



CERTIFICATED EMPLOYMENT APPLICATION

CASTLE ROCK SCHOOL DISTRICT #401

Instruction

1. Only completed applications received by the specified closing date will be referred to the screening committee for consideration.
2. To establish a completed application file, the items listed below must be submitted by the specified deadline to the Castle Rock School District Human Resources office, 600 Huntington Avenue S, Castle Rock WA 98611:
 - Completed and signed Castle Rock School District Certificated Employment Application. Application must be completed in its entirety. "See resume" is not acceptable.
 - Letter of interest
 - Up to date resume
 - Autobiographical statement of 250 words or less, in your own handwriting, to include the reason(s) you chose education as a career
 - Up to date placement file or letters of recommendation and copies of transcripts
 - Any additional materials requested on the Job Announcement
3. Applications are retained and considered active for one year following the last date of activity. Applications are reactivated at your request.
4. Current or past employers will be contacted as part of the selection process.
5. Please contact the Castle Rock School District Human Resources Director at (360) 501-2940 if you have questions regarding your application and/or employment opportunities.

Application

Last Name	First	Middle	Date
Street Address		City	State Zip Code
Home Phone		Business/Message Phone	
Position Applying For		Check One or More	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary/ Substitute
Have you previously applied for employment with Castle Rock School District?		Date(s)	Position(s)
Other name(s) under which records may be listed?			
How did you become aware of this position?			

Castle Rock School District complies with all state and federal rules and regulations and does not unlawfully discriminate on the basis of race, color, national origin, age, sex, marital status, disabled or Vietnam veteran status, or the presence of any sensory, mental or physical disability. This holds true for all district employment and job opportunities. Inquiries regarding compliance and/or grievance procedures may be directed to the Director of Human Resources at (360) 501-2940. AN EQUAL OPPORTUNITY EMPLOYER

Educational and Professional Training

Name of School	City & State	Degree(s)	Major

Certificates/Licenses

List below teaching, ESA, administrative and special certificates/licenses held

Type of Certificate	State	Level/Area	Date Issued	Expiration Date

Employment History

Answer all questions for each employer listed. Beginning with your current or most recent job, list all paid or unpaid work experience during the past ten years (or longer if pertinent to the position applied for) including military experience. Explain any gaps in your work experience that exceed six months. If more space is needed, additional sheets may be attached. If you worked under a different name, please indicate that name.

Employer Name		Phone		
Street Address		City	State	Zip Code
Position or Title		Supervisor	Dates of Employment From / To /	
Reason for Leaving				
May we contact this employer for a work reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		If no, please explain		
<i>If you are currently contracted, can you be released from the contract if you are offered employment with CRSD? YES <input type="checkbox"/> NO <input type="checkbox"/></i>				
Employer Name		Phone		
Street Address		City	State	Zip Code
Position or Title		Supervisor	Dates of Employment From / To /	
Reason for Leaving				
May we contact this employer for a work reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		If no, please explain		

Employer Name		Phone	
Street Address	City	State	Zip Code
Position or Title	Supervisor	Dates of Employment From / To /	
Reason for Leaving			
May we contact this employer for a work reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		If no, please explain	
Employer Name		Phone	
Street Address	City	State	Zip Code
Position or Title	Supervisor	Dates of Employment From / To /	
Reason for Leaving			
May we contact this employer for a work reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		If no, please explain	
Employer Name		Phone	
Street Address	City	State	Zip Code
Position or Title	Supervisor	Dates of Employment From / To /	
Reason for Leaving			
May we contact this employer for a work reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		If no, please explain	
Employer Name		Phone	
Street Address	City	State	Zip Code
Position or Title	Supervisor	Dates of Employment From / To /	
Reason for Leaving			
May we contact this employer for a work reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		If no, please explain	

Professional References

(Individuals who can provide job-related reference information; continued on next page)

1.	Name of Reference	Address
	Company/Occupation	
	Current Phone	Working Relationship
2.	Name of Reference	Address
	Company/Occupation	
	Current Phone	Working Relationship

3.	Name of Reference	Address
	Company/Occupation	
	Current Phone	Working Relationship
4.	Name of Reference	Address
	Company/Occupation	
	Current Phone	Working Relationship

Pre-employment Background Questionnaire

Please complete the following questions and sign the declaration. Any falsification or deliberate misrepresentation, including omission of a material fact, or failure to complete any part of your application or this questionnaire, can be grounds for denial of employment or continued employment with Castle Rock School District.

ALL REQUIRED DOCUMENTATION REQUESTED BELOW MUST ACCOMPANY THIS APPLICATION. ALL QUESTIONS MUST BE ANSWERED. IF ADDITIONAL SPACE IS NEEDED, ATTACH A SEPARATE PIECE OF PAPER.

Section I – Personal Information

YES NO

1. Are you eligible for lawful employment in the U.S.? Proof of citizenship or legal right to work and identity will be required after hire.
2. If you are applying for a position that requires driving, do you have a valid driver's license?
Driver's License Number: _____ State: _____
3. Please list all former names (a) you have used when working for another employer or (b) by which you are known to references. (If more than three list on a separate sheet of paper.)

Section II – Professional Fitness

If you answer "yes" to questions 1 through 4, give a complete explanation on a separate sheet of paper, including duties, circumstances, and any supporting documentation.

YES NO

1. Have you ever been dismissed, discharged (excluding layoff), or fired from any employment?
2. Have you ever resigned from or otherwise left any employment while allegations of misconduct on your part were pending or under investigation?
3. Have you ever been disciplined by a past or present employer for misconduct?
4. Are you currently the subject of any investigation or inquiry by an employer because of allegations of misconduct or harassment on your part?

Section III – Fitness

YES NO

- 1. Are you able to perform the essential functions of the position(s) for which you are applying with or without reasonable accommodation?
- 2. Do you currently use illegal drugs?
- 3. Have you used illegal drugs in the last year? If your answer is “yes,” please explain on a separate sheet of paper.

Section IV – Criminal History

YES NO

- 1. Have you ever been convicted of any crime? (Note: For purposes of this question, “convicted” includes (1) all instances in which a plea of guilty or nolo contendere is the basis of a conviction and (2) all proceedings in which a sentence has been suspended or deferred.) You need not list traffic violations for which a fine or forfeiture of less than \$150 was imposed.
- 2. a. Do you currently have any outstanding criminal charges or warrants of arrest pending against you in Washington?
- b. Do you currently have any outstanding criminal charges or warrants of arrest pending against you in any other state, province, territory, and/or country?

If you answered “yes” to questions 1 or 2 of Section IV, please provide the following:

- a. A detailed statement including what occurred, the nature of the offense, charge or warrant;
 - b. The name and address of the arresting agency;
 - c. The date of the arrest;
 - d. The final disposition, if any;
 - e. If a court was involved, the name and address of the court;
 - f. The complete arrest report and sentence and judgment; and
 - g. A complete driving abstract for five years if the arrest was driving related.
- 3. Are you presently under investigation in any jurisdiction for possible criminal charges? If your answer is “yes,” identify agency and location (street address, city, state):

A “yes” answer to questions 1 through 3 above will not necessarily disqualify an applicant.

Declaration

My signature below authorizes Castle Rock School District to conduct a background investigation and authorizes the release of information in connection with my application for employment. This investigation may include such information as criminal or civil convictions, driving records, previous employers and educational institutions, personal references, professional references, and other appropriate sources. I waive my right of access to such information, and without limitation, hereby release Castle Rock School District and the reference sources from any liability in connection with its release or use. This release includes the sources cited above and specific examples as follows: the Washington State Patrol, information from the Federal Bureau of Investigation of either data on all criminal convictions or certification that no data on criminal convictions is maintained, information from SPI, the Washington or other State Departments of Social and Health Services and any locality to which they may refer for release of information pertaining to any findings of child abuse or neglect investigations involving me.

Furthermore, I certify under the penalty of perjury under the laws of the State of Washington that I have made true, correct and complete answers and statements on this application in the knowledge that they may be relied upon in considering my application. If the information provided or answer(s) to any question on the application or the pre-Employment Background Questionnaire change prior to my being hired, I understand that I must immediately notify Castle Rock School District. I understand that any omission, falsely answered statement made by me on this application, or any supplement to it will be sufficient grounds for failure to employ me or for my discharge should I become employed with Castle Rock School District. I understand that I may be subject to Washington State Patrol and FBI fingerprint background checks as a condition of employment.

Should I become employed by Castle Rock School District and at some future time leave said employment, my signature below further authorizes Castle Rock School District to release information regarding my performance to any potential future employer.

Applicant Signature

Date