

Dear Substitute Teacher,

Thank you for your interest in substitute teaching for the Granite Falls School District during the 2009-2010 school year. Please complete and return the enclosed paperwork for the Substitute Teaching Application. Send a signed copy of the Professional Reference Form to at least two former districts where you have worked. Enclose an envelope addressed to the Granite Falls School District, so the form can be sent directly to me after the other districts complete the form. Also enclosed is a Washington State Sexual Misconduct Disclosure Release form. Make as many copies as necessary and fill in each one through to the signature line. Complete one for your previous employers where you worked with children and youth; send them to me with your application. I will mail the release form(s) to your employer(s). *This application will not be considered as an application for permanent employment.*

In addition, we need copies of the following documents:

- /// Washington State Teaching Certificate (copy of front and back)
- /// Driver's License
- /// Social Security Card

We are using an online program for scheduling our vacancies ([www.substituteonline.com](http://www.substituteonline.com)). You will need to contact me at the number above during regular working hours for a password in order to use the system or you may email me at [sking@gfalls.wednet.edu](mailto:sking@gfalls.wednet.edu). You may leave a message 24-7 on the subline phone. The number is 360-283-4413.

Substitutes must remain on campus for the time required of the regular teachers for the respective buildings. Upon your arrival, report to the building office to sign in (initiates paycheck), for instructions, and room assignment(s). At the end of the day and before leaving the building, return to the office to have your time sheet signed.

For your convenience, copies of payroll and retirement information, a district school schedule, building schedules, a district map, and teacher job description are enclosed.

Sincerely,

Susan King  
Substitute Coordinator  
enclosures

"Learning is First"  
Granite Falls School District

**Substitute Teaching Application**

(This application will not be used for permanent employment)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Message \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Certificate Number \_\_\_\_\_ Type \_\_\_\_\_ Expires \_\_\_\_\_

Endorsements: \_\_\_\_\_

Have you ever retired from the Washington State Teacher Retirement System?     Yes     No

**GRADES YOU PREFER TO TEACH** circle the appropriate grade levels/buildings

<i>Mountain Way Elementary</i> (K 1 2 3)	<i>Monte Cristo Elementary</i> (3 4 5 & multiage)	<i>Middle School</i> (6 7 8)	<i>High School</i> (9 10 11 12)
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*Alternative High School*  
(9 - 12)

Students are working on completion of high school credits for graduation.

**SUBJECTS PREFERRED** circle as appropriate

<i>Art</i>	<i>Band</i>	<i>Business Ed</i>	<i>Choir</i>	<i>Drama</i>	<i>English</i>
<i>History</i>	<i>Home Economics</i>	<i>Horticulture</i>	<i>Industrial Arts</i>	<i>Language Arts</i>	<i>Mathematics</i>
<i>Multi-Media/ Computers</i>	<i>Physical Ed</i>	<i>Science</i>	<i>Spanish</i>	<i>Social Studies</i>	<i>Weight Training</i>

**SPECIAL EDUCATION**

Indicate the areas of special education you are qualified and willing to substitute in:

_____ Severe/profound handicapped	_____ Middle school learning resource
_____ Elementary learning resource	_____ Middle school special education
_____ Elementary special education	_____ High school learning resource
_____ Preschool handicapped	_____ High school special education

**AVAILABILITY** Please mark the days you are **NOT** available.

Monday     Tuesday     Wednesday     Thursday     Friday

Comments: \_\_\_\_\_

***District Use Only***

_____ Copy of Teaching Certificate	_____ I-9 Form
_____ Copy of DL & SS Card	_____ W-4 Form
_____ Immunization Record	_____ Hire 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

# 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.**
- 

*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.*

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

\_\_\_\_\_  
Date



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

*“Learning is First”*

Granite Falls School District  
**Substitute Teacher Payroll Information**

**The substitute salary schedule for 2009-2010 is as follows:**

- Full Day - \$100.00                      Half Day - \$50.00
- After 20 consecutive days in the same position, substitutes will be paid per the collective bargaining agreement.
- After thirty nonconsecutive days, the daily rate moves changes to \$135.00 per day and \$67.50 per half day.
- The thirty nonconsecutive days is waived for retired teachers. Their pay starts at \$135 per day for a full day and \$67.50 for a half day.
- All pay checks are mailed. If you desire direct deposit, contact Linda Johnson, Payroll Officer, at 360-691-7717.
- Pay periods run from the 1<sup>st</sup> of the month through the end of the month and are paid at the end of the following month, i.e., time worked in the month of September will be paid on the last working day of October.

If you have any questions, please call Linda Johnson, Payroll Officer, at 360-691-7717

**Retirement System**

Granite Falls School District will notify each substitute teacher on a monthly basis in writing regarding the hours worked and compensation earned. At the end of the school year, the substitute teacher may apply for and receive service credit for those months during which they qualified.

The employer is not required to submit its contributions until DRS receives the employee's contributions. We will not withhold retirement contributions from your pay. DRS will bill you directly for you retirement contributions upon notification from you that you are eligible to receive service credit.

Questions??? Call or write to the Washington State Department of Retirement Systems at: (360) 709-4700, P.O. Box 48380, Olympia, WA 98504-8380.



May 8, 2009

Dear Certificated Substitutes and Classified Substitute and Coaching staff;

Below you will find a list of 403-B Tax Sheltered Annuity companies that you as a substitute or coach are eligible to sign up for if you work at least 20 hours during any one week within the month. If you wish to sign up with any of the annuities companies listed below, please notify the company or contact your financial advisor to complete your "Salary Reduction Agreement" to be submitted to the Payroll Office for processing. We will monitor your work hours to make sure you are eligible each month to have a deduction taken.

If you have any questions, please contact me at your earliest convenience at 360-283-4308 or by e-mail at [llj@gfalls.wednet.edu](mailto:llj@gfalls.wednet.edu).

Sincerely,

Linda L. Johnson  
Payroll & Benefit Manager

### **403-B Providers**

The following is a list of companies that are approved for payroll deductions on Tax Sheltered Annuities purchased in the Granite Falls School District. This list is completed as of May 8, 2009.

Great American Plan Administrators  
Oppenheimer Funds  
ING - Reliastar  
Vanguard  
Security Benefit Life  
New York Life  
American Fidelity