



## Columbia School District

755 Maple Street  
Burbank, WA 99323  
(509) 547-2136

TO: Certificated Applicant  
FROM: Personnel Department  
RE: Application Procedure

*In partnership with our community, our core business is to provide relevant and challenging work that engages students so they persist when experiencing difficulties and feel a sense of accomplishment when they succeed.*

Thank you for your interest in employment with the Columbia School District. To be considered for any certificated positions in the Columbia School District, applicants must do the following:

- Complete a certificated application;
- Submit a placement file, or three confidential letters of reference;
- Have on file copies of college transcripts;
- Attach a copy of Washington state certificate;
- Attach a letter of application.

Interviews are given on a competitive basis, using job-related factors, after a completed application file has been received and screened.

Please submit the above documents to the Personnel Department.

Please be aware of the following:

1. Applications will be discarded after being on file for one year, unless renewed at the request of the applicant.
2. The school district accepts applications on a continuous basis. In fairness to all candidates and due to the large number of applications, courtesy interviews are not conducted.
3. An Administrator will contact you if you have been selected for an interview. Interviews are conducted only when a specific position is vacant.
4. The applicant understands that the Columbia School District may contact former employers and references. A separate Signature Release Form is enclosed and needs to be signed.
5. The successful candidate needs to be aware that hiring will be on a conditional basis pending completion of the WSP and FBI background checks, and upon final hiring decision by the Board of Directors.

Questions regarding any deviation from these guidelines should be directed to:

**Columbia School District #400**  
Personnel Department  
755 Maple Street  
Burbank, WA 99323  
(509) 547-2136

The Columbia School District #400 complies with all federal rules and regulations and does not discriminate on the basis of race, color, national origin, sex, sexual orientation, creed, marital status or disability. This holds true for all district employment and opportunities. Inquiries regarding compliance procedures may be directed to the school district's Title IX/RCW 28A.640 Officer, and/or 504/ADA Coordinator. For further information, or to file a complaint contact Title IX compliance officer Margo Roberts in the Columbia School District, Administration Office, Maple Street, Burbank WA 99323. (509) 547-2136 or Section 504/ADA Coordinator Dr. Lou Gates at Columbia School District, Maple Street, Burbank WA 99323. (509) 547-2136.

**Columbia School District 400  
Personnel Department**

755 Maple Street  
Burbank, WA 99323  
(509) 547-2136 Fax (509) 546-0603

**APPLICATION FOR CERTIFICATED  
EMPLOYMENT**

*An Equal Opportunity Employer  
The Columbia School District is a tobacco free,  
drug and alcohol free educational system.*

- I wish to apply for:**
- Regular Employment
  - Substitute Employment
  - Elementary Level
  - Secondary Level
  - Retire/Rehire

Date \_\_\_\_\_

PLEASE TYPE OR PRINT

**Full Name** \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_  
Last First Middle

**Personal Information**

Other name(s) under which records may be listed \_\_\_\_\_

Present Address \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_  
Street City State Zip Area Code

Permanent Address \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_  
Street City State Zip Area Code

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

Present position or employment status \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_  
Area Code

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

**Certificate Information** Have you ever had a certificate revoked or suspended?  No  Yes (If yes, identify date, certificate, reason.) Reason \_\_\_\_\_

(Attach a copy of your Washington State certificate.) List below teaching, administrative, and special certificates for the State of Washington which you hold or will hold. For Washington State Initial Teaching Certificate and other certificates, be certain to list all endorsements, if any. **Certificate No.** \_\_\_\_\_

Type of Certificate	Endorsements/Grade Level	Issue Date	Expiration Date

**Academic Information** Starting with post high school, list all institutions in order of attendance.

Name of Institution City and State	Dates Attended Mo/Yr. To Mo/Yr	Credits Earned Specify Sem/Qtr	Degree Earned	Major	Minor

GPA 2.5 or above?  Yes  No

➤ **Preference:** If you are appropriately certificated and are interested for one or more of the areas listed below indicate your preference by rank (1, 2, 3, etc.).  
**Preschool/Kindergarten** \_\_\_ **Elementary** \_\_\_ **Middle School** \_\_\_ **High School** \_\_\_ **Alt. Secondary School 6-12** \_\_\_  
**Spec. Ed. Resource Elem.** \_\_\_ **Integ. Spec. Ed.** \_\_\_ **Specialist** \_\_\_ **Other** \_\_\_\_\_

<b>Work Experience (Other)</b>			
Dates	Employer	Address/Position	Supervisor/Phone

<b>Student Teaching/Internship Experience</b> (List most recent first.) DO NOT INCLUDE OBSERVATIONS.				
District Name and Address	School	Grade/Subject	Dates	Master Teacher & Phone #

<b>Certificated School Experience</b> (List most recent first.) DO NOT INCLUDE day-care, student teaching or substitute exp.				
District Name/Address (Street, City, State)	Assignment Grade/Subjects	Dates of Employment Mo/Yr. To Mo/Yr.	Full-time Yes/No	Supervisor & Phone #

<b>Substitute Experience</b>			
Dates	District/City, State	Approx. No. of Days	Grade level/Subjects

<b>References</b> (Professional)		(Provide two numbers)		
Name & Title	Street Address, City	State	ZIP	Area code & Phone
				( )
				( )
				( )
				( )

<b>Bilingual/Biliterate Skills:</b>	Are you bilingual and/or biliterate? <input type="checkbox"/> No <input type="checkbox"/> Yes
	What language? _____ <input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write

**PERSONNEL DEPARTMENT  
COLUMBIA SCHOOL DISTRICT 400**

755 Maple St  
Burbank, WA 99323  
(509) 547-2136 FAX (509) 546-0603

**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 Columbia 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)

	Last	First	Middle
1.	NAME _____		
2.	ADDRESS _____		
3.	CITY	ST	ZIP
	TELEPHONE HOME (____) _____ BUSINESS (____) _____		
4.	Please list all former names (a) you have used when working for another employer or (b) by which you are known to your reference. (If more than three, list on a separate sheet of paper.)		
	_____		
	_____		

**SECTION II – PROFESSIONAL FITNESS**

If you answer "yes" to any of the 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 in lieu of being discharged?
- 3. Have you ever been disciplined by a past or present employer?
- 4. Are you currently the subject of any investigation or inquiry by an employer or government agency or have committed misconduct or harassment in the workplace?

**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 pleas 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.
- 2. a. Do you currently have any outstanding criminal charges or warrants of arrest pending against you in Washington?
- 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?

(Continued on next page)

If you answered "yes" to questions 1 or 2 of (Section III), please provide the following:

- 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, sentence, judgment; and
  - g. A complete driving abstract for five years if the arrest was driving related.
3. Are 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

- 1. Are you able to perform the essential functions of a certificated/classified position with or without reasonable accommodation?
- 2. Do you currently use illegal drugs?
- 3. Have you used illegal drugs in the last year? If your answer is "yes" explain on a separate sheet of paper.
- 4. Have you ever been found in any dependency or domestic relation matter to have sexually assaulted or exploited any minor?
- 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 questions on the application or the Pre-Employment Background Questionnaire change prior to my being hired, I understand that I must immediately notify the Columbia 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

# Columbia School District #400

755 Maple St.  
Burbank, WA 99323  
(509) 547-2136

*An Equal Opportunity Employer*  
*The Columbia School District is a Tobacco*  
*Free/Drug Free Educational System*

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## SIGNATURE RELEASE FORM

All of the information I have provided in my application materials is true, correct, and complete. I authorize Columbia School District to make any investigation of any personal, educational, vocational, or employment history. I further authorize any institution or government agency to provide Columbia School District with information they have regarding me. **I hereby release and discharge Columbia School District and those prior employers or other references who provide information from any and all liability as a result of furnishing and receiving this information.** This information includes the sources cited above and specific examples as follows: the local Washington State Patrol, information from the Federal Bureau of Investigation of either data on all criminal convictions, or certification that no data on criminal convictions are maintained, information from SPI, the Washington or other State Department of Social Services Child Protective Services Unit and any locality to which they may refer for release of information pertaining to any findings of child abuse or neglect investigations involving me. I further agree that if I am employed, I will provide verification of my certification, education, and experience. I agree that information provided by an individual shall be confidential and I shall not have access to such information. I agree that if I have made any omission or 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.

I also understand and agree that I may be conditionally employed while the district performs a background record check or while the district awaits the Board of Directors making a final hiring decision as to whether or not I will be employed by the district. I understand that my employment is conditioned on the completion of both the above acts and until such time as they are completed, my employment shall only be as a casual day-to-day employee and will not in any way bind or require the district to continue my employment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Please print or type)

A photocopy or facsimile copy of this document shall be treated and be effective in the same manner and for all purposes as a signed original.

# Columbia School District

## Equal Opportunity Information

The Columbia School District prohibits discrimination on the basis of race, creed, color, national origin, age, sex, marital status or the presence of a disability (Title VII of the Civil Rights Act of 1964 and RCW 49.60). The Columbia School District is an equal opportunity employer and the district encourages applications from minority and disabled groups. Your response to the following questions will assist the Columbia School District to accurately report their employment practices to state and federal agencies. The information requested is voluntary.

Name \_\_\_\_\_ Date \_\_\_\_\_

Age Group:  Over 40

Gender:  Male  Female

### Race/Ethnic Designation Please indicate your ethnic background

- American Indian or Alaskan Native – All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- African American/Black (not of Hispanic origin)- All persons having origins in any of the Black racial groups of Africa.
- Hispanic – All persons of Mexican, Puerto Rican, Cuban, Central or South American Spanish, or other culture or origin, regardless of race.
- Asian or Pacific Islander – All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands. The areas include for example, China, Japan, Korea, India, the Philippine Islands and Samoa.
- Caucasian (White – not of Hispanic origin) – All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

### Disabilities

Do you consider yourself to have a disability? (Definition of Disabled 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

Yes  No Are you a Vietnam Era Veteran?  
(served actively in the armed forces between 8/5/64 and 5/7/75)

Yes  No Do you consider yourself to be a Disabled Veteran?  
*Definition of disabled veteran: "Person who is materially disabled (handicapped as defined above) and who is a veteran of the armed services."*

### Referral:

How were you referred to the Columbia School District:

Job Posting: \_\_\_\_\_

Friend  Public Agency  Self  Other \_\_\_\_\_

Signature \_\_\_\_\_

This supplemental information is confidential and is for record keeping only. Your responses will be kept separate from other documents relating to your application.

*The Columbia School District is an Equal Opportunity Employer and complies with all requirements of the ADA.*



# WASHINGTON STATE SEXUAL MISCONDUCT DISCLOSURE RELEASE

(District Submits This Form to Previous School District Employer(s))

<b>To:</b>	SCHOOL DISTRICT EMPLOYER	<input type="checkbox"/> No prior school district employment
	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 181-87 and WAC 181-88. Your assistance is appreciated.

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 below, 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

**This section to be completed by former school district employer(s) only.**

- No sexual misconduct materials were found.
- Yes, sexual misconduct materials are available.  
Please contact for more information.
- No record of employment

Was a complaint of sexual misconduct filed with OSPI?  Yes  No

\_\_\_\_\_  
Former Employer Representative Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Employing School Receipt Date \_\_\_\_\_ Received By \_\_\_\_\_

**Return all completed information to:**

SCHOOL DISTRICT Columbia School District		
ADDRESS 755 Maple Street		PHONE 509-547-2136
STATE WA	ZIP 99323	FAX 509-546-0603

FORM SPI 1588 (Rev. 6/07)