

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

~ CLASSIFIED POSITIONS ~

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* Application Form.
2. For Bus Drivers, a Supplement Transportation Department Application must also be completed and signed.
3. Letter of Application.
4. Resume' (optional – but highly recommended).
5. Completed and signed Applicant Disclosure Form (Included with Application Packet).
6. Some postings may require additional information that should also be submitted before the closing date.

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

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

APPLICATION FOR CLASSIFIED 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 ~

Name: _____ Social Security #: _____
(Last) (First) (Middle)

Address: _____ Home Phone #: _____
(Street & Number/PO Box)

_____ Message Phone #: _____
(City) (State) (Zip Code)

Position Desired: _____ (First Choice)
 _____ (Second Choice)

When are you available for work? _____

Do you have any responsibilities that may require time away from work? _____

Please list names of relatives currently employed by MARY WALKER SCHOOL DISTRICT: _____

JOB SKILLS

Office Skills

<input type="checkbox"/> Keyboarding wpm _____	<u>Yrs. Experience</u> _____
<input type="checkbox"/> Shorthand wpm _____	_____
<input type="checkbox"/> Dictaphone _____	_____
<input type="checkbox"/> Computers _____	_____
<input type="checkbox"/> Telephone Switchboard _____	_____
<input type="checkbox"/> Office Machines _____	_____
<input type="checkbox"/> Bookkeeping _____	_____
<input type="checkbox"/> Accounting _____	_____
<input type="checkbox"/> Other _____	_____

Bus Driver/Mechanic

<input type="checkbox"/> Current Bus Drivers Certificate	
<input type="checkbox"/> Intermediate or Combination Endorsement	
<input type="checkbox"/> Gas Engine Mechanics Experience	Years: _____
<input type="checkbox"/> Diesel Engine Mechanics Experience	Years: _____
<input type="checkbox"/> Bus Mechanic Experience	Years: _____
Please Describe: _____	

Teacher Aides

<input type="checkbox"/> Library Experience	<u>Yrs. Experience</u> _____
<input type="checkbox"/> Chapter I Experience	_____
<input type="checkbox"/> Proficient in Sign Language	_____
<input type="checkbox"/> ESL Skills	_____
<input type="checkbox"/> Child Development Training	_____
<input type="checkbox"/> Classroom Experience	_____
<input type="checkbox"/> Experience with Disabled Children	_____
<input type="checkbox"/> Experience with Aggressive Behavior	_____
<input type="checkbox"/> Lifting Disabled Children	_____
<input type="checkbox"/> Feed & Toilet Disabled Children	_____
Please Describe: _____	

Food Service

<input type="checkbox"/> Baking	<u>Yrs. Experience</u> _____
<input type="checkbox"/> Large Quantity Preparation	_____
<input type="checkbox"/> Menu Planning	_____
<input type="checkbox"/> Fast Food	_____
<input type="checkbox"/> Food Handlers Permit	_____
<input type="checkbox"/> Supervisory	_____
<input type="checkbox"/> Other _____	_____

Custodial/Maintenance

<input type="checkbox"/> Electrical	<u>Yrs. Experience</u> _____
<input type="checkbox"/> Carpentry	_____
<input type="checkbox"/> HVAC	_____
<input type="checkbox"/> Maintenance	_____
<input type="checkbox"/> Plumbing	_____
<input type="checkbox"/> Other _____	_____

Please Answer Each of the Following:

<input type="checkbox"/> YES	<input type="checkbox"/> NO	Do you have a valid Washington State Driver's License? WDL #: _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Have you been cited for any moving violation in the past five (5) years? If yes, list type of violation and action taken: _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Do you have a valid First Aid Card? Date of Issue: _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Do you have a valid CPR Card? Date of Issue: _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Are you presently under contract or employed? If yes, with whom, and present title: _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Are you now or were you previously employed by this District? If so, list dates and position held: _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Have you ever been on a plan of improvement or placed on probation with any employer?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Within the last ten years have you plead guilty, been charged, been convicted, fined, imprisoned, or placed on probation for violation of any law, police regulation or ordinance (excluding minor traffic violations)? (A charge and/or conviction record will not necessarily bar you from employment.) If yes, list each violation: _____

PREVIOUS WORK EXPERIENCE (Include military service, list in order of occurrence)

DATES Mo/Yr Mo/Yr	Firm or Employer City and State	Supervisor	Duties
to			
to			
to			

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

DATES Mo/Yr Mo/Yr	Name of School/Institute City and State	Degree or Diploma	Major Subject
to			
to			
to			

REFERENCES

Name and Relationship	Mailing Address	City	State	Zip Code	Area Code+Phone Number
					()
					()
					()
					()
					()

SIGNATURE RELEASE:

All of the information I have provided in this application is true, correct, and complete. I authorize MARY WALKER SCHOOL DISTRICT NO. 207 to inquire with former employers or references and obtain any and all information regarding my job-related background. I release and waive MARY WALKER SCHOOL DISTRICT NO. 207, my former employers, 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 will be deemed void from its inception.

Signature of Applicant

Date Signed

Optional Information

RACE/ETHNIC DESIGNATION: Please indicate your ethnic background.

_____ American Indian _____ Black _____ Hispanic _____ Asian _____ Caucasian

DISABLED:

For the purposes of affirmative action, do you consider yourself to be disabled? (Definition of disabled for affirmative action 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.) _____ No _____ Yes

Information regarding race and disability is for the purpose of corrective employment and to prevent discrimination. This information will be confidential.



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.

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.

MARY WALKER SCHOOL DISTRICT No. 207

500 North 4th ~ ~ P.O. Box 159
Springdale, Washington 99173 - 0159
(509) 258-4534
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TRANSPORTATION DEPARTMENT ~ EMPLOYMENT APPLICATION SUPPLEMENT ~

If you are interested in applying for a position with the Transportation Department, please complete this form in addition to the **Application for Classified Employment**.

Name: _____ Soc Security No: _____
(Last) (First) (Middle)

Address: _____ Home Phone No: _____
_____ Message Phone: _____

REFERENCES *Please list additional references for driving experience:*

Name	Phone Number
1) _____	_____
2) _____	_____
3) _____	_____
4) _____	_____
5) _____	_____

EQUIPMENT

Types of Vehicles Driven:	Number of Years:
1) _____	_____
2) _____	_____
3) _____	_____
4) _____	_____
5) _____	_____
6) _____	_____

TRAINING *Please list driver instruction courses taken:*

1) _____	_____
2) _____	_____
3) _____	_____
4) _____	_____

ENDORSEMENTS *Please list all driver's license endorsements held:*

1) _____	_____
2) _____	_____
3) _____	_____
4) _____	_____

All of the information I have provided on this application is true, correct, and complete.

Signature of Applicant

Date Signed

If additional writing space is needed, please attach additional sheets. Thank you.