

MARY WALKER SCHOOL DISTRICT NO. 207

P.O. Box 159 ~ 500 N. 4th Street
Springdale, WA 99173-0159
Phone: (509) 258-4534 | Fax: (509) 258-4707

INFORMATION FOR APPLICANTS

~ CERTIFICATED POSITIONS ~

(Including Substitute Teaching)

Thank you for your request for an application to serve in the MARY WALKER SCHOOL DISTRICT NO. 207. Included on this sheet is information to help you complete the application materials, and information you will need to know if a position is offered to you.

Application Materials

To apply for a position, the following materials must be presented to the District Office by closing date associated with the posted vacancy:

1. Completed and signed MARY WALKER SCHOOL DISTRICT NO. 207 Certificated Application Form, Cover Letter & Resume.
2. College Placement File with current recommendations (supervisory recommendations required). Under special circumstances wherein a placement file cannot be established, the personnel office may, with prior approval, accept comparable materials.
3. Transcripts for all college courses (Unofficial are acceptable until the position is offered).
4. Washington State Certificate (Copy of front and back).
5. Completed Mary Walker School District Professional Reference Forms
Submit the forms to each of the required sources (as identified on the reverse side) requesting that it be mailed directly to our office.

Applications will be retained in the "current file" for one (1) year following submission, and may be renewed at the applicant's request. Once your materials are on file, you must contact our office in writing if you want to be considered for an open position. When job openings occur, completed applications submitted for that opening will be reviewed, and individual interviews will be scheduled at the invitation of the MARY WALKER SCHOOL DISTRICT NO. 207. A review of applications will be conducted by persons designated by the District Office. Selection for interviews will be based on data provided on the application and resume. Interviews will be conducted by persons designated by the District Office. When applicable, competency tests will be administered during or before the time of a personal interview. All materials submitted become the property of MARY WALKER SCHOOL DISTRICT NO. 207.

Background/Fingerprint Check

Successful candidates will be required to submit to a Washington State Patrol and Federal Bureau of Investigation background/fingerprint check. Any employment offers made by MARY WALKER SCHOOL DISTRICT NO. 207 are contingent on a successful background/fingerprint check. The applicable fees, due to the Washington State Patrol and authorized fingerprinting agency, are available with the fingerprint card at the District Office.

Employment Eligibility Verification

If hired, you will be required to provide evidence of citizenship, or admittance to the U.S. under conditions which permit you to work. Required identification will include: Current Driver's License with Photo AND original Social Security Card. Substitution for a Driver's License may be made with prior approval.

Applicants With No Prior Certificated Contract Experience in Last Ten Years

Note: This includes applicants who have substitute experience but have not been in one assignment for at least 20 consecutive days in the last two years. At least two Mary Walker School District Professional Reference Forms are required, as follows:

REQUIRED *

- A. College supervisor of student teaching.
- B. Master teacher/cooperating teacher from student teaching.

** Requirement waived if student teaching/practicum was not completed in the last five years, in which instance one of the two required forms must be "E", "F", or "G". The applicant may also consider supervisory references from recent refresher/update courses wherein the applicant was observing and teaching in the classroom.*

DESIRED

- C. Professor from major academic department.
- D. Education professor (if different than "C").
- E. Principal(s) of building in which student teaching/practicum was completed.
- F. Principal/assistant principal(s) from substitute experience of less than 20 consecutive days in the last two years.
- G. Principal/assistant principal(s) of prior certificated contract experience.

Applicants With Prior Certificated Contract Experience in Last Ten Years

Note: This includes applicants who have at least 20 consecutive days of substitute experience in one assignment in the last two years. At least two Mary Walker School District Professional Reference Forms are required, as follows:

REQUIRED (If Applicable)

- A. Immediate supervisor from current year.
(Department heads are not included as immediate supervisor).
- B. Immediate supervisor(s) (other than "A" above) of regular contract experience in which you have served in the last ten years.

DESIRED

- C. References from principals/supervisors (other than those above) who have directly observed you perform in substitute assignment(s) of at least 20 consecutive days in the last two years.

The following three references are desired if regular contract experience is limited or if student teaching has been repeated after prior certificated experience:

- D. Master teacher/cooperating teacher from student teaching.
- E. College supervisor from student teaching.
- F. Principal/assistant principal of building in which student teaching was completed.

DISCRIMINATION PROHIBITED

In compliance with Washington State and Federal regulations, the following is published for your information:

MARY WALKER SCHOOL DISTRICT NO. 207 requires that its faculty, administration, and staff comply with the spirit and the law of equal opportunity and nondiscrimination. Individuals having responsibility for admitting students, employing faculty and staff, and administering educational programs and activities are required to comply with the District's policy and applicable Washington State and Federal laws that prohibit discrimination, to include but not be limited to:

1. RCW Chapter 49.60 (State of Washington, Law Against Discrimination) prohibits discrimination because of race, creed, color, national origin, sex, marital status, age, or the presence of any sensory, mental, or physical disability.
2. Title VI of the Civil Rights Act of 1964 prohibits discrimination against students on the basis of race, color, or national origin in the operation of any federally-assisted program.
3. Title VII of the Civil Rights Act of 1964, as amended by the Equal Employment Opportunity Act, 1972, prohibits discrimination in employment on the basis of race, color, sex, religion, or national origin.
4. Regulations implementing Title IX of the Education Amendments of 1972 states:

 ". . . No person shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any academic, extracurricular, research, occupational training, or other education program or activity operated by a recipient which receives or benefits from federal financial assistance."
5. WAC Chapter 392-190, Equal Educational Opportunity -- Sex Discrimination Prohibited. This Washington State law prohibits any public school from discriminating on the basis of sex with regard to any activity conducted by or in behalf of a school district including, but not limited to, preschool, adult education, community education, and vocational-technical program activities.
6. Regulations implementing Section 504 of the Rehabilitation Act of 1973 prohibits discrimination on the basis of disability in any program or activity which receives or benefits from Federal financial assistance.

Persons having special concerns in this regard should contact the Superintendent of Schools for MARY WALKER SCHOOL DISTRICT No. 207, who coordinates the District's Equal Opportunity compliance efforts at:

MARY WALKER SCHOOL DISTRICT NO. 207

P.O. Box 159 ~ 500 N. 4th Street | Springdale, WA 99173-0159 | (509) 258-4534

Non Discrimination Statement:

The Mary Walker School District does 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 employees have been designated to handle questions and complaints of alleged discrimination:

Title IX Coordinator & Civil Rights Compliance Coordinator

Jocelyne Medenwaldt, School Counselor
Address: P.O. Box 159, Springdale, WA 99173
Telephone Number: 509-258-4717
Email: jmedenwaldt@marywalker.org

Section 504/ADA Coordinator

Edwina Hargrave, PK-5 Principal & Special Education Director
Address: P.O. Box 159, Springdale, WA 99173
Telephone Number: 509-258-7357
Email: ehargrave@marywalker.org

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PLEASE POST

EEO Statement

We conform to all the laws, statutes, and regulations concerning equal employment opportunities and affirmative action. We strongly encourage women, minorities, individuals with disabilities and veterans to apply to all of our job openings. We are an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, gender, national origin, disability status, Genetic Information & Testing, Family & Medical Leave, Sexual Orientation and Gender Identity or Expression, protected veteran status, or any other characteristic protected by law. We prohibit Retaliation against individuals who bring forth any complaint, orally or in writing, to the employer or the government, or against any individuals who assist or participate in the investigation of any complaint or otherwise oppose discrimination.

GINA ACT - Genetic Information Nondiscrimination Act

(<http://www.eeoc.gov/laws/types/genetic.cfm>)

FMLA - Family Medical Leave of Absence (<http://www.dol.gov/whd/fmla/>)

RETALIATION CLAUSE - Whistleblower Protection

(<http://www.dol.gov/compliance/laws/comp-whistleblower.htm>)

APPLICATION FOR CERTIFICATED EMPLOYMENT

MARY WALKER SCHOOL DISTRICT No. 207

P.O. Box 159 ~ 500 N. 4th Street
Springdale, WA 99173-0159
Phone: (509) 258-4534 | Fax: (509) 258-4707

Date Received: _____

Renewal Date: _____

Renewal Date: _____

~ Application Will Be Kept On File For One Year ~

Full Name: _____ Date: _____
(Last) (First) (Middle)

Social Security Number: _____ Washington Certification No.: _____

RETIREMENT INFORMATION

_____ I am not a member of the retirement system in the State of Washington.

_____ I am currently a member of the _____ retirement system in the State of Washington. Plan No.: _____

_____ I was previously a member of the _____ retirement system in the State of Washington until I separated employment on _____.
CONTRIBUTIONS REFUNDED? _____ Yes _____ No

PERSONAL INFORMATION

OTHER NAME(S) UNDER WHICH RECORDS MAY BE LISTED: _____
(Last) (First) (Middle)

PRESENT ADDRESS: _____ TELEPHONE () _____
(Street) (City) (State) (Zip Code)

PERMANENT ADDRESS: _____ TELEPHONE () _____
(Street) (City) (State) (Zip Code)

PERSON THROUGH WHOM YOU MAY BE REACHED: _____ TELEPHONE () _____
(Name)

PRESENT POSITION OR EMPLOYMENT STATUS: _____ TELEPHONE () _____

DATE ABLE TO INITIATE SERVICE: _____ DATE OF BIRTH: _____

Name, relationship, and position of relatives now working for Mary Walker School District No. 207: _____

Have you, within the past seven years, been released from prison or been convicted of any offense that involved drugs, assault, rape, extortion, child abuse, child molesting, blackmail, coercion, embezzlement, fraud, stealing or robbery?

_____ If yes, explain nature of crime, place, and date: _____
Yes / No _____

PROFESSIONAL INFORMATION

POSITION(S) APPLIED FOR: _____

COCURRICULAR ACTIVITIES IN WHICH YOU ARE INTERESTED (e.g., coaching, class/club, etc): _____

ARE YOU INTERESTED IN SUBSTITUTE TEACHING? _____

EXPERIENCE OTHER THAN CERTIFICATED SCHOOL EXPERIENCE (Include military service, list in order of occurrence)

DATES Mo/Yr Mo/Yr		Firm or Employer City and State	Position Title	Full-Time (Yes/No)
to				
to				
to				
to				
to				

ACADEMIC INFORMATION (Starting with the last high school, list in order of attendance all institutions)

DATE ATTENDED Mo/Yr Mo/Yr		Name of School/Institute City and State	Credits Earned (Indicate Semester or Quarter)	Degree Earned	Major	Minor
to						
to						
to						
to						
to						
to						
to						

Is your current college cumulative GPA 2.5 or above? _____ Yes _____ No

Note: If hired, the candidate must see that the college/university provides the district with a letter verifying the number of quarter/semester hours obtained prior to issuance of initial certificate but being allowed by the college/university toward the fifth year and continuing certificate, if any.

STUDENT TEACHING/PRACTICUM EXPERIENCE (List all in order of occurrence)						
City and School	Assignment/Grade/Subject	DATE ATTENDED Mo/Yr Mo/Yr		College and Supervisor	Master Teacher	Principal
		to				
		to				
		to				
		to				

SUBSTITUTE EXPERIENCE: Identify all certificated substitute experience not listed above that occurred within the last two years and consisted of at least 20 consecutive days in one assignment (list in order of occurrence).

District Name/Address (Street, City, State)	Assignments/Grade/Subject	Dates of Employment		No. of Days Subbed	Name of School Principal
		Mo/Yr	Mo/Yr		
			to		
			to		
			to		
			to		
			to		

CERTIFICATED SCHOOL EXPERIENCE: Do not include day care, student teaching, or substitute experience of less than 90 consecutive days in one Assignment (List in order of occurrence).

District Name/Address (Street, City, State)	Assignments Grade/Subject	Dates of Employment		Full-Time (Yes/No)	Reason for Discontinuing Position
		Mo/Yr	Mo/Yr		
			to		
			to		
			to		
			to		

CERTIFICATION INFORMATION: List below teaching, administrative, and special certificates for the State if /Washington which you hold. For Washington State Initial Teaching Certificate, be certain to list all endorsements.

Have you ever had a certificate revoked? _____ No _____ Yes (If yes, identify date, certificate, and reason.)

Reason: _____

Type of Certificate	Endorsements	Issue Date	Expiration Date

Professional Reference Form (Please Complete & Return To:)

MARY WALKER SCHOOL DISTRICT NO. 207

P.O. Box 159 ~ 500 N. 4th Street
 Springdale, WA 99173-0159
 Phone: (509) 258-4534 | Fax: (509) 258-4707

~ THIS FORM IS CONFIDENTIAL ~

**The applicant noted on this form
 has given authorization to obtain information
 from listed references.**

Your willingness to provide us with your honest opinion of the applicant identified on this form is greatly appreciated. The selection of personnel is a very important task in any organization, and the information provided by people who know applicants is valued highly. Please rate this applicant in each category by comparing the individual with all others you have observed teaching. Be careful not to skew ratings in a positive direction. When this happens, applicants begin to look very similar and the reference material is not as beneficial in helping us discern which applicants are stronger.

We encourage you to be as honest as possible. Your assistance toward our making good decisions concerning a fit between an individual and a position in our School District is greatly appreciated. Again, we want to thank you for the courtesy of providing us with your opinions. If you have any questions concerning any aspect of this form, or how it will be used in the selection process, please call our District Office at (509) 258-4534. Additional comments may be noted on the back of this page.

APPLICANT'S NAME: _____ has applied for a Certificated (non-administrative) position.
 How long have you known this applicant? _____ What school year(s) did you observe this applicant? _____
 Where? _____ and in what capacity did the applicant work with you? _____
 What was your title at the time? _____
 In what capacity do you evaluate this applicant? As Supervisor/evaluator _____ How Long? _____ As Colleague _____ How Long? _____

Reference Writer: Please rate this applicant on a scale of 1 to 7, with 1 being the low and 7 being the high. (N/O = Not Observed) Check (✓) only one box per factor. You may receive a telephone call to confirm/verify your responses.

FACTORS	Low						High	N/O
	1	2	3	4	5	6	7	
1. Classroom Management. Effectively manages large and small groups, and individuals; creates an atmosphere conducive to learning by developing routines and procedures to increase learning.								
2. Behavior Management/Discipline. Establishes and uses appropriate behavior management procedures; recognizes conditions which may lead to discipline problems; establishes clear parameters for student behavior, develops strategies to prevent discipline problems; responds appropriately when problems occur; assists students toward self-discipline.								
3. Flexibility. Willing to learn new concepts and ways of doing things; cooperates with youth and adults; effectively uses various teaching styles; successfully teaches a variety of assignments; adapts to others in a team, staff, or parent situation.								
4. Instructional Skills. Plans, implements, and evaluates instructional activities; has knowledge of, and applies current approaches to teaching, new ideas and skills; uses a variety of styles/methods which reflect planning and pacing skills appropriate to students; monitors results and takes appropriate action; assesses students' needs, prescribes programs, and provides strategies appropriate to age, background and intended learning of students.								
5. Commitment to Accomplishment for Self and Others. Establishes high expectations for self and students' exerts effort to attain goals; organizes, predicts, and monitors ideas, time, materials, and space to cause achievement to take place.								
6. Relation to Students. Develops favorable relationships with students; exhibits empathy and responds to student needs; listens, has patience, and demonstrates caring; accepts students as they are; is considered open and approachable by students; works collaboratively with students in decision-making.								
7. Understand/Appreciates Multicultural and Diverse Populations. Relates positively to youth and adults of varying socioeconomic, cultural, racial/ethnic backgrounds, different learning styles, and various disabilities; adjusts classroom activities to reflect the diversity of students.								
8. Scholarship and Conceptual Skills. Demonstrates ability to learn new ideas and skills for substantive and methodological aspects of teaching, for learning initial information necessary to function in the local setting, for applying new concepts during teaching, as the job changes, and in solving problems.								
9. Enthusiasm. Exhibits appropriate overall optimism and zeal, using them to motivate student learning. Uses facial expressions, body language, and presentation skills that demonstrate a caring and warmth toward students and an enthusiasm for learning.								
10. Professional Orientation/Collaboration. Possesses an awareness for current educational developments and their applications, including learning, child development and approaches to teaching; demonstrates a willingness to work collaboratively at the building and district level, effectively building relationships and responding positively to constructive comments and supervision; holds a strong belief in the importance of education; sincerely interested in the welfare of all students and in solving problems by consensus.								
11. Technological Literacy. Makes appropriate uses of available technology in relation to planning activities, learning activities, and record keeping; integrates technology into the learning process.								

Reference Writer Name: _____ **Date:** _____

Mailing Address: _____

Phone: _____ **Message Phone:** _____

Reference Writer Signature: _____

Professional Reference Form (Please Complete & Return To:)

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Reference Writer: Please rate this applicant on a scale of 1 to 7, with 1 being the low and 7 being the high. (N/O = Not Observed) Check (✓) only one box per factor. You may receive a telephone call to confirm/verify your responses.

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11. Technological Literacy. Makes appropriate uses of available technology in relation to planning activities, learning activities, and record keeping; integrates technology into the learning process.								

Reference Writer Name: _____ **Date:** _____

Mailing Address: _____

Phone: _____ **Message Phone:** _____

Reference Writer Signature: _____



WASHINGTON STATE SEXUAL MISCONDUCT DISCLOSURE RELEASE

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

To:	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.

- | | |
|--|--|
| <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 Mary Walker School District No. 207	
ADDRESS P.O. Box 159 ~ 500 N. 4 th Street, Springdale	PHONE 509-258-4534
STATE WA	ZIP 99173-0159
	FAX 509-258-4707

Name: _____
(Last) (First) (Middle)

**APPLICANT DISCLOSURE FORM
PURSUANT TO CHAPTER 486, LAWS OF 1987**

Answer YES or NO to each listed item. If the answer is YES to any item, explain in the area provided, indicating the charge and/or finding, the date, and the court(s) involved. If additional writing space is needed, please attach additional sheets. Thank you.

1. Have you ever been charged or 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?

Answer: _____ If YES, explain below.

2. Have you ever been charged or 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 charged or 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 charged or found in any disciplinary board final decision to have sexually abused or exploited any minor or to have physically abused any minor?

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.

Signature: _____ Date Signed: _____

Employment is contingent upon prospective employees successfully completing a record check through the Washington State Patrol Criminal Identification System, and the Federal Bureau of Investigation.

WASHINGTON STATE PATROL



Identification and Criminal History Section
PO Box 42633, Olympia WA 98504-2633

REQUEST FOR CRIMINAL HISTORY INFORMATION CHILD/ADULT ABUSE INFORMATION ACT RCW 43.43.830 THROUGH 43.43.845

<p>A REQUESTING AGENCY/ADDRESS <u>Mary Walker School District No. 207</u> Agency <u>District Office</u> Attn <u>P.O. Box 159</u> Address <u>Springdale, WA 99173</u> City/State/Zip</p> <p>I certify this request is made pursuant to and for the purpose indicated.</p> <p>_____ Authorized Signature Date</p> <p>_____ Title (509) 258-4534 Area Code/Phone Number</p>	<p>B PURPOSE Check appropriate box</p> <p><input checked="" type="checkbox"/> Educational School District (ESD)/School District Volunteer – no fee</p> <p><input type="checkbox"/> Non-Profit Business/Organization – no fee (Excluding Schools & ESD's)</p> <p><input type="checkbox"/> Profit Business/Organization - \$17</p> <p><input type="checkbox"/> Adoptive Parent - \$17</p> <p><input type="checkbox"/> Receive background results electronically</p> <p>Email address _____</p> <p>Password _____ (must be at least 8 characters)</p> <p>Fees: Make payable to Washington State Patrol by check, money order, or business account.</p> <p>Notary letters certifying the results are available upon request (available by mail only). There is an additional \$10.00 processing fee per notary seal.</p> <p>_____ Notarized Letter(s)</p>
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C APPLICANT OF INQUIRY (Please provide as much information as possible; name and date of birth are mandatory.)

Applicant's Name: _____
Last First Middle

Alias/Maiden Name(s): _____

Date of Birth: _____ Sex: _____ Race: _____
Month/Day/Year

Secondary dissemination of this criminal history record information response is prohibited unless in compliance with statute.

D WASHINGTON STATE PATROL IDENTIFICATION & CRIMINAL HISTORY SECTION

WSP Use Only

As of this date, the applicant named below has no record pursuant to RCW 43.43.830 through 43.43.845.

Mary Walker School District No. 207
Requesting Agency

Applicant's Signature

Applicant's Name

Address

City/State/Zip

Applicant Right Thumb Print (Optional)

CHILD/ADULT ABUSE RECORD SEARCH GUIDELINES

Refer to Revised Code of Washington (RCW) 43.43.830-43.43.845 for complete information. Child/Adult Abuse Information Act background checks may be conducted by Washington State businesses or organizations. Other states must conduct searches under the Criminal Records Privacy Act, RCW 10.97.

1. Searches may be conducted only on prospective employees, volunteers, or adoptive parents.

Background checks may be conducted on prospective employees, volunteers, or adoptive parents who will or may have unsupervised access to children under sixteen years of age, developmentally disabled persons, or vulnerable adults. The background check is for initial employment decisions only.

Background checks on current employees or volunteers should be done through the Criminal Records Privacy Act, RCW 10.97.

2. Applicants must be notified an inquiry may be made.

A business or organization shall not make an inquiry to the Washington State Patrol unless the business or organization has notified the applicant who may be offered a position as an employee or volunteer that an inquiry may be made.

3. A business or organization must prepare a disclosure statement to be signed by the applicant before a background check may be conducted.

A business or organization shall require each applicant to disclose whether the applicant has been:

- (a) Convicted of a crime;
- (b) had findings made against him or her in any civil adjudicative proceeding;
- (c) has both a conviction and findings made against him or her.

4. Applicants must be notified of the response.

The requesting agency shall notify the applicant of the Washington State Patrol's response within ten days after receipt. The employer shall provide a copy of the response to the applicant and shall notify the applicant of such availability.

Notes:

- "Business or organization" means a person, business, or organization licensed in this state, any agency of the state, or other governmental entity, that educates, trains, treats, supervises, houses, or provides recreation to developmentally disabled persons, vulnerable adults, or children under sixteen years of age, or that provides child day care, early learning, or early learning childhood education services, including but not limited to public housing authorities, school districts, and educational service districts.
- The business or organization shall use this record only in making the initial employment or engagement decision. Further dissemination or use of the record is prohibited. A business or organization violating this subsection is subject to civil action for damages.
- Responses are limited to **Washington State records only.**

NOTE: The requested record information is furnished solely on the basis of name and/or description similarity with the subject of your inquiry. Positive identification or non-identification can only be effected upon receipt of fingerprints.

SUBSTITUTE TEACHING REQUEST TO:

Mary Walker School District No. 207
P.O. Box 159 ~ 500 N. 4th Street
Springdale, WA 99173-0159
Phone: (509) 258-4534 | Fax: (509) 258-4707

If you want to be considered for substitute teaching in the Mary Walker School District No.207, you must fill out this page in addition to the regular teaching application. Please print legibly.

Applicant Name: _____

Address: _____

City, State, Zip Code: _____

Telephone: _____ Message Telephone: _____

Washington State Teaching Certificate Number: _____

List all areas of endorsement: _____

Do you have a level preference to Sub? Elem: _____
 Middle: _____
 High: _____
 Any: _____

When you have returned your completed **Substitute Application** to Mary Walker School District No. 207, please contact our two school Principals and introduce yourself. They are the key to substitute employment with our District:

PreK-5: Edwina Hargrave (509) 258-7357

6-12: Matthew Cobb (509) 258-4533

For Office Use Only:

Date Received: _____

Elem Approved: _____ Middle/High School Approved: _____