

LAKWOOD SCHOOL DISTRICT #306

ADMINISTRATIVE APPLICATION INSTRUCTIONS

Thank you for your interest in the Lakewood School District Administrative position. Our application selection procedures are as follows:

- Administrative application
- I-9
- Affirmative Action
- Disclosure Form
- Sexual Misconduct Disclosure Release form (You will need to complete a Sexual Misconduct form for each school district where you have been employed)
- Placement file sent to our human resources office from your college/university. If your placement file is not available, a copy of your transcript(s) and a minimum of three letters of recommendations will be accepted. (If hired by the district you will be required to furnish official, sealed transcripts from your college/university.)
- Letter of application needs to be submitted addressing the Duties and Responsibilities of the position.
- Current resume
- Copy of your Washington State Superintendent Certificate will complete the application.

Once your application has been received, we will review and if complete we will begin reference checking. Your completed application will be placed in our applicant pool.

Interviews are scheduled by the Human Resources Officer. Please do not contact our administrators regarding position openings and interviews.

Our process will be to screen all completed applications, set up initial interviews, finalist interviews and if deemed appropriate site visits and a public forum. We will offer the final candidate the position and then take board action. Once the position is accepted, all applicants will be notified.

If you have any questions please do not hesitate to call Dawn Arrington, Human Resources Officer, at 360-652-4501 ext. 1011.



Lakewood School District #306

EMPLOYMENT APPLICATION - ADMINISTRATIVE

Human Resources Department

P.O. Box 220

North Lakewood, WA 98259

360-652-4501 ext. 1011

GENERAL INFORMATION

Name: _____ (Last, First, M.I.)	Social Security No. _____
Address: _____ (Number, Street)	(_____) _____ Home Phone
_____ (City, state, Zip Code)	(_____) _____ Work/Other Phone

EDUCATION (List below Washington Administrative Certificate held)

Name and Location of Institution	Degree Granted	Date of Graduation or Degree	Major Fields

EMPLOYMENT HISTORY (List most recent experience first)

Date From	Date To	Name and Address of Employer	Name of Supervisor	# of Years	Position Held	Reason for Leaving

MEMBERSHIPS - Professional (Indicate office held if any)

HONORS, AWARDS, ACCOMPLISHMENTS (Scholarships, articles or books authored, honorary degrees, citations, special recognition, lectureships, workshops, major addresses, etc.)

COMMUNITY ACTIVITIES (Volunteer, community service clubs, etc.)

MILITARY

From	To	Branch of Service	Name of Supervisor	Type of Discharge

MISCELLANEOUS

Are you a U.S. Citizen or have you applied for citizenship? ___Yes ___No

Do you have any physical, mental, or sensory limitations or disabilities that may affect your ability to perform the type of work for which you are applying?

___Yes ___No If yes, please explain _____

REFERENCES

Name	Address	Phone	Official Position

Nondiscrimination: The Lakewood School Dist. #306 is an Affirmative Action Equal Opportunity Employer. Lakewood School District complies with all federal and state rules and regulations and does not discriminate on the basis of race, creed, color, national origin, gender, age, sexual orientation, marital status, or qualified individuals with disabilities. Applications from all groups are encouraged. This holds true for all students who are interested in participating in educational programs and /or extracurricular school activities. Inquires regarding compliance an/or grievance procedures may be directed to the school district's title IX/RCW 28A.640 Officer and/or Section 504/ADA Coordinator, William D. Evans, Assistant Superintendent, 17110 16th Dr. N.E., Arlington, WA 98223, (360)652-4500.

EMPLOYMENT HISTORY (please indicate your responses and attach explanations for any questions, 1-10, for which you have answered yes)

- Yes No 1. Are you presently under contract? If Yes, with whom? _____
What is your present position/title? _____
- Yes No 2. Are you a former employee of the Lakewood School District? _____
If Yes, state name and position _____
- Yes No 3. Have you ever been on a plan of improvement or probation plan? _____
- Yes No 4. Have you ever been placed on administrative leave pending investigation of allegations of misconduct?
- Yes No 5. Have you ever been the subject of a complaint to the Superintendent of Public Instruction or any other disciplinary board or licensing body?
- Yes No 6. Have you ever resigned or otherwise separated from any employment (inclusive of regular or extra curricular positions) in order to avoid discharge or non-renewal?
- Yes No 7. Have you ever been discharged or non-renewed from any employment (inclusive of regular or extracurricular positions)?
- Yes No 8. Within the last seven years, have you ever pled guilty, been convicted, fined, imprisoned, or placed on probation for violation of any law, police regulation, or ordinance, excluding minor traffic violations? A conviction record will not necessarily bar you from employment.
- Yes No 9. Do you have any arrests for which you are awaiting trial?
If you answer YES to questions 8 or 9, please identify, on a separate attached page, the conviction(s) or arrest(s), the state in which the arrest(s) or conviction(s) took place and any other facts and circumstances that you would like us to consider. (Note: convictions or arrests will not automatically bar employment.)
- Yes No 10. Have you ever had a certificate revoked, suspended, or denied, or have you voluntarily relinquished a teaching certificate to avoid revocation procedures?
- Yes No 11. Can you, after an employment offer is made, submit verification of your right to work in the United States?

SIGNATURE

I authorize Lakewood School District to make any investigation 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 Lakewood School District with information they have regarding me. I hereby release and discharge the Lakewood 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 Lakewood School District. I will provide verification of my certification, education, and experience. I understand also that any offer of employment that may be made to me is conditional and subject to verification of all required endorsements, certifications and/or documents and acceptable outcome of a criminal history background information check. Employment is subject to final approval of the Lakewood School District's Board of Directors. I also agree to abide by all rules and regulations of the Lakewood School District. I certify that answers given herein are true and complete to the best of my knowledge.

Signature of Applicant: _____ Date: _____

**LAKWOOD SCHOOL DISTRICT #306
APPLICANT DISCLOSURE STATEMENT**

Pursuant to the requirements of RCW 43.43.834 and Washington Administrative Code 246-320-105, we must ask you to complete the following Disclosure Statement. This information will be kept confidential.

1. Have you ever been convicted of a crime?

_____ Yes _____ No

If "yes", please identify the offense(s), provide the date(s) of the conviction(s), the name of the court, (e.g. King County Superior Court) and the sentence(s) imposed.

2. Have you ever had findings made against you for domestic violence, abuse, sexual abuse, neglect, exploitation or financial exploitation of a child or a vulnerable adult in any civil adjudicative proceeding? Civil adjudicative proceeding includes judicial or administrative proceedings as well as finding by DSHS or the Department of Health that you have not administratively challenged or appealed.

_____ Yes _____ No

If "yes" please identify the specific finding(s), which agency or court made it, the date(s) of the finding(s) and the penalty(ies) imposed.

I declare under the penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. 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 hired, my employment is conditioned on your receipt of a satisfactory report from the Washington State Patrol.* I have signed this Disclosure Statement on the date shown below at _____, Washington.

Date: _____

Signature: _____

Print Name: _____

*You will be notified of the State Patrol's response within ten days after we receive the report. We will make a copy of the report available to you upon your request.

LAKWOOD SCHOOL DISTRICT

Applicant Optional Data

Lakewood School District is an Equal Opportunity Employer. In completing the following data you will assist us in monitoring our Equal Employment Opportunity effectiveness. The following information is STRICTLY VOLUNTARY and will not be part of your application for employment. Any information provided will be kept confidential. If you choose not to answer any of these questions, you will not be subject to any adverse treatment.

Name: _____

Date: _____

Position you are applying for: _____

GENDER:

Female

Male

ETHNIC GROUP:

I consider myself to be a member of the following ethnic group:

Asian or Pacific Islander	Chinese, Japanese, Korean, Hawaiian, Samoan, Filipino and Peoples of the Far East and Southeast Asia
Black (not Hispanic)	Black or African American descent
Hispanic	All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin
American Indian	Native American Indian descent, including Canadian and Alaskan natives
Multiracial	More than one ethnic group
Caucasian	White American
Other (Please Specify)	

DISABLED STATUS:

Do you have a physical, sensory, or mental condition that would affect your working conditions? Yes No
(Federal regulations define a disabled person as one who (1) has a physical or mental impairment which substantially limits one or more of such person's major life activities, (2) has a history of such impairment, or (3) is regarded as having such an impairment.)

AGE GROUP:

Are you in the protected age group (age 40 or over?) Yes No

VETERAN STATUS:

Check if any of the following are applicable:

- Vietnam-Era Veteran
- More Recent Military Action Veteran
- Disabled Veteran

Lakewood School District is an Equal Opportunity Employer and complies with all federal rules and regulations and does not discriminate on the basis of race, color, national origin, sex, age marital status, or disability. The purpose of this data record is to comply with government recordkeeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of the data record is optional. If you choose to volunteer the requested information please note that all data records are kept in a confidential file and are not part of your employment or personnel file.

Employment Eligibility Verification

INSTRUCTIONS

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM.

Anti-Discrimination Notice. It is illegal to discriminate against any individual (other than an alien not authorized to work in the U.S.) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1 - Employee. All employees, citizens and noncitizens, hired after November 6, 1986, must complete Section 1 of this form at the time of hire, which is the actual beginning of employment. **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

Preparer/Translator Certification. The Preparer/Translator Certification must be completed if Section 1 is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete Section 1 on his/her own. However, the employee must still sign Section 1 personally.

Section 2 - Employer. For the purpose of completing this form, the term "employer" includes those recruiters and referrers for a fee who are agricultural associations, agricultural employers or farm labor contractors.

Employers must complete Section 2 by examining evidence of identity and employment eligibility within three (3) business days of the date employment begins. If employees are authorized to work, but are unable to present the required document(s) within three business days, they must present a receipt for the application of the document(s) within three business days and the actual document(s) within ninety (90) days. However, if employers hire individuals for a duration of less than three business days, Section 2 must be completed at the time employment begins. **Employers must record: 1) document title; 2) issuing authority; 3) document number, 4) expiration date, if any; and 5) the date employment begins.** Employers must sign and date the certification. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. These photocopies may only be used for the verification process and must be retained with the I-9. **However, employers are still responsible for completing the I-9.**

Section 3 - Updating and Reverification. Employers must complete Section 3 when updating and/or reverifying the I-9. Employers must reverify employment eligibility of their employees on or before the expiration date recorded in Section 1. Employers **CANNOT** specify which document(s) they will accept from an employee.

- If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- If an employee is rehired within three (3) years of the date this form was originally completed and the employee is still eligible to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.
- If an employee is rehired within three (3) years of the date this form was originally completed and the employee's work authorization has expired or if a current employee's work authorization is about to expire (reverification), complete Block B and:

- examine any document that reflects that the employee is authorized to work in the U.S. (see List A or C),
- record the document title, document number and expiration date (if any) in Block C, and
- complete the signature block.

Photocopying and Retaining Form I-9. A blank I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed I-9s for three (3) years after the date of hire or one (1) year after the date employment ends, whichever is later.

For more detailed information, you may refer to the Department of Homeland Security (DHS) Handbook for Employers, (Form M-274). You may obtain the handbook at your local U.S. Citizenship and Immigration Services (USCIS) office.

Privacy Act Notice. The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by officials of the U.S. Immigration and Customs Enforcement, Department of Labor and Office of Special Counsel for Immigration Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

Reporting Burden. We try to create forms and instructions that are accurate, can be easily understood and which impose the least possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex. Accordingly, the reporting burden for this collection of information is computed as follows: **1) learning about this form, 5 minutes; 2) completing the form, 5 minutes; and 3) assembling and filing (recordkeeping) the form, 5 minutes, for an average of 15 minutes per response.** If you have comments regarding the accuracy of this burden estimate, or suggestions for making this form simpler, you can write to U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., Washington, DC 20529. OMB No. 1615-0047.

NOTE: This is the 1991 edition of the Form I-9 that has been rebranded with a current printing date to reflect the recent transition from the INS to DHS and its components.



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 Lakewood School District #306, Human Resources	
ADDRESS PO Box 220 N. Lakewood, WA 98259	
PHONE (360) 652-4500, extension 1011	FAX (360) 652-4509

Employing School Receipt Date _____ Recipient Name _____