

PLEASE COMPLETE THE AREAS RELATED TO THE POSITION FOR WHICH YOU ARE APPLYING:

Instructional Assistant

Working with children (elementary) _____ years exp.
 Working with children (secondary) _____ years
 Typing (electric) _____ w.p.m. _____ years
 Word processor experience _____ w.p.m. _____ years
 Library experience _____ years
 Current First Aid Card? _____ yes _____ no
 Experience as an aide for children with
 Exceptional needs _____ yes _____ no

Bookkeeper/Accounts Payable

Typing (electric) _____ w.p.m. _____ years
 Word Processor experience _____ w.p.m. _____ years
 Calculator (10 key) experience _____ years
 Payroll experience _____ years
 Record/bookkeeping experience _____ years
 Computer operation experience _____ years
 Type of computer? _____
 General bookkeeping experience? _____ years

Food Service

Valid Food Handler's Permit _____ yes _____ no
 Expiration date: _____
 Basic knowledge of nutrition? _____ yes _____ no
 Quantity cooking experience? _____ years
 Operating commercial-size equipment? _____ Years
 Dishwasher _____ yes _____ no _____ years
 List school food service experience on back page of
 Application, including baking, cooking, etc.

Secretary

Dictaphone/transcription experience _____ years
 Word processor _____ w.p.m. _____ years
 Computer operation experience _____ years
 General office machines experience _____ years
 Record-keeping/filing _____ years
 Receptionist/telephone experience _____ years
 Supervisory experience _____ years
 Current first aid card? _____ yes _____ no
 Computer operation for scheduling
 student classes _____ years
 Working with student records and
 transcripts _____ years

LIST YEARS AND TOTAL HOURS EXPERIENCE

<u>Maintenance & Operations</u>	<u>Years</u>	<u>Total Hours</u>
Carpenter	_____	_____
Custodian	_____	_____
Delivery	_____	_____
Electrical/Boilers	_____	_____
General Maintenance (include. General plumbing)	_____	_____
Grounds Maintenance	_____	_____
Painter	_____	_____
Warehousing	_____	_____
Bus Body/Fender	_____	_____
Bus Mechanic	_____	_____
Bus Service	_____	_____
Trainer - Bus Driver/First Aid	_____	_____
Electronics Repair	_____	_____

List specific power equipment you are skilled in operating
 in relation to this position:

Note: Commercial motor vehicle operators (bus drivers/M&O
 people who drive dump trucks) must provide at least 10 (ten)
 years prior employment history.

Bus Drivers

Valid Washington Driver's License _____ yes _____ no
 Current Comb. Or Intermed. Endorse. _____ yes _____ no
 School Bus Driver's Certificate _____ yes _____ no
 Inservice Training Records Current
 and/or available _____ yes _____ no
 Location: _____
 Bus Driving Experience:

Date: _____

Years: _____

Hours: _____

Have you been cited for any moving violation in the last three
 years? _____ yes _____ no
 If yes, what type of violation?

What action was taken?

*Note: In addition to responding to those areas which apply to this job opening, it is your responsibility to identify any additional
 specific skills or experiences which will help to qualify you for this position. Use the back page of this application form if necessary
 for additional comments stating your reasons for feeling you are qualified for this position.*

PREVIOUS WORK EXPERIENCE (List current and former employers beginning with the most recent):

EMPLOYER	SUPERVISOR	DUTIES	FROM MO./YR.	TO MO./YR.
Name:	Name:			
Address:	Tel. #: ()			
City/State/Zip:				
Name:	Name:			
Address:	Tel. #: ()			
City/State/Zip:				
Name:	Name:			
Address:	Tel. #: ()			
City/State/Zip:				

PERSONAL REFERENCES (Other than relatives and former employers):

Name: _____

Address: _____

Phone: () _____

Name: _____

Address: _____

Phone: () _____

Name: _____

Address: _____

Phone: () _____

Notice to Applicant: Only candidates invited for an interview will be notified. Please feel free to call the supervisor regarding the status of your application. Candidates shall be required to demonstrate competency in basic skills (e.g. math, language) for teaching assistant positions.

I hereby certify that all information I have provided in this application is true and correct. I give my permission for the District to make any investigation of my personal or employment history and authorize any former employer, person, firm or corporation to give the District any information they may have regarding me. In consideration of the School District's review of this application I release the District, its employees and agents, and all providers of information from any liability as a result of furnishing and receiving this information. I also agree that if I have provided false or misleading statements, the District may, at its sole discretion, terminate my employment contract. References and personal information which become part of this application will be regarded as confidential and shall not be revealed.

Applicant's Signature

Date

Applicants for Instructional Assistant (Para-Educator) positions must supply a brief paragraph expressing their interest, and/or background regarding the position:

Additional Information/Comments:

The Cooperative Schools of St John and Endicott do not discriminate in any programs or activities on the basis of sex, race, creed, religion, color, national origin, age, veteran or military status, sexual orientation, gender expression or identity, disability, or the use of a trained dog guide or service animal and provides equal access to the Boy Scouts and other designated youth groups. The following employee(s) have been designated to handle questions and complaints of alleged discrimination: Title IX/Civil Rights Compliance Coordinator: Superintendent/Principal, 509-397-8058 x 2001 or 509-397-8059 x 1001; Section 504/ADA Coordinator: Principal, 509-397-8058 x2001 or 509-397-8059 x 1001.

St. John-Endicott Cooperative School Districts

Classified Pre-Employment Information

⇒ Confidential ⇐

Failure to provide the information requested below **will not** jeopardize or adversely affect the consideration you receive for employment. However, your answers will help ensure that our affirmative action program results in fair representation of employment and assist us in meeting requirements to accommodate the new federally mandated reporting of staff ethnicity and race data. This form will be separated from your application before any evaluation of candidates is undertaken.

Please complete questions one **and** two below and return this form with your application. If you have questions regarding this request you can contact the school at 509-397-8058 or at jkelly@sjeschools.org.

Sex: ☐ Male ☐ Female Date of Birth: _____

1. **ETHNIC GROUP:** Check either Yes or No **Hispanic/Latino** ☐ Yes ☐ No

2. **RACE CATEGORIES:** Check all that apply

	AMERICAN INDIAN/ALASKA NATIVE (I): A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
	ASIAN (A): A person having origin in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent; including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Phillipine Islands, Thailand and Vietnam.
	BLACK (B): A person having origins in any of the Black racial groups of Africa.
	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER (P): A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
	WHITE (W): A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Disabilities: "Disabled individual" means any person who (1) has a physical or mental impairment which substantially limits one or more of such person's major life activities, 2) has a record of such impairment, (3) is regarded as having such an impairment, or (4) has a known relationship or association with a disabled person.

I am disabled as defined: _____ Yes _____ No

Recruitment Source: Please indicate the publication or other source where you obtained information regarding this position notice so we can determine the effectiveness of various recruitment efforts:

Please print:

Last Name

First Name

St. John - Endicott Cooperative School Districts

APPLICANT DISCLOSURE FORM PURSUANT TO CHAPTER 486, LAWS OF 1987

Please Note: A background check with the Washington State Patrol will be conducted on all certificated and all unsupervised classified employees and volunteers, and may be initiated on any other classified employees and volunteers.

Answer YES or NO to each listed item. If the answer is YES to an 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 follows: Aggravated murder, first or second degree murder, first or second degree kidnapping; first, second, or third degree assault; first, second, or third degree rape; first, second, or third degree statutory rape; first or second degree robbery; first degree arson; first degree burglary; first or second degree manslaughter; first or second 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?
- ☐ No ☐ Yes

If yes, explain _____

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?
- ☐ No ☐ Yes

If yes, explain _____

3. Have you ever been found by the 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?
- ☐ No ☐ Yes

If yes, explain _____

4. Have you ever been found in any disciplinary board final decision to have sexually abused or exploited any minor or to have physically abused any minor?
- ☐ No ☐ Yes

If yes, explain _____

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.

Applicant Signature _____ Date _____

Witness (with knowledge of applicant) _____

Witness Address and Phone Number _____