

EATONVILLE SCHOOL DISTRICT

Superintendent
Raymond F. Arment III

Together, we commit to excellence in education and preparation for life.

A complete Application Packet must include the following:

- District Application
- Letter of interest for each open position applied for
- Current Resume'
- Current Placement file -or- 3 letters of recommendation
- Copy of valid WA State Teaching Certificate
- Copy of Transcript(s)

***Thank you for your interest in the
Eatonville School District!***

Give references, including superintendents, principals, and college supervisors under whom you have taught, who have first hand knowledge of your personal and professional competencies.

References

Name	Address and Phone Number	Official Position

INVESTIGATION CONSENT AND RELEASE OF LIABILITY FORM

I authorize the Eatonville School District to make any investigation of any personal, educational, vocation, or employment history. I further authorize any former employer, person, firm, corporation, educational or vocational institution, or government agency to provide the Eatonville School District with information they have regarding me. I hereby release and discharge the Eatonville School District and those who provide information from any and all liability as a result of furnishing this information.

Signature Date

Special Qualifications

What student activities have you directed or coached?

1. _____ 2. _____
3. _____ 4. _____

What student activities are you prepared and willing to direct or coach?

1. _____ 2. _____
3. _____ 4. _____

List hobbies or special abilities relating to teaching profession. _____

Honors received (high school, college, otherwise) _____

College activities (include participation in organizations) _____

Travel (when, where, purpose) _____

Special Qualifications - Elementary (to be completed by elementary school candidates only)

Can you teach your own music class? _____ Can you teach your own art class? _____

Can you teach your own physical education class? _____ Other _____

Foreign languages (specify) _____

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 or finding, the date, and the court(s) involved.

1. Have you ever been 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

2. Have you ever been convicted of any crimes against persons as defined in RCW 43.830, and listed as follows: Child abuse or neglect as defined in RCW 26.44.020; first or second degree custodial interference; malicious harassment; first, second, or third degree child molestation; first or second degree sexual misconduct with a minor; patronizing a juvenile prostitute; child abandonment; promoting pornography; selling or distributing erotic material to a minor; custodial assault; violation of child abuse restraining order; child buying or selling; prostitution; felony indecent exposure; or any of these crimes as they may be renamed in the future? ANSWER _____ IF YES, EXPLAIN

3. Have you ever been 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

4. Have you ever been 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

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 Signature

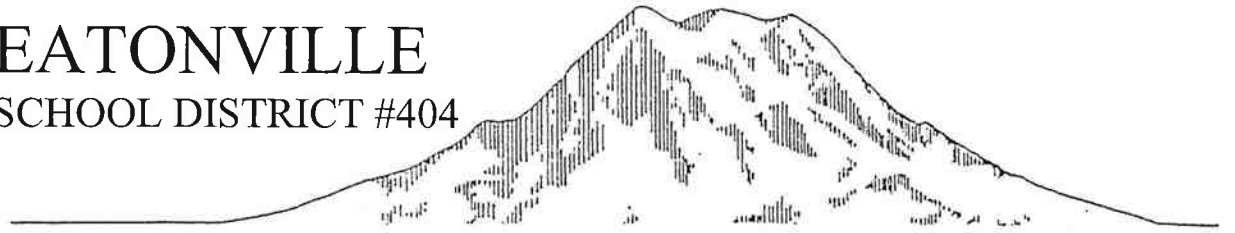
Date and Place

Witness

Business or Organization and Address

EATONVILLE

SCHOOL DISTRICT #404



Together, we commit to excellence in education and preparation for life.

VOLUNTARY, CONFIDENTIAL INFORMATION FOR AFFIRMATIVE ACTION PURPOSES

Information derived from this questionnaire is for statistical purposes and will not be filed with or be made part of your application or personnel file. The Eatonville School District is committed to a program which ensures equal employment opportunities for all persons without regard to race, color, national origin, gender, age or disability not constituting a bona fide occupational qualification. Furthermore, the district actively promotes the employment opportunities of those classes of qualified people who are under-utilized in the work force. Your cooperation in completing this form is appreciated.

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

POSITION APPLIED FOR: _____

MALE _____ FEMALE _____

RACIAL/ETHNIC GROUP:

- ASIAN (Far East, Southeast Asia, or Pacific Islander)
- BLACK, not of Hispanic origin
- NATIVE AMERICAN INDIAN or Alaskan Native
- HISPANIC (Mexico, Puerto Rico, Cuba, Central American or other Spanish culture or origin)
- WHITE, not of Hispanic origin
- MIXED Please specify: _____

OTHER AFFIRMATIVE ACTION CATEGORIES:

- VIETNAM VETERAN
- PROTECTED AGE GROUP (40-70 years)
- DISABLED (Under American Disabilities Act specifications)

3/31/04



OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION
 Office of Professional Practices
 Old Capitol Building
 PO BOX 47200
 Olympia WA 98504-7200

WASHINGTON STATE SEXUAL MISCONDUCT DISCLOSURE RELEASE

To:

SCHOOL DISTRICT EMPLOYER
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 180-87-080. Your assistance is appreciated.

APPLICANT'S NAME (FIRST, MIDDLE, LAST)
FULL NAME WHEN LAST EMPLOYED WITH ORGANIZATION
SOCIAL SECURITY NUMBER
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 committed by me as defined by the state board of education. 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

<input type="checkbox"/> No sexual misconduct materials were found. <input type="checkbox"/> Yes, sexual misconduct materials are being forwarded to requesting school district.	Complaint of sexual misconduct was filed with OSPI. <input type="checkbox"/> Yes <input type="checkbox"/> No
_____ Former Employer Signature	_____ Title
_____ Date	

Return all completed information to:

SCHOOL DISTRICT Eatonville School District No. 404-Human Resources	
ADDRESS P. O. Box 698, Eatonville, WA 98328	
PHONE (360) 879-1000	FAX (360) 879-1086

Employing School Receipt Date _____ Recipient Name _____