



Applicant Information

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Experience Other than Certificated School Experience

Dates	Firm or Employer:	Position Title	Full Time (Yes/No)	
From: _____ To: _____	_____	_____	YES <input type="checkbox"/>	NO <input type="checkbox"/>
From: _____ To: _____	_____	_____	YES <input type="checkbox"/>	NO <input type="checkbox"/>
From: _____ To: _____	_____	_____	YES <input type="checkbox"/>	NO <input type="checkbox"/>
From: _____ To: _____	_____	_____	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Position Applying For:

1. _____
2. _____
3. _____

Extra-Curricular Activities You Can Direct:

1. _____
2. _____
3. _____

Certificated School Experience

Do not include day care, student teaching, or substitute experience of less than 90 consecutive days

District Name/Address (Street, City, State)	Assignment Grades/Subject	Dates of Employment MMYY to MMYY	Full- time?	Reason for Discontinuing Position
			YES NO <input type="checkbox"/> <input type="checkbox"/>	
			YES NO <input type="checkbox"/> <input type="checkbox"/>	
			YES NO <input type="checkbox"/> <input type="checkbox"/>	
			YES NO <input type="checkbox"/> <input type="checkbox"/>	
			YES NO <input type="checkbox"/> <input type="checkbox"/>	
			YES NO <input type="checkbox"/> <input type="checkbox"/>	

Substitute Experience

Identify all certificated substitute experience not listed above. (List in order of occurrence)

District Name/Address (Street, City, State)	Assignment Grades/Subject	Dates of Employment MMYY to MMYY	Number of Days Subbed	Name of School Principal

Academic Information

Name of Institution (City, State)	Number of Credits Earned (Indicate Semester or Qtr.)	Degree Earned	Year Degree Earned	Major	Minor

Is your current college cumulative GPA 2.5 or above?

YES
☐

NO
☐

References

List all immediate supervisors of certificated contract experience. They will be contacted. Please list additional references on a separate paper.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Certificate Information

List below teaching, administrative, and special certificates for the State of Washington or elsewhere that you hold or will hold. For Washington State Teaching Certificate(s), be certain to list all endorsements.

Type of Certificate	Endorsements	Issue Date	Expiration Date

A. Have you ever been convicted of a crime (other than minor traffic violations) or are you awaiting trial for a crime?
(Answering "yes" will not necessarily disqualify an applicant from employment)

YES NO

☐ ☐ (Specify) _____

B. Have you ever been dismissed or asked to resign or had any disciplinary action taken against you from any employment or position? If yes, please provide details.

YES NO

☐ ☐ (Specify) _____

C. Have you ever resigned or left a job by mutual agreement following allegations of misconduct or unsatisfactory job performance? If yes, please provide details.

YES NO

☐ ☐ (Specify) _____

D. Have you ever received disciplinary action against you for a school related incident?

YES NO

☐ ☐ (Specify) _____

E. Are you the subject of any pending or current investigation by an agency?

YES NO

☐ ☐ (Specify) _____

Disclaimer and Signature

All of the information I have provided in this application is true, correct, and complete. I authorize the Selkirk School District No. 70 to inquire with former employers or references and obtain any and all information regarding my job related background. I release and waive the Selkirk School District No. 70, my former employer, and all references from any and all liability in obtaining or disclosing such information. I agree that if I have provided false or incomplete statements, the district may, at its sole discretion, without notice or due process procedures, terminate my employment contract. If such action is taken by the district, the contract shall be deemed void from its inception.

Signature: _____ Date: _____