

Morton-White Pass Athletic Cooperative Coaching Application Packet

The Morton-White Pass Athletic Cooperative would like to thank you for taking the time and showing interest in our student athletes. All items listed on this page are required before being hired for our coaching positions. If you have any questions regarding the items listed please contact one of the athletic directors for further explanation.

These items are required for the application process.

- ❖ MWP Coaching Application
- ❖ Washington State Patrol Criminal History Check
- ❖ OSPI Character and Fitness Supplement Packet

If you are offered the position the following items will need to be successfully completed before you can be approved for hire by the Morton and White Pass School Board of Directors.

- ❖ Cleared FBI Fingerprint Record (to be completed at the ESD 113)
- ❖ Clean Drug Test (to be completed at Morton General Hospital)
- ❖ I-9 Form
- ❖ W-4
- ❖ Copy of Current Driver's License/Washington State ID Card
- ❖ Copy of Social Security Card
- ❖ Direct Deposit Form (If you prefer Direct Deposit)
- ❖ Current First Aid and CPR Card

You can turn your completed packet into the Morton or White Pass District Office, but please note that your application packet will be copied and shared with both districts.

The MWP Athletic Cooperative conforms to all the laws, statutes, and regulations concerning equal employment opportunity. We conform to all the laws, statutes, and regulations concerning equal employment opportunities and affirmative action. We strongly encourage women, minorities, individuals with disabilities and veterans to apply to all of our job openings. We are an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, gender, national origin, disability status, Genetic Information & Testing, Family & Medical Leave, Sexual Orientation and Gender Identity or Expression, protected veteran status, or any other characteristic protected by law. We prohibit Retaliation against individuals who bring forth any complaint, orally or in writing, to the employer or the government, or against any individuals who assist or participate in the investigation of any complaint or otherwise oppose discrimination. The following employee has been designated to handle questions and complaints of alleged discrimination: John Hannah, P.O. Box 1219, Morton, WA. 98356; (360) 496-5300 or Chuck Wyborney, PO Box 183, Randle, WA 98377 (360) 497-3791 (Title IX/ Section 504/ ADA Coordinator/Compliance Coordinator for 28A.640 and 28A.642)

**Morton-White Pass (MWP)
Application for Employment
(Coaching Staff)**

Name _____ Phone # _____

Address _____

Social Security # _____ Message Phone# _____

Have you worked here before? Yes () No ()

Have you ever been convicted of a felony? Yes () No () Conviction will not necessarily disqualify an application from employment. If yes, please describe conditions:

Active Military Service: Branch _____ Date began active duty _____ Ended _____

EMPLOYMENT DESIRED

Position _____ Date you can start? _____

Are there any hours, shifts or days you cannot work? _____

| EDUCATION | NAME AND LOCATION OF SCHOOL | MAJOR | DIPLOMA/DEGREE |
|-----------|-----------------------------|-------|----------------|
|-----------|-----------------------------|-------|----------------|

_____ High School

_____ College/University

_____ Other Training/Education

CHARACTER REFERENCES: List below three persons other than relatives and former employers who have known you during the past three years.

Name

Address

Phone Number

WORK HISTORY-LAST THREE EMPLOYERS

1) _____
Present or Last Employer Date Started Date Left

Address _____ Reason for Leaving _____
Job Duties: (Include a description of the duties and machines, tools, equipment, etc. used)

2) _____
Present or Last Employer Date Started Date Left

Address _____ Reason for Leaving _____
Job Duties: (Include a description of the duties and machines, tools, equipment, etc. used)

3) _____
Present or Last Employer Date Started Date Left

Address _____ Reason for Leaving _____
Job Duties: (Include a description of the duties and machines, tools, equipment, etc. used)

In addition to your work history, what other experiences, skills or qualifications do you have to offer to the MWP Athletic Program you're applying for?

APPLICANT'S CERTIFICATION AND AGREEMENT

I certify under the penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. I authorize the MWP Athletic Cooperative to inquire with former employers or references and obtain any and all information regarding my job-related background. I release and waive the MWP Athletic Cooperative, my former employer(s) and references from any and all liability in obtaining or disclosing such information. I agree that if I have provided false or incomplete statements, the district may at its sole discretion, without notice or due process procedures, terminate the employment contract. If such action is taken by the district, any agreements of employment with the MWP Athletic Cooperation shall be deemed void from its inception.

I attest that I can provide either proof of COVID-19 vaccination or fulfill the appropriate exemption process and meet any and all accommodations as determined by the district.

Date: _____ Applicant's Signature _____

The MWP Athletic Cooperative conforms to all the laws, statutes, and regulations concerning equal employment opportunity. We conform to all the laws, statutes, and regulations concerning equal employment opportunities and affirmative action. We strongly encourage women, minorities, individuals with disabilities and veterans to apply to all of the job openings. We are an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, gender, national origin, disability status, genetic information and testing, family and medical leave, sexual orientation and gender identity or expression, protected veteran status, or any other characteristic protected by law. We prohibit retaliation against individuals who bring forth any complaint, orally or in writing, to the employer or the government, or against any individuals who assist or participate in the investigation of any complaint or otherwise oppose discrimination. The following employee has been designated to handle questions and complaints for alleged discriminations: John Hannah, PO BOX 1219, Morton, WA 98356 (360) 496-5300 or Paul Farris, PO BOX 183, Randle, WA 98377 (360) 497-3791 (Title IX/ Section 504/ADA Coordinator/Compliance Coordinator for 28A640 and 28A642

WASHINGTON STATE PATROL

Identification and Criminal History Section
PO Box 42633, Olympia WA 98504-2633



REQUEST FOR CRIMINAL HISTORY INFORMATION CHILD/ADULT ABUSE INFORMATION ACT RCW 43.43.830 THROUGH 43.43.845

| | |
|--|--|
| <p>A REQUESTING AGENCY/ADDRESS</p> <p>Agency _____</p> <p>Attn _____</p> <p>Address _____</p> <p>City/State/Zip _____</p> <p>I certify this request is made pursuant to and for the purpose indicated.</p> <p>_____ Authorized Signature Date</p> <p>_____ Title () Area Code/Phone Number</p> | <p>B PURPOSE Check appropriate box</p> <p><input type="checkbox"/> Educational School District (ESD)/School District Volunteer – no fee</p> <p><input type="checkbox"/> Non-Profit Business/Organization – no fee (Excluding Schools & ESD's)</p> <p><input type="checkbox"/> Profit Business/Organization - \$17</p> <p><input type="checkbox"/> Adoptive Parent - \$17</p> <p><input type="checkbox"/> Receive background results electronically</p> <p>Email address _____</p> <p>Password _____ (must be at least 8 characters)</p> <p>Fees: Make payable to Washington State Patrol by check, money order, or business account.</p> <p>Notary letters certifying the results are available upon request. There is an additional \$10.00 processing fee per notary seal.</p> <p>_____ Notarized Letter(s)</p> |
|--|--|

C APPLICANT OF INQUIRY (Please provide as much information as possible; name and date of birth are mandatory.)

Applicant's Name: _____
Last First Middle

Alias/Maiden Name(s): _____

Date of Birth: _____ Sex: _____ Race: _____
Month/Day/Year

Secondary dissemination of this criminal history record information response is prohibited unless in compliance with statute.

D WASHINGTON STATE PATROL IDENTIFICATION & CRIMINAL HISTORY SECTION

As of this date, the applicant named below has no record pursuant to RCW 43.43.830 through 43.43.845.

Requesting Agency

Applicant's Signature

Applicant's Name

Address

City/State/Zip

CHILD/ADULT ABUSE RECORD SEARCH GUIDELINES



MUST BE SIGNED BY ALL NON-PROFIT ACCOUNT USERS

Fax to (360) 534-2073

Refer to Revised Code of Washington (RCW) 43.43.830-43.43.845 for complete information. Child/Adult Abuse Information Act background checks may be conducted by Washington State businesses or organizations. Other states must conduct searches under the Criminal Records Privacy Act, RCW 10.97.

1. **Searches may be conducted only on prospective employees, volunteers, adoptive parents, prospective clients, or resident.** Background checks may be conducted on prospective employees, volunteers, or adoptive parents who will be or may have unsupervised access to children less than sixteen years of age, developmentally disabled persons, or vulnerable adults. The background check is for initial employment decisions only. A prospective client's or resident's conviction record—upon the request of a business or organization that qualifies for exemption under section 501(c)(3) of the internal revenue code of 1986 (26 U.S.C. Sec. 501(c)(3) and that provides emergency shelter or transitional housing for children, persons with developmental disabilities, or vulnerable adults.
2. **Applicants must be notified an inquiry may be made.**
A business or organization shall not make an inquiry to the Washington State Patrol unless the business or organization has notified the applicant, who may be offered a position as an employee or volunteer, that an inquiry may be made.
3. **A business or organization must prepare a disclosure statement to be signed by the applicant before a background check may be conducted.**
A business or organization shall require each applicant to disclose whether the applicant has been:
 - (a) Convicted of a crime;
 - (b) Had findings made against him or her in any civil adjudicative proceeding;
 - (c) Has both a conviction and findings made against him or her.
4. **Applicants must be notified of the response.**
The requesting agency shall notify the applicant of the Washington State Patrol's response within ten days after receipt. The employer shall provide a copy of the response to the applicant and shall notify the applicant of such availability.

Notes:

- "Business or organization" means a person, business, or organization licensed in this state, any agency of the state, or other governmental entity, that educates, trains, treats, supervises, houses, or provides recreation to developmentally disabled persons, vulnerable adults, or children under sixteen years of age, or that provides child day care, early learning, or early learning childhood education services, including but not limited to public housing authorities, school districts, and educational service districts.
- "Client" or "resident" means a child, person with developmental disabilities, or vulnerable adult applying for housing assistance from a business or organization.
- The business or organization shall use this record only in making the initial employment or engagement decision. Further dissemination or use of the record is prohibited. A business or organization violating this subsection is subject to civil action for damages.
- Responses are limited to **Washington State records only**.

NOTE: The requested record information is furnished solely on the basis of name and/or description similarity with the subject of your inquiry. Positive identification or non-identification can only be effected upon receipt of fingerprints.

I have read and understand the above **CHILD/ADULT ABUSE RECORD SEARCH GUIDELINES** pursuant to Revised Code of Washington (RCW) 43.43.830-43.43.845.

User Name _____ Account # _____

User Signature _____ Date _____

Reset password? YES or NO



OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION

Professional Certification
Office of Professional Practices
Old Capitol Building, PO BOX 47200
OLYMPIA WA 98504-7200
OPP (360) 726-6130 TTY (360) 664-3631
Web Site: http://www.k12.wa.us/certification
E-Mail: cert@k12.wa.us

CHARACTER AND FITNESS SUPPLEMENT

Please complete the following questions carefully and completely before providing information and signing the affidavit. Any falsification or deliberate misrepresentation, including omission of a material fact, in completion of this application can be grounds for denial of certification, or in the case of a certificate holder, reprimand, suspension, or revocation of the educational certificate, credential, or license.

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

SECTION I - PERSONAL INFORMATION (please print or type)
1. NAME LAST FIRST MIDDLE 2. MAIDEN NAME
3. ADDRESS 4. DATE OF BIRTH
CITY/STATE/ZIP 5. SOCIAL SECURITY NO. (OPTIONAL)
6. TELEPHONE BUSINESS: () HOME: () 7. E-MAIL
8. Please list all former names you have used and approximate dates of use. (If more than three, list on separate sheet of paper.)
Date
Date
Date

SECTION II - PROFESSIONAL FITNESS

- Yes No
1. Have you ever held or do you currently hold a Washington education certificate?
2. Have you ever held or do you currently hold any education certificate, credential or license authorizing service in the public/private schools in another state, province, territory, or country? If "yes," list the states, provinces, territories, and/or countries:
3. Are you currently or have you ever been the subject of any certificate or licensing investigation or inquiry by any certification or licensing agency for allegations of misconduct? If "yes," on a separate sheet of paper, list the agency, including complete address and telephone number as well as the purpose of the investigation or inquiry.

If you answer "yes" to questions 4 through 11 (Section II), on a separate sheet of paper, give a complete explanation, including duties, circumstances, and supporting documentation.

- 4. Have you ever had any adverse action taken on any certificate or license? (Adverse action includes letters of warning, reprimands, suspensions [including stayed], revocations, voluntary surrenders, or avoidance.)
5. Have you ever been denied, or otherwise rejected for cause, an education certificate, credential, or license?
6. Have you ever withdrawn an application for any education certificate, credential, or license?
7. Have you ever practiced in any educational position in a public school for which you did not hold the appropriate valid educational certificate, credential, or license for that position?
8. Have you ever been dismissed, discharged, or fired from any employment position involving children or dependent adults? (Do not include RIFs)
9. Have you ever resigned from or otherwise left any employment (e.g., settlement agreement) while allegations of misconduct were pending?

Yes No

10. Have you ever been disciplined by a past or present employer because of allegations of misconduct?

11. Are you currently or have you ever been the subject of any investigation or inquiry by an employer because of allegations of misconduct?

SECTION III - CRIMINAL HISTORY

If you answer "yes" to any of the questions 1-5 (Section III), please provide the following:

- A. On a separate sheet of paper state the following:
 - a. A detailed statement including what occurred, the nature of the offense, charge or warrant.
 - b. The name and address of the arresting agency.
 - c. If a court was involved, the name and address of the court.
 - d. The date of the arrest.
 - e. The final disposition, if any.
- B. If a court was involved, provide a copy of the court docket (can be obtained at the court in which the charge[s] were filed).
- C. Provide a copy of the complete arresting officer's report.
- D. If a court was involved, provide the sentence and judgment (can be obtained at the court in which the charge[s] were filed).
- E. If the arrest was driving related, provide a copy of a current and complete 5-year driving abstract.

NOTE: For questions 1, 2, 3, DO NOT include minor in possession (MIP)/minor in consumption (MIC) occurring more than 2 years ago or driving under influence (DUI) occurring more than 5 years ago.

Yes No

1. In the last 10 years, have you ever been arrested for any crime or violation of the law? (Do NOT include Minor In Possession [MIP]/Minor In Consumption [MIC] occurring more than 2 years ago or Driving Under Influence [DUI/DWI] occurring more than 5 years ago.) (Note: For "yes" responses to 1, 2, 3, even if your case was dismissed or your record was sealed you must answer this question in the affirmative.) You need not list traffic violations for which a fine or forfeiture of less than \$300 was imposed.

2. In the last 10 years, have you ever been fingerprinted as a result of any arrest for any crime or violation of the law?

3. In the last 10 years, have you ever been convicted of any crime or violation of any law? (Note: For the purpose of this question "convicted" includes [1] all instances in which a plea of guilty or nolo contendere is the basis of conviction, [2] all proceedings in which a sentence has been suspended or deferred, [3] or bail forfeiture.) You need not list traffic violations or fines for which a fine or forfeiture of less than \$300 was imposed.

4. Have you ever been convicted of any felony crime?

5. Do you currently have any outstanding criminal charges or warrants of arrest pending against you? This would include Washington State, any other state, province, territory, and/or country.

6. Have you ever been or are you presently under investigation in any jurisdiction for possible criminal charges? If your answer is "yes," identify agency and location (street address, city, state) and the circumstances or details relating to the investigation on a separate piece of paper.

SECTION IV - FITNESS

If you answer "yes" to any question (Section IV), provide a written explanation on a separate sheet of paper:

Yes No

1. Have you ever exhibited any behavior or conduct which might negatively impact your ability to serve in a role which requires a certificate, credential, or license?

2. In the past 10 years, have you ever engaged in any conduct which resulted in the damage or destruction of property? (For purposes of questions 2 and 3, property includes both real and personal property owned by you or another. Do not list damages done as the result of an automobile accident.)

3. In the last 10 years, have you ever threatened to damage or destroy property?

4. Have you ever engaged in any conduct which resulted in the physical injury or harm of any person(s)? (Do not list injury or harm caused as the result of duties performed due to a job assignment such as police officer, armed forces member, or athlete.)

5. Have you ever threatened to do physical injury or harm to any person(s)? (Do not list threats issued as the result of duties performed due to a job assignment such as police officer, armed forces member, or athlete.)

SECTION IV - FITNESS

- Yes No
 6. Do you have a medical condition which in any way impairs or limits your ability to serve in a certificated role with reasonable skill and safety?
- N/A
 7. If you use chemical substance(s), does this use in any way impair or limit your ability to serve in a certificated role with reasonable skill and safety?
- N/A
 If you disclosed a "yes" answer to questions 6 or 7 above, are the limitations or impairments caused by your medical condition(s) or substance abuse reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program? Please explain on a separate sheet of paper and provide the name, address, and telephone number of the program.
8. Do you currently use illegal drugs?
9. Have you used illegal drugs in the last year?
- N/A
 If you disclosed a "yes" answer to question 9 above, have you successfully completed or are you participating in a supervised rehabilitation program? Please explain on a separate sheet of paper and provide the name, address, and telephone number of the program.

If you answer "yes" to questions 10 or 11, attach copies of any court orders entered in the proceeding.

- Yes No
 10. Have you ever been found in any dependency or domestic relation matter to have sexually assaulted or exploited any minor?
11. Have you ever been found in any dependency or domestic relation matter to have physically abused any person?

If you answer "yes" to questions 12 or 13, and a repayment agreement has been established, attach copies of the repayment agreement from the appropriate agency.

- Yes No
 12. Are you currently in default status on any educational loan or scholarship? (Do not include loans that are currently in a compliant deferment status.)
13. Are you currently in non-compliance with a support order?

SECTION V - CHARACTER REFERENCES

List three individuals, not related to you, who will serve as character references.

| | |
|---------------------------|-------------------------------|
| NAME | TELEPHONE NUMBER () |
| MAILING ADDRESS | CITY/STATE/ZIP |
| E-MAIL ADDRESS (OPTIONAL) | |
| NAME | TELEPHONE NUMBER () |
| MAILING ADDRESS | CITY/STATE/ZIP |
| E-MAIL ADDRESS (OPTIONAL) | |
| NAME | TELEPHONE NUMBER () |
| MAILING ADDRESS | CITY/STATE/ZIP |
| E-MAIL ADDRESS (OPTIONAL) | |

*** ATTENTION ***

Please complete the appropriate sections on the next page (pg. 4 of 4).

ALL APPLICANTS MUST COMPLETE THE AFFIDAVIT

AFFIDAVIT

I, _____, certify (or declare) under the penalty of perjury under the laws of the state of Washington that the foregoing and all information included in the application is true and correct.

If the information provided or answer(s) to any question on the application or character and fitness supplement changes prior to my being granted certification, I must immediately notify the Office of Professional Practices and my college/university if I am a college/university candidate.

I understand I must answer this application truthfully and completely. Any falsification or deliberate misrepresentation, including omission of a material fact, in completion of this application can be grounds for denial of certification, or in the case of a certificate holder, reprimand, suspension, or revocation of the educational certificate, credential, or license.

SIGNATURE

DATE

CITY/STATE

THE FOLLOWING AFFIDAVIT MUST BE COMPLETED BY WASHINGTON COLLEGE/UNIVERSITY STUDENTS AND THOSE COMPLETING A PESB APPROVED TRAINING PROGRAM.

AFFIDAVIT

I hereby authorize _____ to release, orally or in writing as may be requested, all student records and other personally identifiable information to the Office of the Superintendent of Public Instruction (OSPI) for the purpose of investigating and determining my eligibility for Washington State certification pursuant to RCW 28A.410, WAC 181-86, and WAC 181-87, as now or hereafter amended.
(name of institution or organization)

SIGNATURE OF APPLICANT

DATE