

SPECIAL EDUCATION

- **Indicate top three (3) grade level preferences, 1 (one) being your first choice:**
- **Preschool** **K-3** **4-6** **7-9** **10-12**
- Check the following areas of competence:
- **Early Childhood** **Mildly Disabled**
- **Moderate to Severely Disabled**
- Other specialized training: _____
- Indicate the number of **quarter credits** earned in Special Education. _____ (WAC 392-172)

SPECIALIST

- Check the area for which you are making application and **HOLD** an ESA certificate:
- Counselor** **Librarian** **Occupational Therapist** **Physical Therapist**
- Nurse** **Psychologist** **Speech Language Pathologist** **Social Worker**

SPECIAL TRAINING

- Identify foreign language(s) you can read and speak fluently _____
- List any other special training you feel is pertinent to the position for which you are applying:

EDUCATIONAL TRAINING

- Degrees completed: BA MA PhD

Name of Institution City and State	Dates Attended Mo/Yr-to- Mo/Yr	Years Completed	Degree Earned & Date Earned	Major	Minor
College ----- City					
College ----- City					
College ----- City					
College ----- City					

Undergraduate GPA _____

Post Graduate GPA _____

REMINDER

- Please use the following checklist as your guide to fulfilling the requirements for a **complete application file**.

CHECKLIST

<i>Mandatory***</i>	<i>Optional</i>
1. Complete application form, including applicable inserts.	Optional confidential data form (Insert A)
2. A general cover letter stating your qualifications for the position for which you are applying.	Student Activities/Athletics (Insert C)
3. Current resume	Any additional current data, such as awards, references, or letters
4. Applicant Disclosure Statement (Insert B)	Placement file
5. Confidential professional reference forms completed by at least two (2) people—one must be from a recent supervisor (Insert D)	
6. Application narrative (Insert E)	
7. Washington State Teaching Certificate/Transcripts (unofficial)	

Applications will remain in active status only through August 31 of each year, unless renewed at the request of the applicant.

CERTIFICATION, AUTHORIZATION AND RELEASE

I hereby certify that all the information I have provided in this application is true and correct. I authorize the West Valley School District to make an investigation of my personal, educational, vocational, and/or employment history. I further authorize any current/former employer, person, firm, corporation, educational or vocational institution, or government agency to provide the West Valley School District with information regarding me. I hereby release and discharge the West Valley School District and those who provide information from any and all liability as a result of furnishing and receiving this information. I further agree that if an offer of employment is made to me, I will provide verification of my certification, education and experience. I understand and agree that falsification of any part of this application shall be sufficient cause for dismissal or refusal to hire. References and personal information which become a part of this application will be regarded as confidential and shall not be revealed to me. I understand that any offer of employment that may be made to me is conditional and subject to the acceptable outcome of a criminal history background check, successful passage of a substance abuse screening test and approval of the District's Board of Directors.

Applicant Signature:

Date: _____

THE WEST VALLEY SCHOOL DISTRICT IS AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

The West Valley School District prohibits discrimination based on race, color, religion, creed, national origin, gender, marital status, age, pregnancy, or the presence of a disability, or any other basis prohibited by law. The District is an equal opportunity employer, supports the spirit, policies, and practices of affirmative action, and has implemented programs to address the diversity of our community.

Inquiries regarding compliance and complaint procedures can be directed to:

Affirmative Action/Title IX Officer & American with Disabilities Act/Section 504 Officer:

Rick Ferguson, Human Resources Director
(509) 972-6016

***** Failure to complete entire application form will result in disqualification of applicant.**

Insert B

(Reference RCW 28A.400. RCW 43.43)

You must answer all seven (7) items on this form.

1. Check any of the following for which you have been convicted, including any of these crimes as they may have been renamed. The term "convicted" includes all instances in which a finding of guilt, a plea of guilty or nolo contendere, or stipulations of facts or deferred or suspended sentences occurred.

Custodial Assault

First, Second or Third Degree Assault of a Child

Unlawful Imprisonment

Simple Assault

Child Abuse or Neglect as defined by RCW 26.44.020

Promoting Pornography

First, Second or Third Degree Rape of a Child

First, Second or Third Degree Child Molestation

Prostitution

Violation of Child Abuse Restraining Order

First or Second Degree Murder

Communication with a Minor for Immoral Purposes

First or Second Degree Custodial Interference

Selling Erotic Materials to Minors

Aggravated Murder

Felony Indecent Liberties

First or Second Degree Extortion

First or Second Degree Criminal Mistreatment

First or Second Degree Manslaughter

First Degree Promoting Prostitution

First or Second Degree Burglary

First or Second Degree Robbery

Patronizing A Juvenile Prostitute

First or Second Degree Sexual Misconduct with a Minor

Malicious Harassment

First or Second Degree Kidnapping

Vehicular Homicide

Criminal Abandonment

Sexual Exploitation of Minors

First, Second or Third Degree Extortion

First or Second Degree Robbery

First, Second or Third Degree Theft

Forgery, or any of these crimes as they may be renamed

2. Have you been convicted of crimes relating to financial exploitation if the victim was a vulnerable adult as defined in Chapter 43.43.830(6) RCW?

Answer: **No** **Yes** **If Yes, explain below.**

3. Have you ever been found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor or to have physically abused any minor?

Answer: ___No ___Yes **If Yes, explain below**

4. Have you ever been found by a court in a domestic relations proceeding under Title 26 RCW to have sexually assaulted or exploited any minor, or to have physically abused any minor?

Answer: ___No ___Yes **If Yes, explain below**

5. Have you ever been found in any disciplinary board final decision, or by the director of the Department of Licensing in the following businesses or professions, to have sexually or physically abused any minor, or developmentally disabled person, or to have abused or financially exploited any vulnerable adult: chiropractic, dentistry, dental hygiene, naturopathy, massage, midwifery, osteopathic medicine and surgery, physical therapy, physicians, practical nursing, registered nursing, psychology, real estate brokers and salespersons?

Answer: ___No ___Yes **If Yes, explain below**

6. Have you ever been found by a court in a protection proceeding under Chapter 74.34 RCW to have abused or financially exploited a vulnerable adult?

Answer: ___No ___Yes **If Yes, explain below**

7. Have you ever been convicted of any crime presently not listed?

Answer: ___No ___Yes **If Yes, explain below**

8. Are you presently charged with, but not convicted of, any of the crimes or offenses described in questions 1 through 7 above?

Answer: ___No ___Yes **If Yes, explain below**

Explanation: _____

Pursuant to RCW 9A.72.085, I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Applicant (Print Name): _____

Applicant Birth Date (mm/dd/yyyy): _____

Applicant Social Sec. #: _____

Applicant Signature: _____

Insert C

STUDENT ACTIVITIES/ATHLETICS

Please indicate below the number of years of participation and coaching experience you possess:

Activities	Years of Participation			Years of Advising				
	Middle School	Junior High /High School	College	Middle School	Jr. High	High School	College	Other
ASB ADVISOR								
DEBATE								
DRAMA/THEATER								
ACADEMIC COMPETITIONS								
MUSIC (see below)								
Instrumental Jazz								
Instrumental Wind								
Instrumental/ Marching Band								
Vocal/choral								
CLUB ADVISOR								
VOCATIONAL:								
FFA								
FBLA								
DECA								
VICA								
YEARBOOK								
JOURNALISM								
OTHER:								

COACHING INTERESTS:

List the assignments you would prefer:

1. _____ 2. _____ 3. _____

SPECIAL QUALIFICATIONS FOR THESE POSITIONS: _____

LICENSING:

FIRST AID CERTIFICATE: ___ No ___ Yes. If yes, expiration date: _____

CPR CERTIFICATE: ___ No ___ Yes. If yes, expiration date: _____

References: List two persons who have information regarding your coaching and/or advising abilities:

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

APPLICANT INSTRUCTIONS: Applicant, please give this form to the district that you will be requesting a reference from. Please provide the evaluator a stamped envelope addressed to our district. You must read and sign the authorization below for the reference to be valid:

I authorize any current or former employer, person, firm, corporation, educational or vocational institution, or government agency to provide to the WEST VALLEY SCHOOL DISTRICT information they have regarding me. I hereby release and discharge those who provide information and the WEST VALLEY SCHOOL DISTRICT from any and all liability as a result of furnishing and receiving this information. I agree that references and personal information which become a part of this application will be regarded as confidential and shall not be revealed or disclosed to me.

(Applicant signature required)

(Date)

(Print name)

EVALUATOR INSTRUCTIONS:

The above-named person has applied for a certificated position with the West Valley School District. We ask that you carefully evaluate this individual in terms of your knowledge of him or her either as an employee or through other professional contacts. **PLEASE RETURN THIS CONFIDENTIAL FORM DIRECTLY TO THE WEST VALLEY SCHOOL DISTRICT.**

Name of Evaluator (please print) _____

Evaluator's Title _____

Company or Organization _____

Telephone () _____

Observed Applicant from: _____ to _____

Applicant's position during this evaluation period:

Have you observed this applicant: ___ very few times ___ 10 - 25 times ___ More than 25 times
(1 - 10)

Please complete the evaluative grid on the other side of this form.

Name of Applicant required: _____

Note: Please rate the applicant in each of the following categories by comparing this individual with others of comparable training and experience	Excellent	Good	Fair	Poor	No basis for judgment
1. Flexibility: Willingness to learn new concepts or ways of doing things. Cooperative with youth and adults.					
2. Commitment to Accomplishment: Exertion of effort to attain particular goals – exhibits a desire to produce results; organizes ideas, time, materials and space in such a way that accomplishment occurs.					
3. Enthusiasm: Displays overall optimism and zeal for what one is doing. Willingness to be involved. Enthusiasm results in positive interpersonal relationships with others.					
4. Clarity of Expression: Understands and correctly interprets concepts presented or discussed. Presents and discusses concepts precisely; answers questions clearly; uses correct oral and written communication skills.					
5. Integrity: Actions are consistent with stated views; exhibits reliable follow-through on commitments; deals with children and adults with routine honesty.					
6. Multicultural: Accepts cultural and ethnic differences in students and adults.					
7. Relationships: Has ability and willingness to develop appropriate relationships with students and adults; exhibits listening, patience, and caring for others.					
8. Dependability: Can be relied upon to maintain regular attendance; is punctual and is communicative in a timely manner when personal responsibilities interfere with work responsibilities.					
9. Modeling Appropriate Behavior: Dress, appearance, courteousness and behavior of individual is appropriate for the work setting					

Overall rating of this candidate (check one): Excellent Very Good Good Fair Poor

Comments on applicant's strengths/weaknesses:

Evaluator's Signature: _____

Date: _____

Thank you for assisting us in evaluating this applicant. Please return this completed confidential form to:

West Valley School District
 8902 Zier Road
 Yakima, WA 98908
 Attn: Human Resources

APPLICANT INSTRUCTIONS: Applicant, please give this form to the district that you will be requesting a reference from. Please provide the evaluator a stamped envelope addressed to our district. You must read and sign the authorization below for the reference to be valid:

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Overall rating of this candidate (check one): Excellent Very Good Good Fair Poor

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