

# PRESCOTT SCHOOL DISTRICT NO. 402-37

207 South A Street/P.O. Box 65  
Prescott, WA 99348

## EMPLOYMENT APPLICATION



### Instructions

1. Only completed applications received by the specified closing date will be referred to the screening committee for consideration.
2. To establish a completed application file, the items listed below must be submitted by the specified deadline to the Prescott School District, Human Resources Department, P. O. Box 65, Prescott, WA 99348:  
Completed and signed P.S.D. Employment Application. **Application must be completed in its entirety. Incomplete applications will be rejected.**  
Letter of Interest  
Up-to-date resume  
Placement file; or letters of recommendation and copies of transcripts  
One Washington State Sexual Misconduct Form for each school district of past employment  
Any additional material requested on the Job Opening notice
3. Applications are retained and considered active for one year following the last date of activity. Applications may be reactivated at your request.
4. Current or past employers will be contacted as part of the selection process.
5. Please contact the Prescott School District, Human Resources Department at (509) 849-2217 if you have any questions regarding your application and/or employment opportunities. Please email all application forms if you are applying via email to Cheryl McCracken, cmccracken@prescott.k12.wa.us or mail to P.O. Box 65, Prescott, WA 99348.

<b><i>Application</i></b>				
Last Name	First Name	Middle Name	Date	
Street Address		City	State	Zip Code
Home Phone	Cell Phone	Work Phone	E-Mail Address	
Position Applying for	Check One Or More	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Temporary/ Substitute
Have you previously applied for employment with PSD?		Date	Position(s)	
Other name(s) under which records may be listed:			Social Security Number	
How did you become aware of this position?		Other languages you are fluent in speaking:		

<b><i>Educational and Professional Training</i></b>				
NAME OF SCHOOL	CITY & STATE	DEGREE(S)	YEARS COMPLETED	MAJOR/MINOR

<b><i>Certificates / Licenses</i></b>				
List below teaching, ESA, administrative and special certificates / licenses held.				
TYPE OF CERTIFICATE	STATE	LEVEL / AREA	DATE ISSUED	EXPIRATION DATE

## Computer Skills

Check the appropriate boxes. Include software titles and years of experience. A skills test may be required as designated in the Job Opening notice.

<input type="checkbox"/> WORD	<input type="checkbox"/>	GOOGLE CLASSROOM
<input type="checkbox"/> EXCEL	<input type="checkbox"/>	GOOGLE DOCS
<input type="checkbox"/> Presentation	<input type="checkbox"/>	PUBLISHER
<input type="checkbox"/> SKYWARD	<input type="checkbox"/>	Other:

## Employment History

Answer all questions for each employer listed

Beginning with your current employer or most recent job, list all paid or unpaid work experience during the last ten years (or longer if pertinent to the positions applied for) including military experience. Explain any gaps in your work experience that exceed six months. If more space is needed, additional sheets may be attached. If you worked under a different name, please indicate that name.

Employer Name	Telephone		
	City	State	Zip Code
Starting Job Title/Final Job Title	Dates of Employment From        /        To        /		
Supervisor	May we contact for reference? Yes <input type="checkbox"/> No <input type="checkbox"/>	Compensation (Starting) per	Compensation (Final) per
Summarize Type of Work Performed			
Why Did You Leave?			
What Did You Like Most About This Position?		What Did You Like Least About This Position?	

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	City	State	Zip Code
Starting Job Title/Final Job Title	Dates of Employment From        /        To        /		
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Starting Job Title/Final Job Title	Dates of Employment From        /        To        /		
Supervisor	May we contact for reference? Yes <input type="checkbox"/> No <input type="checkbox"/>	Compensation (Starting) per	Compensation (Final) per
Summarize Type of Work Performed			
Why Did You Leave?			
What Did You Like Most About This Position?		What Did You Like Least About This Position?	

<b>Employment History (cont.)</b> Answer all questions for each employer listed			
Employer Name		Telephone	
City		State	Zip Code
Starting Job Title/Final Job Title		Dates of Employment	
		From        /        /	To        /        /
Supervisor	May we contact for reference? Yes <input type="checkbox"/> No <input type="checkbox"/>	Compensation (Starting) per	Compensation (Final) per
Summarize Type of Work Performed			
Why Did You Leave?			
What Did You Like Most About This Position?		What Did You Like Least About This Position?	
<b>Professional References</b> (Individuals who can provide job-related reference information; continued on next page.)			
Name of Reference	Title	Company/Occupation	Address
Current Phone	Working Relationship		Number of Years Known
Name of Reference	Title	Company/Occupation	Address
Current Phone	Working Relationship		Number of Years Known
Name of Reference	Title	Company/Occupation	Address
Current Phone	Working Relationship		Number of Years Known

**Prescott School District**  
 Human Resources Department  
 207 S. A Street  
 Prescott, WA 99348  
 Phone (509) 849-2217  
 Fax (509) 849-2800  
 www.prescott.k12.wa.us

Prescott School District complies with all state and federal rules and regulations and does not unlawfully discriminate on the basis of race, color, creed, religion, national origin, age, sex, marital status, or the presence of any sensory, mental or physical disability. This hold true for all agency employment and job opportunities.  
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# Background QUESTIONNAIRE

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 questionnaire, can be grounds for denial of employment or continued employment with Prescott School District No. 402-37.

ALL REQUIRED DOCUMENTATION REQUESTED BELOW MUST ACCOMPANY THIS APPLICATION. ALL QUESTIONS MUST BE ANSWERED. IF ADDITIONAL SPACE IS REQUIRED, ATTACH A SEPARATE PIECE OF PAPER.

## Section I – Personal Information

YES NO

- 1. Are you a U.S. Citizen or eligible for lawful employment in the U.S.? Proof of citizenship or legal right to work and identify will be required after hire.
- 2. If you are applying for a position that requires driving, do you have a valid driver’s license?  
Driver’s License Number: \_\_\_\_\_ State: \_\_\_\_\_
- 3. Please list all former names (a) you have used when working for another employer or (b) by which you are known to references. (If more than three, list on a separate sheet of paper.

## Section II – Professional Fitness

If you answer “yes” to questions 1 through 4, give a complete explanation on a separate piece of paper, including duties, circumstances, and any supporting documentation.

YES NO

- 1. Have you ever been dismissed, discharged (excluding layoff), or fired from any employment?
- 2. Have you ever resigned from or otherwise left any employment while allegations of misconduct on your part were pending or under investigation?
- 3. Have you ever been disciplined by a past or present employer for misconduct?
- 3. Are you currently the subject of any investigation or inquiry by an employer because of allegations of misconduct or harassment on your part?

## Section III – Fitness

YES NO

- 1. Are you able to perform the essential functions of the position(s) for which you are applying?
- 2. Do you currently use illegal drugs?
- 3. Have you used illegal drugs in the last year? If your answer is “yes”, please explain on a separate piece of paper.

# Background QUESTIONNAIRE (cont.)

## Section IV – Criminal History

YES NO

1. Have you ever been convicted of any crime? (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 a conviction and (2) all proceedings in which a sentence has been suspended or deferred.) You need not list traffic violations for which a fine of less than \$150 was imposed.
2. a. Do you currently have any outstanding criminal charges or warrants of arrest pending against you in Washington?
- b. Do you currently have any outstanding criminal charges or warrants of arrest pending against you in any other state, province, territory, and/or country?

If you answered “yes” to questions 1 or 2 (of Section IV), please provide 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. The date of the arrest;
- d. The final disposition, if any;
- e. If a court was involved, the name and address of the court;
- f. The complete arrest report and sentence of judgment; and
- g. A complete driving abstract for five years if the arrest was driving related.

A “yes” answer to questions 1 through 3 above will not necessarily disqualify an applicant.

### Declaration

My signature below authorizes Prescott School District to conduct a background investigation and authorizes the release of information in connection with my application for employment. This investigation may include such information as criminal or civil convictions, driving records, previous employers and educational institutions, personal references, professional references, and other appropriate sources. I waive my right of access to such information, and without limitation, hereby release Prescott School District and the reference sources from any liability in connection with its release or use. This release includes the sources cited above and specific examples as follows: The Washington State Patrol, information from the Federal Bureau of Investigation of either data on all convictions or certifications that no data on criminal convictions is maintained, information from SPI, the Washington or other State Departments of Social and Health Services and any locality to which they may refer for release of information pertaining to any findings of child abuse or neglect investigations against me.

Furthermore, I certify under the penalty of perjury under the laws of the State of Washington that I have made true, correct and complete answers and statements on this application in the knowledge that they may be relied upon in considering my application. If the information provided or answer(s) to any question on the application or the Pre-Employment Background Questionnaire change prior to my being hired, I understand that I must immediately notify Prescott School District. I understand that any omission, falsely answered statement made by me on this application, or any supplement to it will be sufficient grounds for failure to employ me or for my discharge should I become employed with Prescott School District. I understand that I may be subject to Washington State Patrol and FBI fingerprint background checks as a condition of employment.

Should I become employed by Prescott School District and at some future time leave said employment, my signature below further authorizes Prescott School District to release information regarding my performance to any potential future employer.

Applicant Signature	Date

### Prescott School District

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 207 S. A Street  
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**APPLICANT DISCLOSURE STATEMENT**

Prescott School District No. 402-37 207 South A Street P O Box 65 Prescott, WA 99348 509-849-2217

Please answer YES or NO to each listed item. If the answer is YES to any item, explain in the area provided, indicating the charge of finding, the date and the court(s) involved.

- 1. Have you ever been convicted of any crimes against children or other persons as defined in RCW 43.43.830., and listed as follows: aggravated murder, first or second degree murder; first or second degree kidnapping; first, second, or third degree assault; first, second, or third degree assault of a child; first, second or third degree rape; first, second, or third degree rape of a child; first or second degree robbery; first degree arson; first degree burglary; first or second degree manslaughter; first or second degree extortion; indecent liberties; incest; vehicular homicide; first degree promoting prostitution; communication with a minor for immoral purposes; unlawful imprisonment; simple assault; sexual exploitation of minors; first or second degree criminal mistreatment; child abuse or neglect as defined in RCW 26.44.020; first or second degree custodial interference; malicious harassment; first, second, or third degree child molestation; first or second degree sexual misconduct with a minor; patronizing a juvenile prostitute; child abandonment; promoting pornography; selling or distributing erotic material to a minor; custodial assault; violation of child abuse restraining order; child buying or selling; prostitution; felony indecent exposure; or any of these crimes as they may be renamed in the future?

ANSWER\_\_\_\_\_If YES, explain below.

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- 2. Have you ever been found by a court in a domestic relations proceeding or dependency action to have physically or sexually abused or exploited any minor or to have physically or sexually assaulted any minor?

ANSWER\_\_\_\_\_If YES, explain below.

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- 3. Have you ever been found in any disciplinary board final decision to have sexually abused or exploited any minor or to have physically abused or exploited any minor?

ANSWER\_\_\_\_\_If YES, explain below.

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- 4. Have you ever been convicted of possession of a controlled substance; or possession with intent to deliver a controlled substance?

ANSWER\_\_\_\_\_If YES, explain below.

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5. Have you ever been convicted of buying, selling, serving, or otherwise furnishing alcoholic beverages to minors?

ANSWER\_\_\_\_\_If YES, explain below.

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6. Are you presently being accused of, but have not been declared guilty of, any of the crimes described in paragraphs 1-5?

ANSWER\_\_\_\_\_If YES, explain below.

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7. Do you have any nicknames or short first names or any other name or alias by which you are referred, or by which you refer to yourself, other than as signed below?

ANSWER\_\_\_\_\_If YES, explain below.

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8. Have you previously been, or are you a member of any Washington State Retirement system?

ANSWER\_\_\_\_\_If YES, explain below.

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Any misrepresentation or willful omissions of facts shall be sufficient cause for disqualification of this application or termination of employment. Furthermore, it is understood that this application and record become the property of the District, which reserves the right to accept or reject it. A criminal history on all applicants considered for hire by the District will be requested through the Washington State Patrol or Federal Law Enforcement Agencies, and fingerprinting of applicants may be requested as a pre-employment prerequisite.

Pursuant to RCW 9A.72.085, I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. Further, I hereby authorize the District to make any investigation of my personal or employment history and authorize any former employer, person, firm, corporation, credit agency or government agency, or the Washington State Patrol or any Federal Law Enforcement Agency to give the District any information they may have regarding me. I further authorize the District to disclose any information they may have regarding me if such information is requested by a different potential future employer of me. In consideration of the District's review of this application, I release the District and all providers of information from any liability as a result of furnishing and receiving any of the above information.

I also understand and agree that I may be conditionally employed while the District performs a background record check or while the District awaits the Board of Directors making a final hiring decision as to whether or not I will be employed by the District. I understand that my employment is conditioned on the completion of both the above acts and until such time as they are completed, my employment shall only be as a casual day-to-day employee and will not in any way bind or require the District to continue my employment.

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

School District Witness: \_\_\_\_\_

The Prescott School District complies with all federal and state rules and regulations and does not discriminate on the basis of race, religion, color, national origin, gender, age, marital status, disability, or sexual orientation. This holds true for all district employment and opportunities. Inquiries regarding compliance and/or grievance procedures may be directed to the school district's Title IX/RCW 28A.640 compliance officer and/or Section 504/ADA coordinator.

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OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION  
 Office of Professional Practices  
 Old Capitol Building  
 PO BOX 47200  
 Olympia WA 98504-7200

## WASHINGTON STATE SEXUAL MISCONDUCT DISCLOSURE RELEASE

<b>To:</b>	SCHOOL DISTRICT EMPLOYER
	PERSONNEL DEPARTMENT
	STREET ADDRESS
	CITY, STATE, ZIP

The named applicant is under consideration for a position in our district. The Legislature has determined that additional safeguards are necessary in the hiring of school district employees to ensure the safety of Washington's school children. The individual whose name appears below has had previous employment with your organization. As a former employer, we request you provide the information requested on this form within 20 business days as required by state law (RCW 28A.400). Sexual misconduct definitions are found in WAC 180-87-080. Your assistance is appreciated.

APPLICANT'S NAME (FIRST, MIDDLE, LAST)
FULL NAME WHEN LAST EMPLOYED WITH ORGANIZATION
SOCIAL SECURITY NUMBER
APPROXIMATE DATES OF EMPLOYMENT
POSITION(S)

I authorize you to release to the school/district listed below, all information related to any acts of sexual misconduct committed by me as defined by the state board of education. Such information includes copies of all related documents, including any rebuttal documents, in personnel, investigative or other files, in accordance with RCW 28A.400. I release the above employer and employees acting on behalf of the employer from any liability for providing information described in this document.

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

<input type="checkbox"/> No sexual misconduct materials were found. <input type="checkbox"/> Yes, sexual misconduct materials are being forwarded to requesting school district.	Complaint of sexual misconduct was filed with OSPI. <input type="checkbox"/> Yes <input type="checkbox"/> No
_____ Former Employer Signature	_____ Title
	_____ Date

**Return all completed information to:**

SCHOOL DISTRICT Prescott School District No. 402-37	
ADDRESS P O Box 65, Prescott, WA 99348	
PHONE (509) 849-2217	FAX (509) 849-2800

Employing School Receipt Date \_\_\_\_\_ Recipient Name \_\_\_\_\_