

Union Gap School District
3201 South Fourth Street
Union Gap, WA. 98903

APPLICATION FOR CLASSIFIED EMPLOYMENT
(NON-ADMINISTRATIVE)
AN EQUAL OPPORTUNITY EMPLOYER

I wish to apply for: Permanent Employment: _____ Substitute Employment: _____

FULL NAME: _____ Soc. Sec. No. _____

Date: _____

PERSONAL INFORMATION (Please type or print)

Other name(s) under which records may be listed: _____
Last First Middle

Present Address: _____ Phone: () _____
Street City State Zip Area Code

Permanent Address: _____ Phone: () _____
Street City State Zip Area Code

Email address: _____

Person through whom you may be reached: _____ Phone: () _____

Present position or employment status: _____ Phone: () _____

Date able to begin employment: _____ Cell #: () _____

HAVE YOU EVER BEEN:

1. Convicted of any crimes against persons as listed: aggravated murder; first, second, or third degree assault; first, second, or third degree rape; first, second, or third degree statutory rape; first or second degree robbery; first degree arson; first degree burglary; first or second degree manslaughter; first or second degree extortion; indecent liberties, incest; vehicular homicide; first degree promoting prostitution; communication with a minor; unlawful imprisonment; simple assault; sexual exploitation of minors; first or second degree criminal mistreatment?
() NO () YES, SPECIFY: _____
2. Found in any dependency action under RCW 13.34.030 (2) (b) to have sexually assaulted any minor or to have physically abused any minor?
() NO () YES, SPECIFY: _____
3. Found by a court in a domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor?
() NO () YES, SPECIFY: _____
4. Found in any disciplinary board final decision to have sexually abused or exploited any minor or to have physically abused any minor?
() NO () YES, SPECIFY: _____
5. In the last seven years, released from prison or convicted of any offense that involved drugs, embezzlement, or fraud?
() NO () YES, SPECIFY: _____

SPECIFIC SKILLS (PLEASE MARK THOSE THAT APPLY)

ARE YOU: BILINGUAL _____ BILITERATE _____

DO YOU HAVE SIGN LANGUAGE SKILLS _____

OTHER SPECIFIC SKILLS YOU POSSESS: _____

EDUCATIONAL BACKGROUND (INCLUDE A COPY OF COLLEGE TRANSCRIPTS OR SPECIALIZED LICENSE IF REQUIRED.)

SCHOOL	NAME & ADDRESS OF SCHOOL	DATES ATTENDED	GRADUATED	GPA	COURSE/MAJOR
High School					
College					
Voc/Tech					
Other					

SCHOOL WORK EXPERIENCE Do not include experience of less than 90 consecutive days in one assignment. List in order of occurrence, beginning with most recent experience.

*Paraprofessional, Office Personnel, Custodian/Maintenance, Bus Driver, Food Service				
District Name/Address (Street, City, State)	*Assignment	Dates of Employment Mo./Yr. to Mo./Yr.	Full-Time Yes/No	Reason for Discontinuing Position

OTHER WORK EXPERIENCE

Identify substitute/volunteer or non-school work experience.
List in order of occurrence beginning with most recent experience.

Firm/Agency Address	Assignment	Dates of Employment Mo/Yr to Mo/Yr	Approximate Number of Months/years

REFERENCES

Name	Address	Phone #	Official Position

(Optional)

AFFIRMATIVE ACTION FORM

The Union Gap School District prohibits discrimination based on race, color, religion, creed, national origin, gender, marital status, age, pregnancy, or the presence of a disability, or any other basis prohibited by law. The District is an equal opportunity employer that supports the spirit, policies, and practices of affirmative action, and has implemented programs to address the diversity of our community. Your response to the following questions will assist the District in accurately reporting their employment practices to state and federal agencies.

Signature Release

Applicant agrees to the following conditions of employment:

1. Any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal of, or if employed, termination from employment.
2. It is my understanding that the district will make an investigation of my work and personal history and may verify all data given in my application for employment, related papers, or oral interviews. I authorize such investigation.
3. I understand that this is an application for employment and that no employment contract is being offered.
4. A finger print check is required and an inquiry to the Washington State Patrol and FBI will be made.
5. I understand that a medical physical may be required, at the expense of the district.
6. I understand that a drug test is mandatory prior to employment being offered.

I hereby certify that all statements in this employment application, which includes inserts and attachments, is true and complete. I understand that if employed, falsified statements on this application shall be considered sufficient cause for dismissal.

Signature of Applicant

Date