

Dear Applicant:

Thank you for your interest in obtaining employment with the Granite Falls School District. The following guidelines should be followed in completing the application process.

1. Complete the enclosed application and include the following support information:
  - a) Pre-Employment Background Questionnaire, Applicant Disclosure Form, handwritten answers to questions from application, Affirmative Action Survey (voluntary-printed on the back of this letter), and Washington State Sexual Misconduct Disclosure Release form for EACH previous employer -- make copies as necessary and fill in each form through to the signature line for all previous employment. Send all forms with application. Human Resources will mail the forms).
  - b) A resume which states employment record, educational training, professional experience, special interests, volunteer work, professional objective, and other information you believe pertinent.
  - c) A letter of application, stating the position applied for and what skills or special abilities you will bring to the position.
  - d) Supply a copy of your Washington State Teaching Certificate and/or ESA Certificate.
  - e) Any other materials requested on a particular job announcement.
2. Have your placement file sent from your college/university to our office.
- 3. Enclosed is one copy of a Professional Reference Form. You may make as many copies as you wish to give to past employers. We suggest that you also give them a stamped envelope that is addressed to the Granite Falls School District to encourage swift completion and mailing of your job reference. At least three Professional Reference Forms need to be returned from current or past employers/administrators. Letters of recommendation do *not* take the place of the Professional Reference Forms.
4. Interviews are scheduled by Human Resources. Please contact Human Resources regarding openings and interviews. You may use the internet/email: [www.gfalls.wednet.edu/sking@gfalls.wednet.edu](http://www.gfalls.wednet.edu/sking@gfalls.wednet.edu).
5. When the interview and selection process is complete, the recommended candidate will be offered the position and all other interviewed candidates will be notified of the decision.
6. If a position within the Granite Falls School District is offered to you, please be prepared to furnish official, sealed transcripts from your college and/or university.

Your completed application packet should be sent to Human Resources at the above address. Applications will be retained in the current files for one year following date of receipt. To request that your application remain current beyond one year, send a written request to Human Resources.

Thank you for your application. Feel free to contact our office at the number listed above, if you have any questions regarding these procedures.

Sincerely,

Susan King  
Administrative Personnel Secretary

sk:sk  
enclosure

*“Learning is First”*  
**Granite Falls School District**  
**Affirmative Action Voluntary Survey**

Government agencies at times require periodic reports on the sex, ethnicity, disability, veteran and other protected status of employees. This data is for statistical analysis with respect to the success of the Affirmative Action Program. **SUBMISSION OF THIS INFORMATION IS VOLUNTARY.**

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Name (Please Print)

Date

---

Address

---

City

State

Zip Code

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Check One:     Male     Female

Check one of the following: (Ethnic Origin)

- Caucasian                       Hispanic Origin                       American Indian/Eskimo/Aleut  
 Black/African American     Asian/Pacific Islander  
 Other, please specify \_\_\_\_\_

Check if any of the following are applicable:

- Veteran Status                       Disabled Veteran                       Disabled Individual

Employees are treated without regard to race, color, religion, gender, national origin, age, marital or veteran status, medical condition or disability, or any other legally protected status.

As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmation Action responsibilities where they apply.

The purpose for this data record is to comply with government recordkeeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of the data record is optional. If you choose to volunteer the requested information please note that all data records are kept in a confidential file and are not a part of your application for employment or personnel file. Please note: **YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISIONS.**



# Granite Falls School District #332

307 North Alder Avenue • Granite Falls, WA 98252 • (360) 691-7717

## Application for Certificated Personnel

### APPLICATION CHECKLIST

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

- application packet forms (4 required)
  - \* Application Form
  - \* Pre-Employment Background Questionnaire
  - \* Professional Reference Form (see applicant letter)
  - \* Applicant Disclosure Form
  - \* handwritten answers to questions from application
  - \* Affirmative Action Questionnaire (voluntary)
- resume (including references)
- letter of application which includes position title, your qualifications and related skills/special abilities
- copy of the candidate's college placement file
- at least three Professional Reference forms returned See brochure for reference instructions
- photocopy of the candidate's current Washington State teaching certificate(s)
- unofficial copies of the candidate's college transcripts
- any other materials requested on a particular job announcement

### PERSONAL INFORMATION

Last Name	First Name	Middle Name	Date of Application
			(    )
Present Address	City	State	Zip
			Telephone
			(    )
Permanent Address	City	State	Zip
			Telephone
			(    )
Other name(s) under which records may be listed			Message Telephone

### PREFERENCES (Check all that apply)

- Elementary   
  Secondary   
  Special Education   
  Specialist   
  Substitute

### OTHER PROFESSIONAL/PERSONAL DATA

Are you under contract?    No    Yes, where? \_\_\_\_\_      Present Position: \_\_\_\_\_

If presently employed, why do you wish to change? \_\_\_\_\_

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If under contract, what type:     Provisional     Continuing     Other \_\_\_\_\_

Have you checked and can you be released if you are offered another position?  No    Yes    Date available for work: \_\_\_\_\_

Have you ever been refused a continuing contract?  No    Yes, explain \_\_\_\_\_

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Are you now or have you been a member of the Washington State Retirement System?    No    Yes, which one?

Have you retired under this plan?    No    Yes, when? \_\_\_\_\_

**Elementary Teacher (K-6)** Prioritize the grade level/subject area you prefer to teach, 1 being your first choice.

Kindergarten \_\_\_\_\_ 1st \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_ 4th \_\_\_\_\_ 5th \_\_\_\_\_ 6th \_\_\_\_\_ Reading \_\_\_\_\_  
 Physical Ed \_\_\_\_\_ Library \_\_\_\_\_ Music: General/Vocal \_\_\_\_\_ Instrumental \_\_\_\_\_ Gifted \_\_\_\_\_ Other \_\_\_\_\_

**Secondary Teacher (7-12)**

Indicate your secondary preference, 1 being your first choice. 7 - 8 \_\_\_\_\_ 9 - 12 \_\_\_\_\_ Alternative \_\_\_\_\_

Indicate your preferred teaching areas by placing numbers in the boxes for the subject areas **you are endorsed to teach**, 1 being your first choice. For each teaching area selected, indicate the number of **quarter credits** you have completed on the line provided.

<u>Priority / Credits</u>	<u>Priority / Credits</u>	<u>Priority / Credits</u>
English/Language Arts <input type="checkbox"/> _____ Reading _____ English/Comp _____ Journalism/Annual _____ Speech _____	Mathematics <input type="checkbox"/> _____ Algebra _____ Geometry _____ Calculus _____ Trigonometry _____	Social Studies <input type="checkbox"/> _____ Economics _____ Geography _____ History _____ Psychology _____ Sociology _____
Science <input type="checkbox"/> _____ Life Science _____ Physical Science _____ Chemistry _____ Biology _____ Physics _____	Foreign Language <input type="checkbox"/> _____ Spanish _____ French _____ Computer Science <input type="checkbox"/> _____ Technical Ed <input type="checkbox"/> _____ Learning Resources <input type="checkbox"/> _____ Library _____	Vocational <input type="checkbox"/> _____ Agriculture _____ Business Ed _____ Diversified Occ. _____ Marketing Ed _____ Family/Consumer Sci _____ Industrial Tech <input type="checkbox"/> _____
Fine Arts <input type="checkbox"/> _____ Music _____ Instrumental _____ Choral (Vocal) _____ Drama _____ Art _____	Physical Ed <input type="checkbox"/> _____ Health <input type="checkbox"/> _____ Traffic Safety <input type="checkbox"/> _____	Other _____ _____ _____

**SPECIAL EDUCATION CANDIDATES ONLY** Indicate preference, 1 being your first choice in each column.

**Grade Level**

- Preschool
- K - 3
- 4 - 6
- 7 - 8
- 9 - 12

**Delivery Model**

- Consultant
- Resource Room
- Self Contained Classroom
- Other \_\_\_\_\_
- Other \_\_\_\_\_

**Disability Category**

- Developmentally Delayed
- Behaviorally Disabled
- Learning Disabled
- Mental Retardation
- Multi-handicapped

Number of quarter credits earned in special education \_\_\_\_\_

**SPECIALIST CERTIFICATION CANDIDATES ONLY** (Check all that apply)

- Counselor  Speech/Language Pathologist  OT/PT  Librarian  Psychologist  Nurse  Social Worker  Other \_\_\_\_\_

**SUPPLEMENTAL ACTIVITIES** Prioritize a maximum of five (5) activities you are qualified to supervise/coach.

Club Advisor _____	Drama _____	Basketball _____	Weight Training _____
Annual/Newspaper _____	Student Gov't _____	Baseball _____	Soccer _____
Debate _____	Cheerleaders _____	Cross Country _____	Softball _____
Honor Society _____	Track _____	Volleyball _____	Tennis _____
Musical Groups _____	Football _____	Wrestling _____	Other _____

Describe your experience/qualifications to supervise the first three (3) choices: \_\_\_\_\_

**EDUCATION** List all colleges attended, beginning with the most recent. **If hired, official transcripts of all college work must be furnished.**

Name of Institution City, State	Dates Attended Mo/Yr to Mo/Yr	Degree/Diploma and Date Rec'd	G.P.A.	Major and Minor(s)	Credits Earned Semester/Qtr
Senior High:					

**SPECIAL TRAINING** Circle any of the following classes/workshops in which you have received credit/clock hours.

Curriculum/Instruction			Student Needs
Peer Coaching/Tutoring	Essential Academic Learning	Child Abuse/Personal Safety	Highly Capable
Cooperative Learning	Computer Training	Phonic Strategies	Students at Risk
Mastery Learning	Writing Process	Control Theory	Remedial
Multi-age	Assessment	Other _____	Autistic
ITIP	Teaming	Other _____	Other

**PRACTICE TEACHING OR INTERNSHIPS** Applicants who have not held a contracted position or who have had only one position must list coordinating public school supervising teacher or administrator (for internship).

DISTRICT Address/Phone	School Principal/Phone	Grades/ Subjects	Dates Mo/Yr to Mo/Yr	Master Teacher/Phone	College Supervisor/Phone

**EXPERIENCE** List most recent experience first. Teachers with more than one position in the same school system should list each position. Use a separate sheet of paper if necessary.

DISTRICT Address/Phone	Subjects Taught Positions Held	Principal Supervisor/Phone	Dates Mo/Yr to Mo/Yr	Total Yrs/Mos	Reason(s) For Leaving

**Substitute Experience**

Year	DISTRICT	Approx. # of Days	Grade Level/Subjects

**CERTIFICATES HELD** List current, valid Washington State certificates which have actually been issued to you and **enclose a photocopy of each.**

TYPE*	Number	Date Issued	Expiration Date	Endorsements**

\* For example: Standard, Continuing, Initial, ESA Counselor, 3-Year Vocational, Elementary, Principal, etc.

\*\* Requirement for all Initial and Continuing certificates issued after 8/31/87.

**OTHER EXPERIENCE** List work experience other than teaching since high school. **Include any military experience.**

EMPLOYER Address/Phone	Your Position/ Job Assignment	Dates Mo/Yr to Mo/Yr	Name of Supervisor	Reason(s) For Leaving

**REFERENCES/OTHER INFORMATION**

As an applicant, you are responsible to provide the following information:

- A. The names of at least three reference sources must be provided, including current employer and supervisor if employed, or last employer and supervisor if not currently employed.
- B. Unless included in Placement File, applicants with work experience must provide written recommendations from principals/supervisors and/or superintendents from all contracted educational work experiences within the past three years. If experience was not within the past three years, provide references from last contracted experience. Applicants who are beginning teachers registered with a college placement office, must include references from their student teaching supervisor(s) and cooperating teacher(s) in the placement file.

**We reserve the right to call other references not listed.**

Name of Reference	Position/Relationship	Mailing Address	Phone Number (include area code)

**QUESTIONS** Please respond in your own handwriting to the following questions by attaching your answers on a separate sheet (one sheet front and back only):

1. Describe the type of teaching/professional situation in which you would like to work.
2. Describe the type of student with whom you can be most effective.

**APPLICANT'S STATEMENT**

I hereby certify that all the information given is true to the best of my knowledge.

I give the District the right to investigate all references and to secure additional job-related information about me. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information. I also agree that information gained through such investigations, which shall become a part of this application, will be regarded as confidential and shall not be revealed to me.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I further understand that, if employed, I will provide verification of my certification, education, and experience, and agree to accept assignments to subjects and activities as made by the superintendent and school board and to abide by all rules and regulations of the District.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date\*

\* Application will be considered active for a period of one year from this date; if you wish to be considered for employment beyond that time, call the Personnel Office and request that your application remain on active status.

**GRANITE FALLS SCHOOL DISTRICT IS AN EQUAL OPPORTUNITY EMPLOYER.**

*Granite Falls School District No. 332 complies with all Federal and State rules and regulations and does not discriminate on the basis of race, color, national origin, sex or disability. This holds true for all access to, admission to, or operations of programs, services or activities and/or employment and opportunities. Inquiries regarding compliance procedures may be directed to the school district's Title IX/RCW 28A.640 Officer and/or Section 504/ADA Coordinator: Vervia Gabriel, Granite Falls School District No. 332, 307 North Alder Avenue, Granite Falls, WA 98252, (360)691-7717. Individuals with disabilities who may need modification in employment opportunities should contact the Administration Office at (360) 691-7717.*

Name \_\_\_\_\_

**PREFERENCES** (Check all that apply)

- Elementary     Secondary     Special Education     Specialist     Substitute

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

# PROFESSIONAL REFERENCE FORM

➔➔➔➔ POSITION APPLIED FOR:

←←←←

**Important:** The information on this form is confidential! Please return completed form to the Granite Falls School District.  
*I understand that this is a confidential recommendation report. I hereby waive my right to see the recommendation.*

\_\_\_\_\_  
 Name of Applicant (Please Print)

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date

\_\_\_\_\_ has applied for a certificated teaching position in the Granite Falls School District. We request that you carefully evaluate the teaching experience of the applicant on the checklist below.

How long have you known applicant? From \_\_\_\_\_ to \_\_\_\_\_ Did applicant work for you?  Yes  No  
 In what capacity did applicant work for you?  
 Served as supervisor/evaluator.  Yes  No If so, how long?  
 Observed candidate as a colleague.  Yes  No If so, how long?  
 Observed candidate in community/at activities.  Yes  No If so, how long?

Rate this applicant in each of the categories by comparing this individual with others you have

CATEGORY	Upper 5%	Upper 10% but not Upper 5%	Upper 25% but not upper 10%	Upper 50% but not upper 25%	Lowest 50%	No basis for Judgment
1. <b>Instructional Skills:</b> Plans and implements effective lessons; has knowledge of current approaches to teaching; applies new ideas and skills; uses a variety of appropriate to the student; provides learning environment that is relevant to the age and intended learning; able to assess needs of students and prescribe programs appropriate to meet needs.						
2. <b>Relation to Students:</b> Develops favorable relationships with students; exhibits empathy for students; is interested in their learning and welfare; responds to student needs; relates to students of varying socioeconomic, ethnic backgrounds, different learning styles, and various disabilities.						
3. <b>Modeling Appropriate Behavior:</b> Encourages respect and confidence of students, parents, and staff; maintains professional demeanor, behavior, and attire; models appropriate learning behaviors.						
4. <b>Enthusiasm:</b> Displays overall optimism and zeal, willing to be involved, participates in district, as well as building projects and committee work; uses facial expressions, body language, and presentation skills that demonstrate a caring and warmth toward students and an enthusiasm for the subject of learning.						
5. <b>Classroom Management:</b> Provides for large groups, small groups, and individual instruction; develops routines and procedures to increase academic learning time; provides an environment conducive to learning.						

Please complete the back of the form. ↩

CATEGORY	Upper 5%	Upper 10% but not Upper 5%	Upper 25% but not upper 10%	Upper 50% but not upper 25%	Lowest 50%	No basis for Judgment
6. <b>Discipline:</b> Recognizes conditions which may lead to discipline problems; establishes clear parameters for student behavior, develops strategies to prevent discipline problems; responds appropriately when problems occur, assists students toward self-discipline.						
7. <b>Clarity of Expression:</b> Understands, presents, and discusses concepts precisely, answers questions clearly; writes effectively using appropriate grammar, spelling, and legible penmanship; uses voice appropriately by varying volume expressions according to the task.						
8. <b>Flexibility:</b> Learns new concepts or ways of doing things willingly, cooperates with youth and adults; effectively uses various teaching styles; successfully teaches a variety of assignments; responds to constructive comments and supervision; works well with others in a team, faculty, or parent situation.						
9. <b>Commitment to Accomplishment:</b> Exerts effort to attain goals; desires production results; organizes ideas, time, materials, and space in a way so that accomplishment occurs; demonstrates an attitude toward professional plans/goals; evidences 'self-motivation'; is committed to student growth.						
10. <b>Overall</b>						

Would you hire/rehire this candidate again?     Yes     No

Comments:

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Name \_\_\_\_\_ Signature \_\_\_\_\_

Organization/School District \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Work Phone ( ) \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_ Your title/role when you worked with the applicant? \_\_\_\_\_

**Please return to: Granite Falls School District, Personnel Office, 307 North Alder Avenue, Granite Falls, WA 98252**

**THIS FORM IS CONFIDENTIAL AND SHOULD NOT BE GIVEN TO THE APPLICANT.**

# Granite Falls School District DISCLOSURE FORM

Pursuant to Chapter 43.43.830 RCW (revised, 2007) & RCW 9A.42.100 (revised, 2002)

In accordance with RCW 43.43.830, applicants and prospective volunteers are required to complete this disclosure form. In addition, applicants who have been offered employment or volunteer assignments as outlined in said law, will be required to complete a Request for Criminal History form, possibly including fingerprinting. These requests will be forwarded to the Washington State Patrol for disclosure of any applicable charges or finding. Applicants may be employed on a conditional basis pending completion of such background investigation. Volunteers will be retained on the same conditional basis.

Answer yes or no to each listed item. If the answer is yes to any item, explain in the area provided, indicating the charge or finding, the date, and the court(s) involved.

1. Have you ever been convicted of any crimes against persons as defined in Section 1 of Chapter 486, Laws of 1987, and listed as: 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 or second degree theft; forgery; first degree arson; first degree burglary; first or second degree manslaughter; first, second, or third degree extortion; indecent liberties; incest; vehicular homicide; first degree promoting prostitution; communication with a minor; unlawful imprisonment; simple assault; sexual exploitation of minors; first or second degree criminal mistreatment; endangerment with a controlled substance; child abuse or neglect as defined in RCW 26.44.020; first or second degree custodial interference; first or second degree custodial sexual misconduct; malicious harassment; first, second, or third degree child molestation; first or second degree sexual misconduct with a minor; commercial sexual abuse of a minor; 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; criminal abandonment; or any of these crimes as they may be renamed in the future? **Answer \_\_\_\_\_ If yes, explain below.**

- 
2. Have you ever been found in any dependency action under RCW 13.34.030(2)(b) to have sexually assaulted or exploited any minor or to have physically abused any minor? **Answer \_\_\_\_\_ If yes, explain below.**

- 
3. 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 \_\_\_\_\_ If yes, explain below.**

- 
4. Have you ever been found in a disciplinary board final decision to have sexually abused or exploited any minor or to have physically abused any minor? **Answer \_\_\_\_\_ If yes, explain below.**

- 
5. Have you ever been convicted of a crime to manufacture, delivery, or of possession with intent to manufacture or deliver a controlled substance (drugs)? **Answer \_\_\_\_\_ If yes, explain below.**

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*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. I understand that my continued employment and volunteering is conditional upon the fingerprinting and background checks that the Granite Falls School District will conduct.*

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Applicant Signature

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Date

HUMAN RESOURCES  
Granite Falls School District No. 332  
307 North Alder Avenue  
Granite Falls, WA 98252  
(360) 691-7717 FAX (360) 691-4459

## PRE-EMPLOYMENT 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 this questionnaire can be grounds for denial of employment or continued employment with the Granite Falls 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.

### SECTION I - PERSONAL INFORMATION (please print or type)

1. NAME: Last First Middle

2. ADDRESS: (complete mailing address)

3. TELEPHONE:  
BUSINESS ( ) HOME ( )

4. Please list all former names (a) you have used when working for another employer or (b) by which you are known to reference. (If more than three, list on a separate sheet of paper.)

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

### SECTION II - PROFESSIONAL FITNESS

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

Yes No

1. Have you ever been dismissed, discharged 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 because of allegations of misconduct?
4. Are you currently or have you ever been the subject of any investigation or inquiry by an employer because of allegations of misconduct on your part?

### SECTION III - CRIMINAL HISTORY

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 conviction, and (2) all proceedings in which a sentence has been suspended or deferred.) You need not list traffic violations for which a fine or forfeiture of less than \$150 was imposed.

**Yes**    **No**

- |                          |                          |    |    |   |
|--------------------------|--------------------------|----|----|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 2. | a. | Do you currently have any outstanding criminal charges or warrants of arrest pending against you in Washington?   |
| <input type="checkbox"/> | <input type="checkbox"/> |    | 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 III), please provide the following:**

- |                          |                          |    |    |   |
|--------------------------|--------------------------|----|----|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 3. | 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 and judgement; and  |
|                          |                          |    | g. | A complete driving abstract for five years if the arrest was driving related.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. |    | 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): |

A "yes" answer to questions 1 through 3 above will not necessarily bar you from employment.

### SECTION IV - FITNESS

**Yes**    **No**

- |                          |                          |    |   |
|--------------------------|--------------------------|----|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. | Are you able to perform the essential functions of the certificated/classified position(s) for which you have applied with or without reasonable accommodation? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. | Do you currently use illegal drugs?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. | Have you used illegal drugs in the last year? If your answer is "yes," explain on a separate sheet of paper.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. | Have you ever been found in any dependency or domestic relation matter to have sexually assaulted or exploited any minor?                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. | Have you ever been found in any dependency or domestic relation matter to have physically abused any person?  |

If you answered "yes" to questions 4 or 5, attach copies of any court orders entered in the above proceeding.

### DECLARATION

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 the Pre-Employment Background Questionnaire change prior to my being hired, I understand that I must immediately notify the Granite Falls School District.

**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 employment or continued employment.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
City/State



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.

<b>Return all completed information to:</b>	SCHOOL DISTRICT	
	Granite Falls School District/Human Resources	
	ADDRESS	
	307 North Alder Avenue, Granite Falls, WA 98252	
	PHONE	FAX
	360-283-4309	360-691-7717

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

APPLICANT'S NAME (FIRST, MIDDLE, LAST)	
FULL NAME WHEN LAST EMPLOYED WITH ORGANIZATION	
SOCIAL SECURITY NUMBER	CERTIFICATE NO.
APPROXIMATE DATES OF EMPLOYMENT	
POSITION(S)	

I authorize you to release to the school/district listed above, all information related to any acts of sexual misconduct that the school district has made a determination that there is sufficient information to conclude that the abuse or misconduct occurred and that the abuse or misconduct resulted in the employee's leaving his or her position at the school district. 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 available. Please contact for more information. <input type="checkbox"/> No record of employment.	Complaint of sexual misconduct was filed with OSPI. <input type="checkbox"/> Yes <input type="checkbox"/> No
_____ Former Employer Representative Signature	_____ Title
_____ Date	_____ Date