



**LAKWOOD SCHOOL DISTRICT #306
EMPLOYMENT APPLICATION – CERTIFICATED**

Human Resources Office
P. O. Box 220
North Lakewood, WA 98259
360-652-4501 ext. 1011

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

Complete the enclosed application forms. The application consists of a certificated application, I-9 form, Disclosure form, Affirmative Action questionnaire and a Sexual Misconduct Disclosure Release form. You will need to fill out one (1) Sexual Misconduct Disclosure Release form for each school district where you have been employed.

Include a resume and a copy of your teaching certificate.

Have your 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 (3) letters of recommendations will be accepted.

When your application file has been completed, you will be placed in our active applicant pool. Applications will be retained in the current files for one year from the date of receipt. After that time, if you wish to remain in our active applicant pool, please contact our office.

As positions for which you are qualified become available, please submit a letter of intent stating your interest in that particular position and why you are qualified for that position.

The Human Resources Office schedules interviews. Please do not contact our principals regarding position openings and interviews.

After interviews, the principal recommends a candidate for the position. Following positive reference verifications, the position is offered to the recommended candidate. Once the position is accepted, all applicants are notified.

If a position with the Lakewood School District is offered to you, please be prepared to furnish official, sealed transcripts from your college/university.

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

Thank you for your application

EMPLOYMENT APPLICATION – CERTIFICATED

Lakewood School District #306

P.O. Box 220

North Lakewood, WA 98259

www.lwsd.wednet.edu

The Lakewood School District #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, religion, sexual orientation, marital status, or qualified individuals with disabilities. If you have a disability and need assistance in completing the application or in taking any test required for employment, please notify the Human Resources Officer who will make appropriate arrangements.

Print Last Name _____ First Name _____ Middle Name _____

Present Address _____ Phone _____

Social Security # _____ E-Mail Address _____

EDUCATIONAL TRAINING (beyond high school)

School/Institution	City/State	Dates From – To	Credits Earned Indicate Qtr./Sem. Hrs	Type of Degree and Major

CERTIFICATION/LICENSES All applicants must list their certificate and/or license information and attach a copy to this application.

If you do not currently hold a certificate or license, please state the type, endorsements(s) and estimated issue date.

State	Type	Endorsements	Certificate #	Issue Date	Expiration Date

WORK EXPERIENCE (These names and phone numbers will also be used as references.) Include military and substitute employment.

List most recent experience first. Include student teaching/practicum and college supervisors only if you are a beginning teacher.

Dates From-To (month/yr)	Employer or District City and State	Supervisor Name Title/Position and Telephone Number	No. of Years	Full Time	Part Time	Job Title or Subjects/Grades Taught

MILITARY

From _____ To _____ Branch of Service _____ Name of Supervisor _____ Type of Discharge _____

EMPLOYMENT PREFERENCES

If you hold (or soon will hold) the appropriate Teaching or ESA Certificate, please check your employment preferences(s). You will be considered for employment only in the grade level(s) indicated below. You must hold a valid certificate with the appropriate endorsement in order to be hired.

- Yes No Do you want to be considered for a job share position?
- Yes No Do you want to be considered for part-time positions?
- Yes No Do you want to be considered for full-time positions?
- Yes No Do you want to be considered for permanent (continuing contract) positions?
- Yes No Do you want to be considered for temporary (non-continuing contract) positions?
- Yes No Are you interested in on-call substituting?

ELEMENTARY

Please indicate classroom teaching grade level(s) and/or other K-5 specialty area(s) for which you are seeking employment:

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Kindergarten | |
| <input type="checkbox"/> Grade 1 | <input type="checkbox"/> Music – Band (K-5) |
| <input type="checkbox"/> Grade 2 | <input type="checkbox"/> Music – Orchestra (K-5) |
| <input type="checkbox"/> Grade 3 | <input type="checkbox"/> Music – Vocal (K-5) |
| <input type="checkbox"/> Grade 4 | <input type="checkbox"/> Physical Education (K-5) |
| <input type="checkbox"/> Grade 5 | |

Also indicate area(s) of interest/experience, if applicable:

- Curriculum
- English as a Second Language
- Highly Capable
- Math
- Multiage Intermediate (combination grade classes)
- Multiage Primary (combination grade classes)
- Reading
- Technology

P-12 SPECIAL EDUCATION

Please indicate area(s) for which you are seeking employment:

- Behavior Disabilities
- Mild Learning Disabilities
- Moderate/Severe Disabilities
- Deaf and Hard of Hearing
- Autism Spectrum Disorders
- Visual Impairment/Blind
- Other _____

Also indicate preferred grade level for the area(s) listed above:

- | | |
|---|--|
| <input type="checkbox"/> Preschool | <input type="checkbox"/> Middle School 6-8 |
| <input type="checkbox"/> Elementary K-5 | <input type="checkbox"/> High School 9-12 |

K-12 SPECIALIST

Please indicate area(s) for which you are seeking employment:

- | | |
|------------------------------------|-----------------------------|
| Behavior Specialist | Psychologist |
| Counselor | Social Worker |
| Nurse | Speech Language Pathologist |
| Occupational Therapist | Vocational Advisor |
| Physical Therapist | |
| Other Area Not Listed Above: _____ | |

Also indicate preferred grade level for the area(s) listed above:

- | | |
|----------------|-------------------|
| Preschool | Middle School 6-8 |
| Elementary K-5 | High School 9-12 |

SECONDARY

Please indicate the level(s) and subject(s) for which you are seeking employment:

- | Middle School | High School | |
|--------------------------|--------------------------|---------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Arts |
| <input type="checkbox"/> | <input type="checkbox"/> | CTE (Career & Tech. Ed.) |
| | | List Area(s): _____ |
| | | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Computer Education |
| <input type="checkbox"/> | <input type="checkbox"/> | Health |
| <input type="checkbox"/> | <input type="checkbox"/> | Language Arts |
| | | List Classes: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Library Media Specialist |
| <input type="checkbox"/> | <input type="checkbox"/> | Mathematics |
| <input type="checkbox"/> | <input type="checkbox"/> | Music – Band |
| <input type="checkbox"/> | <input type="checkbox"/> | Music – Vocal |
| <input type="checkbox"/> | <input type="checkbox"/> | Physical Education |
| <input type="checkbox"/> | <input type="checkbox"/> | Reading |
| <input type="checkbox"/> | <input type="checkbox"/> | Science |
| | | List Classes: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Social Studies |
| | | List Classes: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Traffic Safety |
| <input type="checkbox"/> | <input type="checkbox"/> | World Languages |
| | | List Languages: _____ |
| | | Other Area(s) Not Listed Above: |
| | | _____ |
| | | _____ |

ACTIVITIES

Check those special activities you would like to direct or coach:

- | | | | | | |
|----------|-------------|--------------|---------------|------------------|------------------|
| Baseball | Basketball | Cheerleading | Class Advisor | Cross Country | Department Chair |
| Football | Intramurals | Math Team | Music | School Newspaper | Soccer |
| Softball | Tennis | Track | Volleyball | Wrestling | Yearbook |
| _____ | _____ | _____ | _____ | _____ | _____ |

EMPLOYMENT HISTORY (please indicate your responses by circling YES or No, and attaching explanations for any questions, 1-12, 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, date, and position _____
- Yes No 3. Are you applying as a retire/rehire employee?
- Yes No 4. Have you ever been on a plan of improvement or probation plan?
- Yes No 5. Have you ever been placed on administrative leave pending investigation of allegations of misconduct?
- Yes No 6. 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 7. 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 8. Have you ever been discharged or non-renewed from any employment (inclusive of regular or extra-curricular positions)?
- Yes No 9. Within the last ten 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? (Note: a conviction record will not necessarily bar you from employment.)
- Yes No 10. 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 11. Have you ever had a certificate revoked, suspended, or denied, or have you voluntarily relinquished a teaching certificate to avoid revocation procedures?
- Yes No 12. 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: _____

LAKEWOOD SCHOOL DISTRICT #306
Applicant Disclosure Form

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.

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 the documents presented have a future expiration date may also constitute illegal discrimination.

What Is the Purpose of This Form?

The purpose of this form is to document that each new employee (both citizen and non-citizen) hired after November 6, 1986 is authorized to work in the United States.

When Should the Form I-9 Be Used?

All employees, citizens and noncitizens, hired after November 6, 1986 and working in the United States must complete a Form I-9.

Filling Out the Form I-9

Section 1, Employee: This part of the form must be completed at the time of hire, which is the actual beginning of employment. Providing the Social Security number is voluntary, except for employees hired by employers participating in the USCIS Electronic Employment Eligibility Verification Program (E-Verify). **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" means all employers including 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 Form I-9. **However, employers are still responsible for completing and retaining the Form I-9.**

Section 3, Updating and Reverification: Employers must complete **Section 3** when updating and/or reverifying the Form 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.

- A. If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- B. 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.
- C. 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:

1. Examine any document that reflects that the employee is authorized to work in the U.S. (see List A **or** C);
2. Record the document title, document number and expiration date (if any) in Block C, and
3. Complete the signature block.

What Is the Filing Fee?

There is no associated filing fee for completing the Form I-9. This form is not filed with USCIS or any government agency. The Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the Privacy Act Notice below.

USCIS Forms and Information

To order USCIS forms, call our toll-free number at **1-800-870-3676**. Individuals can also get USCIS forms and information on immigration laws, regulations and procedures by telephoning our National Customer Service Center at **1-800-375-5283** or visiting our internet website at **www.uscis.gov**.

Photocopying and Retaining the Form I-9

A blank Form 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 Forms I-9 for three (3) years after the date of hire or one (1) year after the date employment ends, whichever is later.

The Form I-9 may be signed and retained electronically, as authorized in Department of Homeland Security regulations at 8 CFR § 274a.2.

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 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.

Paperwork Reduction Act

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, and completing the form, 9 minutes; **2)** assembling and filing (recordkeeping) the form, 3 minutes, for an average of 12 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., 3rd Floor, Suite 3008, Washington, DC 20529. OMB No. 1615-0047.

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-9, Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: 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 the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen or national of the United States
- A lawful permanent resident (Alien #) A _____
- An alien authorized to work until _____
(Alien # or Admission #) _____

Employee's Signature	Date (month/day/year)
----------------------	-----------------------

Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

Section 3. Updating and Reverification. To be completed and signed by employer.

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)	
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.		
Document Title: _____	Document #: _____	Expiration Date (if any): _____

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date (month/day/year)
--	-----------------------

LISTS OF ACCEPTABLE DOCUMENTS

LIST A Documents that Establish Both Identity and Employment Eligibility	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Eligibility
1. U.S. Passport (unexpired or expired)		1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address		1. U.S. Social Security card issued by the Social Security Administration (<i>other than a card stating it is not valid for employment</i>)
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address		2. Certification of Birth Abroad issued by the Department of State (<i>Form FS-545 or Form DS-1350</i>)
3. An unexpired foreign passport with a temporary I-551 stamp		3. School ID card with a photograph		3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
4. An unexpired Employment Authorization Document that contains a photograph (Form I-766, I-688, I-688A, I-688B)		4. Voter's registration card		4. Native American tribal document
		5. U.S. Military card or draft record		5. U.S. Citizen ID Card (<i>Form I-197</i>)
5. An unexpired foreign passport with an unexpired Arrival-Departure Record, Form I-94, bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, if that status authorizes the alien to work for the employer		6. Military dependent's ID card		6. ID Card for use of Resident Citizen in the United States (<i>Form I-179</i>)
		7. U.S. Coast Guard Merchant Mariner Card		
		8. Native American tribal document		7. Unexpired employment authorization document issued by DHS (<i>other than those listed under List A</i>)
	9. Driver's license issued by a Canadian government authority			
		For persons under age 18 who are unable to present a document listed above:		
		10. School record or report card		
		11. Clinic, doctor or hospital record		
		12. Day-care or nursery school record		

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)

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.



WASHINGTON STATE SEXUAL MISCONDUCT DISCLOSURE RELEASE

(District Submits This Form to Previous School District Employer(s))

To:	SCHOOL DISTRICT EMPLOYER	<input type="checkbox"/> No prior school district employment
	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 and WAC 180-88. Your assistance is appreciated.

APPLICANT'S NAME (FIRST, MIDDLE, LAST)	
FULL NAME WHEN LAST EMPLOYED WITH ORGANIZATION	
SOCIAL SECURITY NUMBER	CERTIFICATE NO.
APPROXIMATE DATES OF EMPLOYMENT	
POSITION(S)	

I authorize you to release to the school/district listed above, all information related to any acts of sexual misconduct that the school district has made a determination that there is sufficient information to conclude that the abuse or misconduct occurred and that the abuse or misconduct resulted in the employee's leaving his or her position at the school district. 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

This section to be completed by former school district employer(s) only.

<input type="checkbox"/> No sexual misconduct materials were found.	Was a complaint of sexual misconduct filed with OSPI? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes, sexual misconduct materials are available. Please contact for more information.	
<input type="checkbox"/> No record of employment	

Former Employer Representative Signature _____ Title _____ Date

Employing School Receipt Date _____ Received By _____

Return all completed information to:

SCHOOL DISTRICT Lakewood School District #306		Human Resources
ADDRESS P. O. Box 220		PHONE (360) 652-4501 ext. 1011
STATE WA	ZIP 98259	FAX (360) 652-4509



WASHINGTON STATE SEXUAL MISCONDUCT DISCLOSURE RELEASE

(District Submits This Form to Previous School District Employer(s))

To:	SCHOOL DISTRICT EMPLOYER	<input type="checkbox"/> No prior school district employment
	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 and WAC 180-88. Your assistance is appreciated.

APPLICANT'S NAME (FIRST, MIDDLE, LAST)	
FULL NAME WHEN LAST EMPLOYED WITH ORGANIZATION	
SOCIAL SECURITY NUMBER	CERTIFICATE NO.
APPROXIMATE DATES OF EMPLOYMENT	
POSITION(S)	

I authorize you to release to the school/district listed above, all information related to any acts of sexual misconduct that the school district has made a determination that there is sufficient information to conclude that the abuse or misconduct occurred and that the abuse or misconduct resulted in the employee's leaving his or her position at the school district. 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 _____

This section to be completed by former school district employer(s) only.

<input type="checkbox"/> No sexual misconduct materials were found.	Was a complaint of sexual misconduct filed with OSPI? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes, sexual misconduct materials are available. Please contact for more information.	
<input type="checkbox"/> No record of employment	

Former Employer Representative Signature _____ Title _____ Date _____

Employing School Receipt Date _____ Received By _____

Return all completed information to:

SCHOOL DISTRICT Lakewood School District #306		Human Resources
ADDRESS P. O. Box 220		PHONE (360) 652-4501 ext. 1011
STATE WA	ZIP 98259	FAX (360) 652-4509