



**Entiat School District #127**  
 2650 Entiat Way  
 Entiat, WA 98822  
 (509)784-1800  
 www.entiatchools.org  
*An Equal Opportunity Employer*

## APPLICATION FOR CLASSIFIED EMPLOYMENT

THE ENTIAT SCHOOL DISTRICT IS A TOBACCO-FREE,  
DRUG- AND ALCOHOL-FREE EDUCATIONAL SYSTEM

I wish to apply for:  Regular Employment  
 Substitute Employment

Full Name \_\_\_\_\_  
Last First Middle

Social Security Number: \_\_\_\_\_

### **PERSONAL INFORMATION**

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

Present Street Address: \_\_\_\_\_  
City State Zip Code

Present Mailing Address: \_\_\_\_\_  
City State Zip Code

Telephone Numbers: Cell—\_\_\_\_\_ Home—\_\_\_\_\_

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

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

Circle positions you are available for: Paraeducator Library Office Food Service Custodial Bus Driver

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

Were you previously employed by us? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, when? \_\_\_\_\_

### **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 \_\_\_\_\_ PLUMBING \_\_\_\_\_ CARPENTER \_\_\_\_\_  
CALCULATOR \_\_\_\_\_ COMPUTER \_\_\_\_\_ ELECTRICIAN \_\_\_\_\_ CUSTODIAL \_\_\_\_\_  
OTHER \_\_\_\_\_

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. If you answer "no" to the last question, please provide details of any physical limitations or modifications required to perform duties.

- |   | <b>Yes</b>               | <b>No</b>                |
|---|--------------------------|--------------------------|
| 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 without modification 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.

---



---



---



---



---



---



---



---

The Entiat School District does not discriminate on the basis of sex, race, creed, religion, color, national origin, age, honorably discharged veteran or military status, sexual orientation including gender expression or identity, marital status, the presence of any sensory, mental, or physical disability, or the use of a trained dog guide or service animal by a person with a disability in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups.

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 \_\_\_\_\_

**Entiat School District #127**

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

*An Equal Opportunity Employer*



**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."