District No. 156

## Certificated Application for Employment

Social Security Number    -   -

Name: Last First Middle

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Other name(s) under which references or other employers know you: \_\_\_\_\_

**PREFERENCES**

- *If you are appropriately certified and are interested in being considered for one or more of the areas listed below, indicate your preference with 1 (one) being your first choice:*  
 Elementary     Secondary     Special Education     Specialist
- *Are you interested in substitute employment?*     Yes     No  
*If yes, complete the substitute survey (Insert F) and return it with your application.*

**ELEMENTARY - Prioritize the grade level(s)/subject(s) you are prepared to teach with 1 (one) being your first choice:**

Kdgtn     1st     2nd     3rd     4th     5th

**SECONDARY - Prioritize grade levels, 1 (one) being your first choice:**     Middle School     High School  
 Alternative School

- ↓ 1) *Prioritize subjects you are prepared to teach with 1 (one) being your first choice. (2) List only your top 5 (five) priorities.*  
 ↓ 3) *List quarter hour credits for each priority.*

	Priority / Credits		Priority / Credits		Priority / Credits
Computer Science	/	Music	/	Visual Arts	/
Health	/	Vocal	/	Vocational	/
Language Arts	/	Instrumental	/	Agriculture	/
Annual	/	Physical Ed	/	Athletic Med.	/
Debate	/	Science	/	Business Ed.	/
Drama	/	Life Science	/	CADD	/
English/Comp.	/	Earth Science	/	Diverse Occupations	/
Bilingual/ESL	/	Biology	/	Family/Consumer	/
Journalism	/	Chemistry	/	Graphic Arts	/
Reading	/	Physics	/	Hospitality/Marketing	/
Mathematics	/	Social Studies	/	Industrial Arts	/
	/	Economics	/	Photography	/
	/	History	/	World Language	/
	/	Geography	/	French	/
	/	Psychology	/	German	/
	/	Sociology	/	Japanese	/
	/	Traffic Safety	/	Spanish	/
	/			Other (Specify)	/

**SPECIAL EDUCATION**

- Indicate top three (3) grade level preferences with 1 (one) being your first choice:  
 K-3     4-5     Middle School     Senior High
- Check  the following areas of competence:  
 Early Childhood     Mildly Disabled     Moderate to Severely Disabled
- Other Specialized training: \_\_\_\_\_
- Indicate the number of **quarter credits** earned in Special Education. \_\_\_\_\_ (WAC 392-172)

**SPECIALIST**

- Check  the area(s) for which you are making application and **HOLD** an ESA Certificate:  
 Counselor     Librarian     Occupational Therapist     Physical Therapist  
 Nurse     Psychologist     Speech Language Pathologist     Social Worker

**STUDENT ACTIVITIES**

- Complete Insert C, Student Activities/Athletics.

**ELEMENTARY CANDIDATES**

- Check  the area(s) that you are capable and willing to teach in your classroom.  
 Piano     Vocal Music     Art     Physical Education     Computers

**SPECIAL TRAINING HOURS**

- ↓ ■ Check  the areas in which you have had additional training through classes and/or workshops after the date of your BA degree.

<b>Classroom Management</b>		<b>Other Specialties</b>
<input type="checkbox"/> Student Discipline <input type="checkbox"/> Electronic Grade Book <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Cooperative Learning <input type="checkbox"/> Multi-age Classrooms <input type="checkbox"/> Mastery Learning <input type="checkbox"/> Instructional Use of Computers <input type="checkbox"/> Integrated Curriculum <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Child Abuse/Personal Safety <input type="checkbox"/> Gender Equity Issues <input type="checkbox"/> Multicultural Issues <input type="checkbox"/> Drug/Alcohol Issues <input type="checkbox"/> Gifted/Highly Capable Instruction <input type="checkbox"/> Math Strategies <input type="checkbox"/> Reading Strategies <input type="checkbox"/> Writing Strategies <input type="checkbox"/> Technology <input type="checkbox"/> Bilingual
<b>Student Assessment</b>		
<input type="checkbox"/> Performance Assessment <input type="checkbox"/> Criterion Reference Tests <input type="checkbox"/> Other (specify) _____	<b>Curriculum Alignment</b>	
	<input type="checkbox"/> State Essential Learnings <input type="checkbox"/> National Standards <input type="checkbox"/> Other (specify) _____	

- Identify Foreign/world language(s) you can read and speak fluently: \_\_\_\_\_

- List any other special training you feel is pertinent to the position for which you are applying.  
 \_\_\_\_\_  
 \_\_\_\_\_

**EDUCATIONAL TRAINING** *(Please complete all sections even if you have submitted a resume)*

- Degrees Completed:     BA     MA     Ph.D/Ed.D

Name of Institution City and State	Dates Attended Mo/Yr to Mo/Yr	Years Completed	Degrees Earned & Date Earned	Major	Minor
College _____ City _____					
College _____ City _____					
College _____ City _____					

Undergraduate GPA \_\_\_\_\_ Post Graduate GPA \_\_\_\_\_

## CERTIFICATION/LICENSES

■ All candidates must list their certificates. Nurses, occupational therapists and physical therapists must also list their license data.

State	Type	Endorsements	Certificate Number	Date Issued	Expiration Date

## CERTIFICATION EXPERIENCE (including substitute employment)

■ List most recent experience first. (Include student teaching/practicum only if you are a beginning teacher)

Dates From/To	District	Location City/State	No. of Years	Full Time Part Time	Subjects Taught Position Held	Reason For Leaving

■ Provide the following information about your immediate supervisor(s) for your last five years of employment.

Dates From/To	Supervisor's Name	Title	District/ Location	Telephone Numbers (include area code)
				(W) (H)
				(W) (H)
				(W) (H)
				(W) (H)
				(W) (H)

## OTHER EXPERIENCE

■ List other work experience (including military)

Dates From/To	Name of Employer	Location City/State	No. of Years	Full Time Part Time	Type of Work	Reason For Leaving

■ Briefly explain any gaps that may appear in your employment history: \_\_\_\_\_

HONORS, AWARDS, ACCOMPLISHMENTS (scholarships, special recognition): \_\_\_\_\_

**REFERENCES**

■ List additional professional references (other than immediate supervisors provided on page 3) e.g. principals, supervising teachers and college supervisors under whom you have taught or persons who have firsthand knowledge of your personal and professional competencies.

Name	Address City/State/Zip	Official Position	Telephone (Incl. area code)
1.			(W) (H)
2.			(W) (H)
3.			(W) (H)
4.			(W) (H)

**CHECKLIST** Please use the following checklist as your guide to fulfilling the requirements for a complete application file.

Mandatory	Optional
<input type="checkbox"/> 1. Complete Certificated Application Form (including signature)	<input type="checkbox"/> Optional Confidential Data Form (Insert A)
<input type="checkbox"/> 2. Copies of valid Washington State Teaching Certificate(s)	<input type="checkbox"/> Student Activities/Athletics (Insert C)
<input type="checkbox"/> 3. General Cover Letter	<input type="checkbox"/> Substitute Teacher Survey (Insert F)
<input type="checkbox"/> 4. Current Resume	
<input type="checkbox"/> 5. Response to Application Questions (Insert B)	
<input type="checkbox"/> 6. Confidential Professional Reference Forms Completed by at least two people - one must be from a recent supervisor (Insert D)	
<input type="checkbox"/> 7. College Placement File en route (If not available, submit three letters of reference.)	
<input type="checkbox"/> 8. Copies of College Transcripts	
<input type="checkbox"/> 9. Disclosure Form (Insert E)	

**Applications will remain in active status for one year from the date the application is received by the District Office, unless renewed at the request of the applicant.**

**THE SOAP LAKE SCHOOL DISTRICT IS AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER**

The Soap Lake School District prohibits discrimination based on race, color, religion, creed, national origin, gender, marital status, age, pregnancy, sexual orientation, or the presence of a disability, or any other basis prohibited by law. The Soap Lake School District is an equal opportunity employer and supports the spirit, policies, and practices of affirmative action.

**CERTIFICATION, AUTHORIZATION AND RELEASE**

I hereby certify that all the information I have provided in this application is true, complete and correct. I authorize the Soap Lake School District to conduct a background investigation into my past employment, education, vocational, and other activities such as my criminal background. To conduct this investigation, I authorize the district to obtain a consumer report or similar information regarding me to the extent necessary to evaluate my suitability for employment. Further, if I am hired, I authorize the Soap Lake School District at any time during my employment, to obtain a consumer report or similar information regarding me for the purposes or promoting, reassigning, or retaining me as an employee. I understand that a consumer report is a communication by a consumer reporting agency that bears on a consumer's character and general reputation, and may include, but is not limited to, credit checks and criminal background information. I further authorize any current/former employer, person, firm, corporation, educational or vocational institution, or government agency to provide the Soap Lake School District with information regarding me. I hereby release and discharge the Soap Lake School District and those who provide, receive or use such information, from any and all liability as a result of furnishing and receiving this information. I further agree that if an offer of employment is made to me, I will provide verification of my certification, education and experience. I understand and agree that false or misleading information, including omissions, in my application or interview(s) shall be sufficient cause for dismissal or refusal to hire. References and personal information that become a part of this application will be regarded as confidential and shall not be revealed to me. I understand that any offer of employment that may be made to me is conditional and subject to the acceptable outcome of a criminal history background information check and fair credit reporting; and the approval of the District's Board of Directors.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
 (ORIGINAL SIGNATURE REQUIRED ON ALL DOCUMENTS SUBMITTED FOR APPLICATION)

Soap Lake School District No. 156

INSERT A

OPTIONAL CONFIDENTIAL DATA FORM

Soap Lake School District complies with all State and Federal rules and regulations and 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 designated youth groups. Inquiries regarding compliance and/or grievance procedures may be directed to the School District's Title IX/RCW 28A.640 officer, and/or Section 504/ADA Coordinator, both at 410 Ginkgo Street South, Soap Lake, WA 98851 (509) 246-1822. This District is an equal opportunity employer, supports the spirit, policies and practices of affirmative action, and has implemented programs to address the diversity of its workforce.

Your response to the following questions will assist the District in accurately reporting their employment practices to state and federal agencies and complying with their affirmative action plan. Providing this information is strictly voluntary and it shall be maintained as confidential. The completed data form will be separated from other application materials and will not be reviewed by or available to those involved in the hiring process. The data form will be kept separate from other records relating to applicants, and data on protected status shall not be recorded on any record that is kept in the applicant's pre-employment file.

PRINT NAME: \_\_\_\_\_  
Last First MI.

Sex: M / F Age: \_\_\_\_\_ Disabled?: Y / N

I consider myself a member of the following ethnic group:

- \_\_\_ Asian or Pacific Islander \_\_\_ Black \_\_\_ Hispanic American
- \_\_\_ Caucasian \_\_\_ Native American Indian/Alaskan Native\*

\*If you have identified yourself as Native American Indian/Alaskan Native, please answer the following questions:

I am affiliated with the \_\_\_\_\_ Tribe.

I am an enrolled member of this tribe. \_\_\_ YES \_\_\_ NO

DISABLED AND VIETNAM-ERA AFFIRMATIVE ACTION PROGRAM

- A. Veteran: I am a Veteran of the United States Armed Services. Y / N
- B. Vietnam-Era Veteran: The term "Vietnam-Era Veteran" means a person who, 1) served on active duty for a period of more than 180 days, any part of which occurred during August 5, 1964 through May 7, 1975 and was discharged or released there from with other than a dishonorable discharge, or 2) was discharged or released from active duty for a service-connected disability if any part of such active duty was performed during the Vietnam Era.

I meet the definition provided for "Vietnam-Era Veteran" Y / N

- C. Disabled Veteran: The term "Disabled Veteran" means a person entitled to disability compensation under laws Administered by the Veteran's Administration for a disability rated at 30 percent or more, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty?

I meet the definition provided for "Disabled Veteran" Y / N

How did you learn about our School District and/or this position?  
\_\_\_ Walk In \_\_\_ Advertisement \_\_\_ Job Posting \_\_\_ Newspaper \_\_\_ Placement Center  
\_\_\_ Recruitment/Job Fair Referred by: \_\_\_ Friend \_\_\_ Other

**INSERT B**

**APPLICATION QUESTIONS**

Print Name: \_\_\_\_\_  
(Last) (First) (MI)

In the space below and in your own handwriting, respond to the following questions:

1. State briefly what and how you can contribute to this school district.

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2. Describe the type of teaching/professional situation in which you would like to work and explain why.

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Instructions: Complete the front and back of this form to indicate your interest in student activities/athletics.

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (MI)

ACTIVITIES	YEARS OF PARTICIPATION			YEARS OF ADVISING				
	HIGH SCHOOL	COLLEGE	OTHER	ELEMENTARY	JR HIGH	SR HIGH	COLLEGE	OTHER
ASB Advisor								
Debate								
Drama/Theater								
Knowledge Bowl								
Music								
■ Instrumental Jazz								
■ Instrumental Wind								
■ Instrumental Marching Band								
■ Vocal/Choral								
Video Club								
Vocational								
■ FHL								
■ FBLA								
■ DECA								
■ VICA								
Yearbook								
Journalism								
Others (List)								

**ACTIVITIES / INTERESTS**

List the assignments you prefer in order of preference and ability.

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**SPECIAL QUALIFICATIONS FOR THESE POSITIONS:**

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**INSERT C**

**STUDENT ACTIVITIES/ATHLETICS**

ATHLETICS	YEARS OF PARTICIPATION			YEARS OF ADVISING				
	HIGH SCHOOL	COLLEGE	OTHER	ELEMENTARY	JR HIGH	SR HIGH	COLLEGE	OTHER
Baseball - Boys								
Fast Pitch/Softball - Girls								
Basketball - Boys								
Basketball - Girls								
Cheer/Spirit								
Cross Country								
Drill Team								
Football								
Golf								
Gymnastics								
Soccer - Boys								
Soccer - Girls								
Swim								
Tennis - Boys								
Tennis - Girls								
Track								
Volleyball								
Wrestling								
Others (List)								

**COACHING INTERESTS**

List the assignments you prefer in order of preference and ability.

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**SPECIAL QUALIFICATIONS FOR THESE POSITIONS:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**LICENSING**

First Aid Certificate  Yes  No If yes, expiration date: \_\_\_\_\_

CPR Certificate  Yes  No If yes, expiration date: \_\_\_\_\_

Please list two references who have information regarding your coaching/advisory/athletic abilities:

Name	Address	Telephone

**CERTIFICATED APPLICATION FOR EMPLOYMENT  
CONFIDENTIAL PROFESSIONAL REFERENCE FORM**

**INSERT D**

**APPLICANT INSTRUCTIONS:** The applicant should provide a stamped envelope addressed to the Soap Lake School District for the evaluator's use. The applicant then must read and sign the authorization below for the reference to be valid:

*I authorize any current or former employer, person, firm, corporation, educational or vocational institution, or government agency to provide to the Soap Lake School District, information they have regarding me. I hereby release and discharge those who provide information and the Soap Lake School District from any and all liability as a result of furnishing, receiving and using this information. I agree that references and personal information which become a part of this application will be regarded as confidential and shall not be revealed or disclosed to me.*

\_\_\_\_\_  
*(applicant signature required)*

\_\_\_\_\_  
*(date)*

\_\_\_\_\_  
*(applicant print name)*

**EVALUATOR INSTRUCTIONS:**

The above-named applicant has applied for a certificated position with the Soap Lake School District. We ask that you carefully evaluate this individual in terms of your knowledge of him or her either as an employee or through other professional contacts. **Please return this confidential form directly to the Soap Lake School District.**

Name of Evaluator *(please print)* \_\_\_\_\_

Evaluator's Title \_\_\_\_\_

Company or Organization \_\_\_\_\_

Telephone (        ) \_\_\_\_\_

Observation from \_\_\_\_\_ to \_\_\_\_\_

Applicant's position during this evaluation period: \_\_\_\_\_

Have you observed this applicant:    \_\_\_\_\_ very few times?    \_\_\_\_\_ equal to one year?    \_\_\_\_\_ several years?

**Please complete the evaluation grid on the other side of this form.**

**CERTIFICATED APPLICATION FOR EMPLOYMENT  
CONFIDENTIAL PROFESSIONAL REFERENCE FORM**

**INSERT D**

Name of Applicant for a Certificated Position: \_\_\_\_\_

NOTE: Please rate the applicant in each of the following categories by comparing this individual with others of Comparable training and experience.

	Upper 10%	Upper 25% But not Upper 10%	Upper 50% but not Upper 25%	Lower 50% But not Lowest 10%	Lowest 10%	No Basis for judgment
1. <b>Flexibility:</b> Willingness to learn new concepts or ways of providing instruction. Co-operative with youth and adults. Fair & consistent approach to teaching or related services. Meets individual student needs.						
2. <b>Commitment to Accomplishment:</b> Exertion of effort to attain goals. A desire for producing results. Organization of ideas, time, materials, and space so accomplishment occurs.						
3. <b>Enthusiasm:</b> Displays overall optimism and zeal for what one is doing. Willingness to be involved. Develops positive interpersonal relationships with others.						
4. <b>Clarity of Expression.</b> Understands and correctly interprets concepts presented or discussed. Presents and discusses concepts precisely; answers questions clearly.						
5. <b>Scholarship and Conceptual Skills:</b> Mastery of substantive and methodological aspects of teaching or related services. Demonstrated ability to learn and apply new ideas and new skills.						
6. <b>Relation to Students:</b> Ability and willingness to develop professional relationships with students. Exhibits listening skills, patience, and caring for students. Shows empathy for students, is interested in their learning and welfare; is responsive to student needs; is accepting of students and has a high regard for them as they are.						
7. <b>Professional Orientation:</b> Has knowledge of current approaches to teaching or related services; breadth of background and willingness to use this background for the benefit of school; exhibits a high interest in students; holds high expectations for self and students.						
8. <b>Multicultural:</b> Understands, accepts, and promotes cultural and ethnic differences in students and adults.						
9. <b>Professional Relationships:</b> Willingness to work with others (staff & community) in a team situation. Demonstrates high interest in working out problems for the satisfaction of all involved.						
10. <b>Modeling Appropriate Behavior:</b> Professional appearance, poise, appropriate role model for the educational environment.						

Overall rating of this candidate (check one):     Excellent     Very Good     Good     Fair     Poor

Comments on applicant's strengths/weaknesses: \_\_\_\_\_

Evaluator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for your assistance in evaluating this applicant. Please return this completed confidential form to the Soap Lake School District.
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Please complete the following questions and sign the declaration. Any falsification or deliberate misrepresentation, including omission of a material fact, or failure to complete any part of your application or this questionnaire can be grounds for denial of employment or continued employment with the Soap Lake School District.

**⇒ ALL REQUIRED DOCUMENTATION REQUESTED BELOW MUST ACCOMPANY THIS FORM. ALL QUESTIONS MUST BE ANSWERED. IF ADDITIONAL SPACE IS NEEDED, ATTACH A SEPARATE SHEET OF PAPER.**

**EMPLOYMENT HISTORY DISCLOSURE**

1. Are you presently under contract?       No       Yes - *If yes, with whom?*

What is your present position (Title)? \_\_\_\_\_

2. Are you a former employee of our district?       No       Yes

If yes, list dates and positions: \_\_\_\_\_

3. Have you ever been on a plan of improvement or placed on probation?       No       Yes

4. Have you ever been placed on administrative leave pending investigation of allegations of misconduct?  
 No       Yes

5. Have you ever been the subject of a complaint to the Superintendent of Public Instruction or any other disciplinary board or licensing body?       No       Yes

6. Have you ever resigned or otherwise separated from any employment (inclusive of regular or extracurricular positions) in order to avoid discharge or non-renewal?       No       Yes

7. Have you ever been discharged or non-renewed from any employment (inclusive of regular or extra-curricular positions)?       No       Yes

8. Have you ever been disciplined for misconduct by a past or present employer?       No       Yes

9. If you answered YES to questions 3, 4, 5, 6, 7 or 8, provide an explanation of the circumstances, including the underlying facts, place, date and outcome. Attach an additional page if needed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<sup>1</sup>All prospective employees who will or may have unsupervised access to children under 16 years of age, developmentally disabled persons, and/or vulnerable adults are "applicants".

**CRIMINAL HISTORY DISCLOSURE**

1. Are you presently charged with, but no convicted of, a crime? (Exclude civil infractions, such as minor traffic citations.)  No  Yes **If yes, attach an explanation of the nature of the charge, place, date, and court. A pending criminal charge will not necessarily bar you from District employment.**

2. Have you ever been convicted of a crime? (The term "convicted" means all adverse dispositions, including a finding of guilty, a plea of guilty or nolo contendere, an Alford plea, a stipulation to the facts, a deferred or suspended sentence, or a deferred prosecution. Exclude civil infractions, such as minor traffic citations.)  No  Yes **If yes, attach an explanation of the nature of the crime, place, date, and court. A conviction record will not necessarily bar you from District employment.**

3. (A) **CHECK ANY OF THE FOLLOWING FOR WHICH YOU HAVE BEEN CONVICTED, INCLUDING ANY OF THESE CRIMES AS THEY MAY HAVE BEEN RENAMED: (see above for definition of "conviction").**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Custodial Assault                                  | <input type="checkbox"/> First, Second, or Third Degree Child Molestation       | <input type="checkbox"/> First or Second Degree Manslaughter                |
| <input type="checkbox"/> First, Second or Third Degree Assault of a Child   | <input type="checkbox"/> First or Second Degree Sexual Misconduct with Minor(s) | <input type="checkbox"/> First, Second, or Third Degree Rape                |
| <input type="checkbox"/> First, Second or Third Degree Assault              | <input type="checkbox"/> Patronizing a Juvenile Prostitute                      | <input type="checkbox"/> First or Second Degree Robbery                     |
| <input type="checkbox"/> Simple Assault                                     | <input type="checkbox"/> Selling or Distributing Erotic Material to Minor(s)    | <input type="checkbox"/> Indecent Liberties<br>Felony Indecent Exposure     |
| <input type="checkbox"/> First or Second Degree Custodial Interference      | <input type="checkbox"/> Sexual Exploitation of Minor(s)                        | <input type="checkbox"/> Vehicular Homicide<br>Unlawful Imprisonment        |
| <input type="checkbox"/> Incest   | <input type="checkbox"/> Communication with a Minor for Immoral Purposes        | <input type="checkbox"/> Malicious Harassment<br>Criminal Abandonment       |
| <input type="checkbox"/> First, Second, or Third Degree Rape of a Child     | <input type="checkbox"/> First Degree Arson                                     | <input type="checkbox"/> First or Second Degree Criminal Mistreatment       |
| <input type="checkbox"/> Child Abandonment                                  | <input type="checkbox"/> First Degree Burglary                                  | <input type="checkbox"/> Promoting Pornography                              |
| <input type="checkbox"/> Child Abuse or Neglect as Defined in RCW 26.44.020 | <input type="checkbox"/> Aggravated Murder                                      | <input type="checkbox"/> First Degree Promoting Prostitution                |
| <input type="checkbox"/> Violation of Child Abuse Restraining Order         | <input type="checkbox"/> First or Second Degree Murder                          | <input type="checkbox"/> Prostitution                                       |
| <input type="checkbox"/> Child Buying or Selling                            | <input type="checkbox"/> First or Second Degree Extortion                       | <input type="checkbox"/> First or Second Degree Custodial Sexual Misconduct |
| <input type="checkbox"/> First or Second Degree Kidnapping                  |   |   |

(B) **CHECK HERE IF YOU HAVE NOT BEEN CONVICTED OF ANY OF THE ABOVE, INCLUDING ANY OF THESE CRIMES AS THEY MAY HAVE BEEN RENAMED.**

4. Have you ever been (a) found by a court in a protection proceeding under Chapter 74.34 to have abused or financially exploited a vulnerable adult or (b) convicted of any of the following crimes where the victim was a vulnerable adult: (Vulnerable adult means adults of any age who lack the functional, mental, or physical ability to care for themselves.)

- First, second, or third degree extortion
- First, second, or third degree theft
- First or second degree robbery
- Forgery
- Any of the foregoing crimes as they may have been renamed

Answer:  No  Yes IF YES, EXPLAIN BELOW.

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5. Have you ever been convicted of any crime involving the manufacture, delivery, or possession with intent to manufacture or deliver a controlled substance?

Answer:  No  Yes IF YES, EXPLAIN BELOW.

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6. Have you ever been found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor or to have physically abused any minor?

Answer:  No  Yes IF YES, EXPLAIN BELOW.

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7. 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 to have physically abused any minor?

Answer:  No  Yes IF YES, EXPLAIN BELOW.

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8. Have you ever been found in any disciplinary board final decision to have sexually or physically abused any minor or developmentally disable person, or to have abused or financially exploited any vulnerable adult? "Disciplinary board final decision" means (a) any final decision by the director of the Department of Licensing for real estate brokers and salespersons and (b) any final decision by a disciplinary authority under Chapter 18.130 RCW or the secretary of the Department of Health for the following business professions: chiropractic, dentistry, dental hygiene, naturopathy, massage, midwifery, osteopathic medicine and surgery, physical therapy, physicians, practical nursing, registered nursing, and psychology.

Answer:  No  Yes IF YES, EXPLAIN BELOW.

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9. Are you presently charged with, but not convicted of, any of the crimes or offenses described in questions 1 through 8 above?

Answer:  No  Yes

**INSERT E**

**APPLICANT DISCLOSURE STATEMENT**

An inquiry may be made to the Washington State Patrol, a Federal, or other Law enforcement agency to verify your responses to the above inquiries. A copy of any response received pursuant to such inquiry will be made available to you upon request.

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

**Applicant, Print Name:** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_

**Date and Place:** \_\_\_\_\_

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**TO BE COMPLETED AFTER CONDITIONAL EMPLOYMENT IS OFFERED.**

I certify under penalty of perjury under the laws of the State of Washington that as of this \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_, a date on or after which I have been offered conditional employment with the Soap Lake School District, the foregoing remains true and correct. I further certify that I have been released from all contractual obligations with other Washington State School Districts. I understand that any falsification or deliberate misrepresentation, including omission of a material fact or failure to complete any part of my application or this questionnaire can be ground for denial of employment or continued employment with the Soap Lake School District.

**Your signature must be witnessed by an employee of the Soap Lake School District.**

Print Name: \_\_\_\_\_

Sign Name: \_\_\_\_\_

Witness, Print Name/Title: \_\_\_\_\_

Witness, Sign Name: \_\_\_\_\_

Date and Place: \_\_\_\_\_

# INSERT F

# CERTIFICATED SUBSTITUTE TEACHER SURVEY

## APPLICANT INFORMATION

Name (Please Print): \_\_\_\_\_ Date: \_\_\_\_\_  
 Last First MI

Mailing Address: \_\_\_\_\_  
 City/State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

## CERTIFICATION

Certificate Number: \_\_\_\_\_ Type: \_\_\_\_\_

Endorsements: (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

Expiration Date: \_\_\_\_\_

First Aid License	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, Expiration Date:	_____
CPR License	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, Expiration Date:	_____
Water Safety Card	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, Expiration Date:	_____
Bloodborne Pathogen Training	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, Training Date:	_____

## AVAILABILITY

Mark (X) the times/days that you are available to substitute:

	Monday	Tuesday	Wednesday	Thursday	Friday
Full Days:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Half Days AM:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Half Days PM:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

List any limitations on your assignments: \_\_\_\_\_

\_\_\_\_\_

## ASSIGNMENTS

In which grades do you feel most comfortable teaching?  
 \_\_\_\_\_

Which subject areas do you feel most comfortable teaching?  
 \_\_\_\_\_

Are there any subjects that you will not teach?  
 \_\_\_\_\_

What are your "special areas"? (Music, Technology, PE, etc.)  
 \_\_\_\_\_

In which foreign/world languages are you willing to substitute?  
 \_\_\_\_\_

## ARE YOU WILLING AND TRAINED TO TEACH:

	Training		Will Teach	
Alternative Classes 9 - 12	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Special Education/Resource Room	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Special Education/Self-Contained	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Signature \_\_\_\_\_ Date \_\_\_\_\_



## **QUESTIONS AND ANSWERS**

### **THE CLASSIFIED EMPLOYMENT APPLICATION PROCESS**

As a service to our applicants, we have provided a list of the most commonly asked questions and our responses.

**Question: May I apply for more than one position?**

*Answer: Certainly, you may apply for any open position for which you feel qualified and which you are interested.*

**Question: How can I find out about open positions?**

*Answer: We post positions in each building as well as in the District Office. You can also call the District Office to inquire about open positions or visit our website at [www.slschools.org](http://www.slschools.org).*

**Question: How long is my application kept on file?**

*Answer: We will keep your application on file for one year. It is your responsibility to contact the District Office to request that your application remain in active status after a year, if so desired.*

**Question: If I apply for a position and another similar position occurs after I apply, will I automatically be considered for that position as well?**

*Answer: No, you will need to let us know that you are interested in each open position by contacting the District Office.*

**Question: Do I need to come in every time I want to apply for a position?**

*Answer: You do not have to come to the District Office, but you must have a complete application on file, and contact our office by phone or letter.*

**Question: How can I tell when a position closes?**

*Answer: The closing date is listed on the job posting.*

**Question: When do you post your open positions?**

*Answer: We post newly opened positions as they occur.*

**Question: What kind of qualifications do I need to work in the Soap Lake School District?**

*Answer: Each position posting has a list of preferred and/or required qualifications needed to be eligible for that specific position.*

**Question: What do I need to be released from my contract with my current school district employer?**

*Answer: If you have signed a contract with another school district, you must be released before signing a contract with the Soap Lake School District. Upon receiving a written offer of employment (Letter of Intent) from the Soap Lake School District, you must request in writing that your current school district release you from your contractual obligation. They will advise you whether you will be released and under what circumstances.*

**Question: What if I need an accommodation to complete these materials or to perform the job functions?**

*Answer: To request accommodation during the process, contact the District Office for assistance.*

**Question: How will I be notified regarding an interview?**

*Answer: You will be notified by telephone or letter within approximately a week after the closing date if you have been selected for an interview.*

**Question: Will I be able to work in a smoke-free environment?**

*Answer: Yes, our District complies with Washington State law, which prohibits the use of tobacco on any District property. We are committed to providing a tobacco-free environment for all. We also are committed to providing a safe environment, both weapon & drug free.*

**Question: Do I need to be a citizen of the United States?**

*Answer: In accordance with the Immigration Reform and Control Act of 1986 (Title 8, US Cod, Section 1.324A), we will hire only United States citizens and aliens lawfully authorized to work in the United States.*

**Question:** What if I do not have a current Washington State Certificate?

**Answer:** Any offer of employment will be contingent upon your holding a valid Washington State Certificate. You may apply for a certificate through the state certification office at:

**Office of State Superintendent of Public Instruction**

**Old Capitol Building PO Box 47200**

**Olympia WA 98504-7200**

**Telephone: 360-725-6400**

**OSPI web site: [www.k12.wa.us/cert/](http://www.k12.wa.us/cert/)**

If you have further questions, please feel free to ask us at any time! The Human Resources telephone number is **360-662-1680**.