

SHAW ISLAND SCHOOL DISTRICT NO 10 CLASSIFIED APPLICATION FORM

Shaw Island School district is an equal opportunity employer. We encourage applications from disabled and ethnic candidates as well as men and woman for employment in non-traditional roles.

Position applying for: _____

Name _____
Last
First
Middle

Address _____
Street
City
State-Zip

Phone (____) _____ E-mail Address _____ Social Security No. _____

Have you been known by another name? No _____ Yes _____

Education: (Undergraduate & Graduate)

Institution/Location	Dates Attended	Major/Minor	Degree/Cert. Award
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Undergraduate GPA _____ Graduate GPA _____

Employment History

Name, Address City, State	Dates of Employment	Total Years	Reason for Leaving
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Volunteer/Other Experience: Include military/Peace Corp/VISTA

Employer	Address	Phone No.	Position	Dates of Service
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

References: Please include three (3) of your most recent references, including principals/supervisors with whom you have worked and who could be contacted to provide first-hand knowledge of your professional ability, character and scholarship.

Name	Address	Home Phone	Work Phone	Official Position
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

PERSONAL INFORMATION

Have you been convicted of any criminal offense within the past 7 years? _____ If yes, please explain in an attachment. (A record of conviction will not automatically bar you from employment.)

Are you authorized to work in the United States? Yes _____ No _____ (Documentation of authorization to work in the U.S. will be required if any offer of employment is made and accepted).

GENERAL INFORMATION

To have a completed file the following must be received by the district office:

- Completed district application form;
- Letter of application and resume;

Special accommodations: If you are an individual with a disability who may need accommodation to enable you to complete the application process or participate in an interview, please let us know within a reasonable time frame or at the time your appointment is scheduled.

PLEASE READ CAREFULLY BEFORE SIGNING THIS APPLICATION

I authorize the district to investigate all statements in this application and to secure necessary information from all my employers, references, and academic institutions. I hereby release all of those employers, references, academic institutions, and the District from any and all liability arising from their giving or receiving information about my employment history, my academic credentials or qualifications, and my suitability for employment within the district.

I understand that any offer of employment is contingent upon receipt of a satisfactory report concerning academic credentials, employment references and background. I further understand that any false or misleading statements will be sufficient cause for rejection of my application if the District has not employed me and immediate dismissal if the District has employed me. I also authorize the District to supply information about my employment record, in whole or in part, in confidence to any prospective employer, government agency, or other party having the legal and proper interest, and I hereby release the District from any and all liability for its providing this information.

I hereby acknowledge that I have read and understand the preceding statement.

Signature of Applicant

Date

Please submit application to the business office at
44 Hoffman Cove Road
Shaw Island, WA 98286
office@shaw.k12.wa.us
fax: 360-468-2585

Or mail to
Shaw Island SD 10
PO Box 426
Shaw Island, WA 98286