

**Grandview School District #200**

913 West 2nd Street

Grandview WA 98930

Phone: (509) 882-8500 Fax: (509) 882-2029

[www.gsd200.org](http://www.gsd200.org)

<input type="checkbox"/> Application	<input type="checkbox"/> Verification of High School/GED
<input type="checkbox"/> Letter of Interest	<input type="checkbox"/> 72 College Credits or A.A. Degree or Passed ETS Parapro Test (if applying for parapro position)
<input type="checkbox"/> Résumé	
<input type="checkbox"/> 3 Letters of Recommendation	

**Classified Application**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First Mi

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Message #: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

**POSITION APPLYING FOR - When applying for an additional job, submit a letter of interest only.**

Position: \_\_\_\_\_ Location: \_\_\_\_\_

Are you Bilingual?  Yes  No If yes, specify language:  Read  Write  Speak

**EDUCATIONAL TRAINING**

Check all that apply:

High School/GED  BA Degree  72 or more qtr. Credits  
 AA Degree  Business/Trade School  Passed ETS Parapro Test

**EXPERIENCE (Classified Experience - In Other School Districts or Like Jobs).**

If you do not want us to contact your current employer, please check here:

Employer Supervisor & Supervisor's Phone Number	Position Held	Dates Worked Mo./Yr. To Mo./Yr.	Total Years	Full Time	Part Time	Reason for Leaving

**SPECIALIZED TRAINING OR EXPERIENCES**

**REFERENCES**

Name	Position	Address/Telephone

The Grandview School District does not discriminate on the basis of sex, race, creed, religion, color, national origin, age, honorably discharged veteran or military status, sexual orientation including gender expression or identity, the presence of any sensory, mental or physical disability, or the use of a trained dog guide or service animal by a person with a disability in its programs and activities and provides equal access to the boy Scouts and other designated youth groups. The following employee has been designated to handle questions and complaints of alleged discrimination: Title IX Coordinator/Section 504/ADA Coordinator, Diann Zavala, 913 West 2<sup>nd</sup> Street, Grandview WA 98930.

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

In the event of employment, I understand that if I provide false or misleading information, including omissions in my application or interview(s), I will be subject to dismissal at any time during my period of employment with the Grandview School District. I will provide verification of my certification, education, and experience. I understand that any offer of employment that may be made to me is conditional and subjected to the acceptable outcome of a criminal history background information check, receipt of Alien Registration Number, verification of identity, any other pertinent information bearing upon my contingent employment, and approval of the Grandview School District's Board of Directors. I also agree to abide by all rules and regulations of the Grandview School District. I certify that answers given herein are true and complete to the best of my knowledge.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

## EMPLOYMENT DISCLOSURE STATEMENT

In connection with your application for a position with Grandview School District No. 200 and RCW 43.43.830, RCW 43.43.832, and RCW 9.96A.020, we must ask you to complete the following disclosure statement. This information will be used only in making the initial decision of whether to employ you and will not be used or disseminated for any other purpose.

Have you ever been convicted of any of the following crimes against children or other persons?

Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Aggravated murder	<input type="checkbox"/>	<input type="checkbox"/>	First degree promoting prostitution
<input type="checkbox"/>	<input type="checkbox"/>	First or Second degree murder	<input type="checkbox"/>	<input type="checkbox"/>	First Degree arson
<input type="checkbox"/>	<input type="checkbox"/>	First or Second degree Kidnapping	<input type="checkbox"/>	<input type="checkbox"/>	First degree burglary
<input type="checkbox"/>	<input type="checkbox"/>	First, Second, or Third degree assault	<input type="checkbox"/>	<input type="checkbox"/>	Indecent liberties
<input type="checkbox"/>	<input type="checkbox"/>	First, Second or Third degree rape	<input type="checkbox"/>	<input type="checkbox"/>	Incest
<input type="checkbox"/>	<input type="checkbox"/>	First, Second, or Third degree rape of a child	<input type="checkbox"/>	<input type="checkbox"/>	Communication with a minor for immoral purposes
<input type="checkbox"/>	<input type="checkbox"/>	First or Second degree robbery	<input type="checkbox"/>	<input type="checkbox"/>	Vehicular homicide
<input type="checkbox"/>	<input type="checkbox"/>	First or Second degree manslaughter	<input type="checkbox"/>	<input type="checkbox"/>	Unlawful imprisonment
<input type="checkbox"/>	<input type="checkbox"/>	First or Second degree extortion	<input type="checkbox"/>	<input type="checkbox"/>	Simple assault
<input type="checkbox"/>	<input type="checkbox"/>	First or second degree criminal mistreatment	<input type="checkbox"/>	<input type="checkbox"/>	Sexual exploitation of minors
<input type="checkbox"/>	<input type="checkbox"/>	Child abuse or neglect as defined in RCW 26.44.020	<input type="checkbox"/>	<input type="checkbox"/>	First or second degree custodial interference
<input type="checkbox"/>	<input type="checkbox"/>	Selling or distributing erotic materials to a minor	<input type="checkbox"/>	<input type="checkbox"/>	Malicious harassment
<input type="checkbox"/>	<input type="checkbox"/>	Custodial assault	<input type="checkbox"/>	<input type="checkbox"/>	First, Second, or Third degree child molestation
<input type="checkbox"/>	<input type="checkbox"/>	Child buying or selling	<input type="checkbox"/>	<input type="checkbox"/>	First or Second degree sexual misconduct with a minor
<input type="checkbox"/>	<input type="checkbox"/>	Promoting pornography	<input type="checkbox"/>	<input type="checkbox"/>	Patronizing a juvenile prostitute
<input type="checkbox"/>	<input type="checkbox"/>	First, Second, or Third degree assault of a child	<input type="checkbox"/>	<input type="checkbox"/>	Violation of child abuse restraining order
<input type="checkbox"/>	<input type="checkbox"/>	Child Abandonment Prostitution	<input type="checkbox"/>	<input type="checkbox"/>	Or any of these crimes as they may have been renamed

If your answer is "yes to any of the above. Please describe and provide the date(s) of the conviction(s) and the sentence(s) imposed. If the conviction has been the subject of an expungement, pardon, annulment, or certificate of rehabilitation, please so specify.

---



---



---

UNDER PENALTY OF PERJURY, I certify that the above information is true, correct, and complete. I understand that if I am hired, I can be discharged for any misrepresentation or omission in the above statement. **I also understand that if I am hired, my employment is conditioned on your receipt of a satisfactory report form the Washington State Patrol.**

Signature: \_\_\_\_\_  
 Name (Print): \_\_\_\_\_  
 Date: \_\_\_\_\_

### EMPLOYMENT DISCLOSURE STATEMENT

- | Yes                      | No                       |    |   |
|--------------------------|--------------------------|----|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1  | Have you ever had any adverse action taken on any certificate or license? (Adverse action includes: letter of warning, reprimands, suspensions, revocations, voluntary surrenders, or avoidance). |
| <input type="checkbox"/> | <input type="checkbox"/> | 2  | Have you ever been denied or otherwise rejected, for cause, an education certificate, credential, or license?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 3  | Have you ever withdrawn an application for any education certificate, credential, or license?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 4  | Have you ever had any education certificate, credential, or license lapse and/or expire and then practiced without the required valid certificate, credential, or license?                        |
| <input type="checkbox"/> | <input type="checkbox"/> | 5  | Have you ever been non-renewed, dismissed, discharged, or fired from any employment?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 6  | Have you ever resigned from or otherwise left any employment while allegations of misconduct were pending?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 7  | Have you ever been disciplined by a past or present employer because of misconduct?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 8  | Are you currently or have you ever been the subject of any investigation or inquiry by an employer because of allegations of misconduct?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 9  | Have you ever engaged in any reckless or intentional conduct which resulted in damage or destruction of property? (This includes both real and personal property owned by another).               |
| <input type="checkbox"/> | <input type="checkbox"/> | 10 | Have you ever threatened to damage or destroy property?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 11 | Have you ever engaged in any reckless or intentional conduct which resulted in physical injury or harm to any person(s)?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 12 | Have you ever threatened to physically injure or harm any person(s)?  |

If you answer "yes" to any of the above questions, please clarify below.

---



---



---



---



---

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## Affirmative Action Data Collection

For Reporting Purpose Only

The information requested is voluntary, confidential, and for record keeping purposes only. Your response to the following questions will assist the district to accurately report its employment practices to state and federal agencies.

Information provided will not be part of your application and will not be considered in any employment decision. This page will be detached from your application before the individual making the hiring decision receives the application. The information will not be available to the individual making the hiring decision at any time. Any information provided will be kept strictly confidential.

**Date** \_\_\_\_\_ **Position Applied For** \_\_\_\_\_

<p><b>Gender:</b></p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p>	<p><b>Racial/Ethnic Identification Group:</b></p> <p><input type="checkbox"/> <b>American Indian or Alaskan Native:</b> A person having origins in any of the Original peoples of North America, and Who maintains cultural identification Through tribal affiliation or community Recognition.</p>																
<p><b>Age:</b></p> <p><input type="checkbox"/> 40 years of age and over</p> <p><input type="checkbox"/> Under 40 years of age</p>	<p><input type="checkbox"/> <b>Asian</b> A person having origins in any of the original Peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area Includes, for example, China, Japan, Korea, the Philippines Republic, Samoa, Laos, Vietnam, and Cambodia.</p>																
<p><b>Veteran:</b></p> <p><input type="checkbox"/> Disabled Veteran</p> <p><input type="checkbox"/> Vietnam Era Veteran Must have been on active duty between 8/5/64 through 5/7/75 to qualify as a Vietnam Era Veteran.</p> <p><input type="checkbox"/> Not Applicable</p>	<p><input type="checkbox"/> <b>Black/African-American</b> A person having origins in any of the Black racial groups of Africa who is not also of Hispanic origin.</p> <p><input type="checkbox"/> <b>Hispanic:</b> A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.</p>																
<p><b>Disabled:</b></p> <p><input type="checkbox"/> No                      <input type="checkbox"/> Yes</p> <p>If yes, explain: _____</p> <p>Disabled: Persons with a physical, mental, or sensory impairment that substantially limits one or more major life activities. The impairment(s) must be material rather than slight; static and permanent in that is seldom fully corrected by medical replacement, therapy, or surgical means.</p>	<p><input type="checkbox"/> <b>Pacific Islander:</b> A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippines Republic, Samoa, Laos, Vietnam and Cambodia.</p> <p><input type="checkbox"/> <b>White/Caucasian</b> A person having origins in any of the original people of Europe, North Africa, or the Middle East who is not of Hispanic origin.</p>																
<p><b>Additional Languages/Spoken</b></p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Russian</td> <td><input type="checkbox"/> Spanish</td> </tr> <tr> <td><input type="checkbox"/> Ukrainian</td> <td><input type="checkbox"/> Vietnamese</td> </tr> <tr> <td><input type="checkbox"/> Bosnian</td> <td><input type="checkbox"/> Cambodian</td> </tr> <tr> <td><input type="checkbox"/> Other</td> <td>_____</td> </tr> </table>	<input type="checkbox"/> Russian	<input type="checkbox"/> Spanish	<input type="checkbox"/> Ukrainian	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Bosnian	<input type="checkbox"/> Cambodian	<input type="checkbox"/> Other	_____	<p><b>Additional Languages/Read and Write</b></p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Russian</td> <td><input type="checkbox"/> Spanish</td> </tr> <tr> <td><input type="checkbox"/> Ukrainian</td> <td><input type="checkbox"/> Vietnamese</td> </tr> <tr> <td><input type="checkbox"/> Bosnian</td> <td><input type="checkbox"/> Cambodian</td> </tr> <tr> <td><input type="checkbox"/> Other</td> <td>_____</td> </tr> </table>	<input type="checkbox"/> Russian	<input type="checkbox"/> Spanish	<input type="checkbox"/> Ukrainian	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Bosnian	<input type="checkbox"/> Cambodian	<input type="checkbox"/> Other	_____
<input type="checkbox"/> Russian	<input type="checkbox"/> Spanish																
<input type="checkbox"/> Ukrainian	<input type="checkbox"/> Vietnamese																
<input type="checkbox"/> Bosnian	<input type="checkbox"/> Cambodian																
<input type="checkbox"/> Other	_____																
<input type="checkbox"/> Russian	<input type="checkbox"/> Spanish																
<input type="checkbox"/> Ukrainian	<input type="checkbox"/> Vietnamese																
<input type="checkbox"/> Bosnian	<input type="checkbox"/> Cambodian																
<input type="checkbox"/> Other	_____																