



## **Columbia School District**

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

*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.*

**To: Classified Applicants**  
**From: Personnel Department**  
**Subject: Application Procedures and Guidelines**

Thank you for your interest in employment with the Columbia School District. To be considered for a classified position with the Columbia School District, one must do the following:

1. Complete a classified application.
2. Submit a letter of interest, written on a full sheet of paper, for each position you are applying for. Please include contact information: daytime phone/cell phone numbers in the letter of interest.
3. Submit a pre-employment background questionnaire.
4. Submit a Signature Release form
5. The applicant is requested to complete the Equal Opportunity form in an effort to assist us in pursuing our commitment towards diversity within our work force. This is entirely voluntary and will remain confidential.

**Please be aware of the following:**

1. 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. After submitting an application, you will need to submit a letter of interest for any future position you would like to be considered for.
2. Applications will be discarded after being on file for one year, unless renewed at the request of the applicant.
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.
6. Mark all areas in the box on the first page of the application you are qualified for. Also mark **substitute** if you are able to substitute in the areas you marked.

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

**Columbia School District 400  
Human Resource/Personnel Office  
755 Maple Street  
Burbank, WA 99323  
509-547-2136**

If you require accommodation in the application and/or interview process, please inform us.

The Columbia School District is a Tobacco Free/Drug Free Educational System.

The Columbia School District shall provide equal employment opportunity and nondiscriminatory treatment for all applicants and staff in recruitment, hiring, retention, assignment, transfer, promotion, and training. Such equal employment opportunity will be provided without discrimination with respect to all protected groups as set forth in the Washington State laws against discrimination in hiring or employment as now or hereafter enacted, except insofar as such factors are valid occupational qualifications.

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

755 Maple Street  
 Burbank, WA 99323  
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*An Equal Opportunity Employer*  
 The Columbia School District is a Tobacco  
 Free/Drug Free Educational System

## APPLICATION FOR CLASSIFIED EMPLOYMENT

Date \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Number & Street

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

Social Security Number \_\_\_\_\_ Birth Date \_\_\_\_\_

Home Telephone \_\_\_\_\_

Business or Message Phone \_\_\_\_\_

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

Date eligible to begin employment \_\_\_\_\_

- POSITION(S) DESIRED:**
- Custodian
  - Paraeducator
  - Food Services
  - Maintenance
  - Secretary
  - Technology
  - Specialist
  - Transportation
  - Substitute**

Are you fluent in a language other than English? \_\_\_\_\_ Please specify: \_\_\_\_\_

Do you hold a current First Aid and/or CPR card? \_\_\_\_\_ Expiration Date \_\_\_\_\_

EDUCATION	Name/Street/City Of School	Course/Major	Degree or Certificate	Dates Attended	GPA
High School (Diploma or GED required upon hire)					
College or University					
Seminars/Workshops					

**Signature Release:**

I hereby declare the information provided by me in the Application for Employment and the enclosed Disclosure Statement is true, correct and complete to the best of my knowledge. I authorize Columbia School District to inquire as to my record with any or all of my former employers or references with no liability arising therefrom. I understand that if employed, any misstatement or omission of fact on this application shall be considered sufficient cause for dismissal. If I am employed, I realize that it will be on a conditional basis pending completion of the WSP and FBI background checks.

Signature \_\_\_\_\_ Date \_\_\_\_\_

The Columbia School District does not discriminate in providing equal opportunities for all persons in educational programs, activities and employment.

**PREVIOUS WORK EXPERIENCE**

List current and former employers beginning with the most *recent*. Attach a separate sheet if necessary.

<b>School Work Experience</b> List in order of occurrence, beginning with most <i>recent</i> experience.				
District Name/Address	Position	Dates of Employment Mo/Yr to Mo/Yr	Supervisor Name & Telephone No.	Reason for leaving position

<b>Other Work Experience</b> Include substitute/volunteer or non-school work experience. List in order of occurrence, beginning with most <i>recent</i> experience.				
Firm/Agency	Street/City/State	Position Title	Dates of Employment & Reason for leaving	Supervisor Name & Telephone No.
1.				
2.				
3.				
4.				
5.				

**Special Training, Skills and/or Experience** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>References:</b> Please list at least three.					
Name and Relationship	Street Address	City	State	Zip	Area Code & Phone #
1.					
2.					
3.					

**FILL OUT AREAS IN WHICH YOU ARE QUALIFIED.**

**SECRETARIAL APPLICANTS ONLY**

**Please list number of years training and experience in the following:**

	No. of Yrs. Training	No. of Yrs. Experience
Reception	_____	_____
Typing (_____ net wpm)	_____	_____
Bookkeeping/Acctg.	_____	_____
Payroll	_____	_____
Data Processing **	_____	_____
Word Processing **	_____	_____

\*\* Please indicate computer systems and program used \_\_\_\_\_

Duties/Responsibilities \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you be willing to work as a substitute secretary: on-call, part-time?  Yes  No

**PARAEDUCATOR AND/OR BUS DRIVER ASSISTANTS APPLICANTS ONLY**

What experiences (paid or volunteer) have you had working with individual students and/or groups? (please indicate grade level)

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

What experience do you have working with children who have sensory, mental, physical, or learning disabilities?

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

Describe talents you have that would be helpful in working with students \_\_\_\_\_

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

Have you met Highly Qualified status via an AA degree or Praxis test? If so, please attach college transcripts or proof of praxis scores with application. \_\_\_\_\_

Would you be willing to work as a substitute paraeducator: on-call, part-time?  Yes  No

**FOOD SERVICE APPLICANTS ONLY**

What training and/or experience have you had in cooking? \_\_\_\_\_  
\_\_\_\_\_

What experience have you had in volume cooking? \_\_\_\_\_  
\_\_\_\_\_

What training and/or experience have you had in record keeping/cashiering? \_\_\_\_\_  
\_\_\_\_\_

What training and/or experience have you had in taking inventory and ordering supplies? \_\_\_\_\_  
\_\_\_\_\_

Do you hold a valid Food Handler's Permit? \_\_\_\_\_ Expiration Date \_\_\_\_\_

Would you be willing to work as a substitute food service worker: on-call, part-time?  Yes  No

**MAINTENANCE APPLICANTS ONLY**

Do you hold a journeyperson's card? \_\_\_\_\_ If so, what trade? \_\_\_\_\_

Have you been an apprentice? \_\_\_\_\_ If so, what trade? \_\_\_\_\_

Please describe your training and experience in maintenance (including, but not limited to carpentry, plumbing, welding, mechanics, electrical, grounds keeping, painting, shipping/receiving, and forklift operation). Also indicate years of training/experience in each area.

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

**CUSTODIAL APPLICANTS ONLY**

Please describe your training and/or experience in custodial work. Also indicate years of training/experience and special equipment you have used.

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

Would you be willing to work on-call, part-time in a substitute Maintenance/Custodial position?  Yes  No

**TRANSPORTATION APPLICANTS ONLY**

Washington State Drivers License Number \_\_\_\_\_ Endorsements \_\_\_\_\_

Please list all restrictions placed upon your driving as found on your driver's license: \_\_\_\_\_

How many years have you been driving? \_\_\_\_\_ Do you have a combination driver's license? \_\_\_\_\_

What experience have you had in driving a truck or bus? Years \_\_\_\_\_ Miles \_\_\_\_\_

List other driving experience here (include hours, years, etc): \_\_\_\_\_

You will be asked to furnish proof of your driving record.

Have you had any traffic citations in the last three years?  Yes  No Explain \_\_\_\_\_

Have you ever received a citation for drunk, reckless, negligent or hit & run driving?  Yes  No

If yes, please explain \_\_\_\_\_

Would you be willing to work as a substitute bus driver: on-call, part-time?  Yes  No

List any driver instruction courses you may have attended (list where, when & what type)

Traffic Safety Education \_\_\_\_\_

Truck Driving School \_\_\_\_\_

Bus Driver Training \_\_\_\_\_

Defensive Driving \_\_\_\_\_

Military Training \_\_\_\_\_

First Aid \_\_\_\_\_

Other (please explain) \_\_\_\_\_

**SPECIALIST POSITION APPLICANT ONLY** (Security Officer, Manager, Technology, Therapy Asst., Sign Language Interpreter, etc.)

Position Title \_\_\_\_\_

Building or department of position \_\_\_\_\_

Please address your skills for this position in your letter of application. Review the job description and relate your experience and knowledge regarding the qualifications. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PERSONNEL DEPARTMENT  
COLUMBIA SCHOOL DISTRICT 400**

755 Maple Street  
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	_____			
		CITY	ST	ZIP
3. 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                       |    |  |  |  |
|--------------------------|--------------------------|----|--|--|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. | Have you ever been dismissed, discharged or fired from any employment?   |  |  |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. | Have you ever resigned from or otherwise left any employment in lieu of being discharged?  |  |  |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. | Have you ever been disciplined by a past or present employer?  |  |  |
| <input type="checkbox"/> | <input type="checkbox"/> | 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**

- |                          |                          |       |  |  |
|--------------------------|--------------------------|-------|--|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 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 <u>traffic</u> violations for which a fine or forfeiture of less than \$150 was imposed. |  |
| <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:

- 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 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 a certificated/classified position 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 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

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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 date 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

<b>This section to be completed by former school district employer(s) only.</b>		
<input type="checkbox"/> No sexual misconduct materials were found.	Was a complaint of sexual misconduct filed with OSPI? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes, sexual misconduct materials are available. Please contact for more information.		
<input type="checkbox"/> No record of employment		
_____ 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