

**Entiat School District #127**

2650 Entiat Way  
Entiat, WA 98822  
(509)784-1800

www.entiatchools.org

An Equal Opportunity Employer

The Entiat School District is a tobacco-free,  
drug and alcohol-free educational system



APPLICATION FOR  
**DISTRICT OFFICE/  
TRANSPORTATION  
SECRETARY**

Full Name \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_  
Last First Middle

**PERSONAL INFORMATION**

Other name(s) under which records may be listed: \_\_\_\_\_  
Last First Middle

Street Address \_\_\_\_\_  
Street City, State, Zip Code

Mailing Address, if different \_\_\_\_\_  
City, State, Zip Code

Home Telephone ( ) \_\_\_\_\_ Cell Telephone ( ) \_\_\_\_\_

Person through whom you may be reached \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
Name

E-mail Address: \_\_\_\_\_

Present position/employment status \_\_\_\_\_

Date able to begin employment \_\_\_\_\_

**CITIZENSHIP**

If requested, can proof of U.S. citizenship, visa, or alien registration be provided? Yes \_\_\_\_\_ No \_\_\_\_\_

Would visa or immigration status prevent lawful employment? Yes \_\_\_\_\_ No \_\_\_\_\_

**BACKGROUND**

Have you been convicted of a felony, been released from prison, or been convicted of any offense that involves any form of violence, such as assault, rape, child abuse, child molesting, extortion, blackmail, coercion, or any crime that involves drugs? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain nature of crime, place and date: \_\_\_\_\_

A fingerprint check will be required prior to employment, and a background check by the Washington State Patrol and FBI will be completed.

**SKILLS INFORMATION:** Please check those that apply. Give typing speed if known.

BOOKKEEPING \_\_\_\_\_ TYPING—WPM \_\_\_\_\_ SOFTWARE PROGRAMS YOU ARE PROFICIENT IN THE USE OF:  
CALCULATOR \_\_\_\_\_ COMPUTER \_\_\_\_\_  
COPIER \_\_\_\_\_ POSTAGE METER \_\_\_\_\_

To assist in proper placement, please describe any physical, mental or sensory limitations or disabilities you may have. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EDUCATION INFORMATION**

Please circle the highest grade completed K 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

Did you graduate from high school? Yes \_\_\_\_\_ No \_\_\_\_\_

Did you graduate from college? Yes \_\_\_\_\_ No \_\_\_\_\_ A.A. Degree or higher? \_\_\_\_\_

Higher Education Quarter Credits Earned: \_\_\_\_\_ (attach transcripts) ETS Parapro Assessment Score: \_\_\_\_\_ (attach score notice)

**REFERENCES**

List the names of two former supervisors including your last or present supervisor and list the names of two persons who can provide a character reference.

NAME	HOME (H) & WORK (W) PHONE	CITY, STATE	OFFICIAL POSITION

**WORK EXPERIENCE** Please indicate your last three employers, beginning with the most recent. Please include Military Service.

**EMPLOYER #1**

Employer Name & Address \_\_\_\_\_  
Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Position: \_\_\_\_\_ Phone: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

**EMPLOYER #2**

Employer Name & Address \_\_\_\_\_  
Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Position: \_\_\_\_\_ Phone: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

**EMPLOYER #3**

Employer Name & Address \_\_\_\_\_  
Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Position: \_\_\_\_\_ Phone: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

**PROFESSIONAL FITNESS** If you answer "yes" to the any of the first four questions below, give a complete explanation on a separate sheet of paper, including duties, circumstances, and any supporting documentation.

- |   | <u>Yes</u>               | <u>No</u>                |
|---|--------------------------|--------------------------|
| 1) Have you ever been dismissed, discharged (excluding lay-off), or fired from any employment?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Have you ever resigned from or otherwise left any employment while allegations of misconduct on your part were pending or under investigation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Have you ever been disciplined by a past or present employer for misconduct?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) Are you currently the subject of any investigation or inquiry by an employer because of allegations of misconduct or harassment on your part?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5) If you are offered this position, are you physically capable of performing all required duties on a daily basis?                               | <input type="checkbox"/> | <input type="checkbox"/> |

In the space below, please state why you desire a position with the Entiat School District. Also, include any other pertinent information that could assist in the evaluation of your application.

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The Entiat School District prohibits discrimination on the basis of race, color, national origin (including language), sex, sexual orientation including gender expression or identity, creed, religion, age, veteran or military status, disability, or the use of a trained dog guide or service animal by a person with a disability. For questions or complaints regarding discrimination, please contact the district's Title IX Compliance Officer/Section 504 Coordinator, Darby Hammond, Dean of Students, at (509) 784-1314.

I hereby authorize the Entiat School District to inquire as to my record with any or all my former employers or references with no liability arising therefrom. I hereby guarantee the correctness of the above statements.

I certify that the information herein is true and complete to the best of my knowledge. (Failure to comply with the above stipulation shall be grounds for immediate dismissal or withdrawal from consideration.)

Date of Application \_\_\_\_\_ Signature of Applicant \_\_\_\_\_



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**OPTIONAL INFORMATION**

This information will be confidential and will not be filed or made part of your application.

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

FEMALE

MALE

**AFFIRMATIVE ACTION INFORMATION**

In order to maintain the Entiat School District's Affirmative Action Plan, the following information is needed.

**RACE/ETHNIC DESIGNATION**

Please indicate your ethnic background

American Indian

Black

Hispanic

Asian

Caucasian

**DISABILITIES**

Do you consider yourself to have a disability? (Definition of Disabled for affirmative action includes persons with physical, sensory, or mental impairments that would impede obtaining and maintaining permanent employment and promotional opportunities. The impairments must be significant and permanent.)

Yes

No

If yes, explain: \_\_\_\_\_

**VETERAN**

Are you a Vietnam Era Veteran (served actively in the armed forces between 8/5/64 and 5/7/76)?

Yes

No

Do you consider yourself to be a Disabled Veteran?

Yes

No

Definition of Disabled Veteran:

"Person who is materially disabled (handicapped as defined above) and who is a veteran of the armed services."