

MARY WALKER SCHOOL DISTRICT No. 207

500 North 4th ~ ~ P.O. Box 159
Springdale, Washington 99173 - 0159
(509) 258-4534
Fax: (509) 258-4707

INFORMATION FOR APPLICANTS

~ CLASSIFIED POSITIONS ~

Thank you for your request for an application to serve in the *MARY WALKER SCHOOL DISTRICT No. 207*. Included on this sheet is information to help you complete the application materials, and information you will need to know if a position is offered to you.

Application Materials

To apply for a position, the following materials must be presented to the District Office by closing date associated with the posted vacancy:

1. Completed and signed *MARY WALKER SCHOOL DISTRICT No. 207* Application Form.
2. For Bus Drivers, a Supplement Transportation Department Application must also be completed and signed.
3. Letter of Application.
4. Resume' (optional – but highly recommended).
5. Completed and signed Applicant Disclosure Form (Included with Application Packet).
6. Some postings may require additional information that should also be submitted before the closing date.

Applications will be retained in the "current file" for one (1) year following submission, and may be renewed at the applicant's request. Once your materials are on file, you must contact our office in writing if you want to be considered for an open position. When job openings occur, completed applications submitted for that opening will be reviewed, and individual interviews will be scheduled at the invitation of the *MARY WALKER SCHOOL DISTRICT No 207*. A review of applications will be conducted by persons designated by the District Office. Selection for interviews will be based on data provided on the application and resume. Interviews will be conducted by persons designated by the District Office. When applicable, competency tests will be administered during or before the time of a person interview. All materials submitted become the property of *MARY WALKER SCHOOL DISTRICT No. 207*.

Background/Fingerprint Check

Successful candidates will be required to submit to a Washington State Patrol and Federal Bureau of Investigation background/fingerprint check. Any employment offers made by *MARY WALKER SCHOOL DISTRICT No. 207* are contingent on a successful background/fingerprint check. The applicable fees, due to the Washington State Patrol and authorized fingerprinting agency, are available with the fingerprint card at the District Office.

Employment Eligibility Verification

If hired, you will be required to provide evidence of citizenship, or admittance to the U.S. under conditions which permit you to work. Required identification will include: Current Driver's License with Photo AND original Social Security Card. Substitution for a Driver's License may be made with prior approval

AN EQUAL OPPORTUNITY EMPLOYER

DISCRIMINATION PROHIBITED

In compliance with Washington State and Federal regulations, the following is published for your information:

MARY WALKER SCHOOL DISTRICT NO. 207 requires that its faculty, administration, and staff comply with the spirit and the law of equal opportunity and nondiscrimination. Individuals having responsibility for admitting students, employing faculty and staff, and administering educational programs and activities are required to comply with the District's policy and applicable Washington State and Federal laws that prohibit discrimination, to include but not be limited to:

1. RCW Chapter 49.60 (State of Washington, Law Against Discrimination) prohibits discrimination because of race, creed, color, national origin, sex, marital status, age, or the presence of any sensory, mental, or physical disability.
2. Title VI of the Civil Rights Act of 1964 prohibits discrimination against students on the basis of race, color, or national origin in the operation of any federally-assisted program.
3. Title VII of the Civil Rights Act of 1964, as amended by the Equal Employment Opportunity Act, 1972, prohibits discrimination in employment on the basis of race, color, sex, religion, or national origin.
4. Regulations implementing Title IX of the Education Amendments of 1972 states:

“ . . .No person shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any academic, extracurricular, research, occupational training, or other education program or activity operated by a recipient which receives or benefits from federal financial assistance.”
5. WAC Chapter 392-190, Equal Educational Opportunity -- Sex Discrimination Prohibited. This Washington State law prohibits any public school from discriminating on the basis of sex with regard to any activity conducted by or in behalf of a school district including, but not limited to, preschool, adult education, community education, and vocational-technical program activities.
6. Regulations implementing Section 504 of the Rehabilitation Act of 1973 prohibits discrimination on the basis of disability in any program or activity which receives or benefits from Federal financial assistance.

Persons having special concerns in this regard should contact the Superintendent of Schools for MARY WALKER SCHOOL DISTRICT NO. 207, who coordinates the District's Equal Opportunity compliance efforts at:

MARY WALKER SCHOOL DISTRICT NO. 207
P.O. Box 159 ~ ~ 500 N. 4th
Springdale, Washington 99173-0159
(509) 258-4534
Fax: (509) 258-4707



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 181-87 and WAC 181-88. 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	
ADDRESS	PHONE
STATE ZIP	FAX

APPLICATION FOR CLASSIFIED EMPLOYMENT

MARY WALKER SCHOOL DISTRICT NO. 207

P.O. Box 159 (500 N. 4th)
 Springdale, WA 99173
 Phone: (509) 258-4534
 Fax: (509) 258-4707

Date Received: _____
Renewal Date: _____
Renewal Date: _____

~ Application Will Be Kept On File For One Year ~

Name: _____ Social Security #: _____
(Last) (First) (Middle)

Address: _____ Home Phone #: _____
(Street & Number/PO Box)

_____ Message Phone #: _____
(City) (State) (Zip Code)

Position Desired: _____ (First Choice)
 _____ (Second Choice)

When are you available for work? _____

Do you have any responsibilities that may require time away from work? _____

Please list names of relatives currently employed by MARY WALKER SCHOOL DISTRICT: _____

JOB SKILLS

<u>Office Skills</u>	<u>Yrs. Experience</u>
<input type="checkbox"/> Keyboarding wpm _____	_____
<input type="checkbox"/> Shorthand wpm _____	_____
<input type="checkbox"/> Dictaphone _____	_____
<input type="checkbox"/> Computers _____	_____
<input type="checkbox"/> Telephone Switchboard _____	_____
<input type="checkbox"/> Office Machines _____	_____
<input type="checkbox"/> Bookkeeping _____	_____
<input type="checkbox"/> Accounting _____	_____
<input type="checkbox"/> Other _____	_____

<u>Bus Driver/Mechanic</u>
<input type="checkbox"/> Current Bus Drivers Certificate
<input type="checkbox"/> Intermediate or Combination Endorsement
<input type="checkbox"/> Gas Engine Mechanics Experience Years: _____
<input type="checkbox"/> Diesel Engine Mechanics Experience Years: _____
<input type="checkbox"/> Bus Mechanic Experience Years: _____
Please Describe: _____

<u>Teacher Aides</u>	<u>Yrs. Experience</u>
<input type="checkbox"/> Library Experience _____	_____
<input type="checkbox"/> Chapter I Experience _____	_____
<input type="checkbox"/> Proficient in Sign Language _____	_____
<input type="checkbox"/> ESL Skills _____	_____
<input type="checkbox"/> Child Development Training _____	_____
<input type="checkbox"/> Classroom Experience _____	_____
<input type="checkbox"/> Experience with Disabled Children _____	_____
<input type="checkbox"/> Experience with Aggressive Behavior _____	_____
<input type="checkbox"/> Lifting Disabled Children _____	_____
<input type="checkbox"/> Feed & Toilet Disabled Children _____	_____
Please Describe: _____	

<u>Food Service</u>	<u>Yrs. Experience</u>
<input type="checkbox"/> Baking _____	_____
<input type="checkbox"/> Large Quantity Preparation _____	_____
<input type="checkbox"/> Menu Planning _____	_____
<input type="checkbox"/> Fast Food _____	_____
<input type="checkbox"/> Food Handlers Permit _____	_____
<input type="checkbox"/> Supervisory _____	_____
<input type="checkbox"/> Other _____	_____

<u>Custodial/Maintenance</u>	<u>Yrs. Experience</u>
<input type="checkbox"/> Electrical _____	_____
<input type="checkbox"/> Carpentry _____	_____
<input type="checkbox"/> HVAC _____	_____
<input type="checkbox"/> Maintenance _____	_____
<input type="checkbox"/> Plumbing _____	_____
<input type="checkbox"/> Other _____	_____

Please Answer Each of the Following:

YES NO Do you have a valid Washington State Driver's License? WDL #: _____

YES NO Have you been cited for any moving violation in the past five (5) years? If yes, list type of violation and action taken: _____

YES NO Do you have a valid First Aid Card? Date of Issue: _____

YES NO Do you have a valid CPR Card? Date of Issue: _____

YES NO Are you presently under contract or employed? If yes, with whom, and present title: _____

YES NO Are you now or were you previously employed by this District? If so, list dates and position held: _____

YES NO Have you ever been on a plan of improvement or placed on probation with any employer?

YES NO Within the last ten years have you plead guilty, been charged, been convicted, fined, imprisoned, or placed on probation for violation of any law, police regulation or ordinance (excluding minor traffic violations)? (A charge and/or conviction record will not necessarily bar you from employment.) If yes, list each violation:

PREVIOUS WORK EXPERIENCE (Include military service, list in order of occurrence)

DATES Mo/Yr Mo/Yr	Firm or Employer City and State	Supervisor	Duties
to			
to			
to			

ACADEMIC INFORMATION (Starting with the last school, list in order of attendance all institutions)

DATES Mo/Yr Mo/Yr	Name of School/Institute City and State	Degree or Diploma	Major Subject
to			
to			
to			

REFERENCES

Name and Relationship	Mailing Address	City	State	Zip Code	Area Code+Phone Number
					()
					()
					()
					()
					()

SIGNATURE RELEASE:

All of the information I have provided in this application is true, correct, and complete. I authorize MARY WALKER SCHOOL DISTRICT NO. 207 to inquire with former employers or references and obtain any and all information regarding my job-related background. I release and waive MARY WALKER SCHOOL DISTRICT NO. 207, my former employers, and all references from any and all liability in obtaining or disclosing such information. I agree that if I have provided false or incomplete statements, the District may, at its sole discretion, without notice or due process procedures, terminate my employment contract. If such action is taken by the District, the contract will be deemed void from its inception.

Signature of Applicant

Date Signed

Optional Information

RACE/ETHNIC DESIGNATION: Please indicate your ethnic background.

_____ American Indian _____ Black _____ Hispanic _____ Asian _____ Caucasian

DISABLED:
For the purposes of affirmative action, do you consider yourself to be disabled? (Definition of disabled for affirmative action includes persons with physical, sensory, or mental impairments that would impede obtaining and maintaining permanent employment and promotional opportunities. The impairments must be significant and permanent.) _____ No _____ Yes

Information regarding race and disability is for the purpose of corrective employment and to prevent discrimination. This information will be confidential.

Name: _____
(Last) (First) (Middle)

**APPLICANT DISCLOSURE FORM
PURSUANT TO CHAPTER 486, LAWS OF 1987**

Answer YES or NO to each listed item. If the answer is YES to any item, explain in the area provided, indicating the charge and/or finding, the date, and the court(s) involved. If additional writing space is needed, please attach additional sheets. Thank you.

1. Have you ever been charged or convicted of any crimes against persons as defined in Section 1 of Chapter 486, Laws of 1987, and listed as follows: Aggravated murder; first or second degree murder; first or second degree kidnapping; 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?

Answer: _____ If YES, explain below.

2. Have you ever been charged or found in any dependency action under RCW 13.34.030(2)(b) to have sexually assaulted or exploited any minor or to have physically abused any minor?

Answer: _____ If YES, explain below.

3. Have you ever been charged or 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?

Answer: _____ If YES, explain below.

4. Have you ever been charged or found in any disciplinary board final decision to have sexually abused or exploited any minor or to have physically abused any minor?

Answer: _____ If YES, explain below.

Pursuant to RCW 9A.72.085, I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signature: _____ Date Signed: _____

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TRANSPORTATION DEPARTMENT ~ EMPLOYMENT APPLICATION SUPPLEMENT ~

If you are interested in applying for a position with the Transportation Department, please complete this form in addition to the **Application for Classified Employment**.

Name: _____ Soc Security No: _____
(Last) (First) (Middle)

Address: _____ Home Phone No: _____
_____ Message Phone: _____

REFERENCES *Please list additional references for driving experience:*

Name	Phone Number
1) _____	_____
2) _____	_____
3) _____	_____
4) _____	_____
5) _____	_____

EQUIPMENT

Types of Vehicles Driven:	Number of Years:
1) _____	_____
2) _____	_____
3) _____	_____
4) _____	_____
5) _____	_____
6) _____	_____

TRAINING *Please list driver instruction courses taken:*

1) _____	_____
2) _____	_____
3) _____	_____
4) _____	_____

ENDORSEMENTS *Please list all driver's license endorsements held:*

1) _____	_____
2) _____	_____
3) _____	_____
4) _____	_____

All of the information I have provided on this application is true, correct, and complete.

Signature of Applicant

Date Signed

If additional writing space is needed, please attach additional sheets. Thank you.

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SUPERINTENDENT
Kevin J. Jacka

BUSINESS MANAGER
John W. Boyle

BOARD OF DIRECTORS
Michael Brunson
Robert Pierce, Chairperson
Kimberly Stricker
Justyn Turner
Diana Beckman

HIGH SCHOOL PRINCIPAL
Matthew Cobb

K - 8 PRINCIPAL
Cheryl L. Henjum

ELECTRONIC INFORMATION SYSTEM (NETWORKS)

Acceptable Use Guidelines

NETWORK

All use of the system must be in support of education and research and consistent with the mission of the District. District reserves the right to prioritize use and access to the system.

1. Any use of the system must be in conformity to state and federal law, network provider policies and licenses, and District policy. Use of the system for commercial solicitation is prohibited. Use of the system for charitable purposes must be approved in advance by the superintendent or designee.
2. The system constitutes public facilities and may not be used to support or oppose political candidates or ballot measures.
3. No use of the system shall serve to disrupt the operation of the system by others, system components including hardware or software shall not be destroyed, modified or abused in any way.
4. Malicious use of the system to develop programs that harass other users or gain unauthorized access to any computer or computing system and/or damage the components of a computer or computing system is prohibited.
5. Users are responsible for the appropriateness and content of the material they transmit or publish on the system. Hate mail, harassment, discriminatory remarks, or other antisocial behaviors are expressly prohibited.
6. Use of the system to access, store or distribute obscene or pornographic material is prohibited.
7. Subscriptions to mailing lists, bulletin boards, chat groups, and commercial on-line services and other information services must be pre-approved by the superintendent or designee.

SECURITY

8. System accounts are to be used only by the authorized owner of the account for the authorized purpose. Users may not share their account number or password with another person (this includes WebStudent usernames and passwords) or leave an open file or session unattended or unsupervised. Account owners are ultimately responsible for all activity under their account. Any accidental access to inappropriate material must be immediately reported to your technology staff or administration. For reasons of system and personal security, each system account holder must authorize district review of e-mail messages.
9. Users shall not seek information on, obtain copies of, or modify files, other data, or passwords belonging to other users on the system, or attempt to gain unauthorized access to the system.
10. Communications may not be encrypted so as to avoid security review.
11. Contact network Administrator and provide password, when password needs changed or when a

password is changed. Avoid easily guessed passwords.

PERSONAL SECURITY

12. Be cautious about providing personal information such as addresses and telephone numbers when communicating on the Internet.
13. Never make appointments to meet people in person that have been contacted via the Internet.
14. Be wary if asked in an e-mail for your username or password. Best policy advises not to follow links within e-mails as this tactic has been used to steal usernames, passwords or other personal information.

COPYRIGHT

15. The unauthorized installation, use, storage or distribution of copyrighted software or materials on district computers is prohibited.

GENERAL USE

16. Diligent effort must be made to conserve system resources. For example, users should frequently delete e-mail and unused files.
17. No person shall have access to the system without having received appropriate training. A signed Individual User Release form must be on file with the District.
18. You must be familiar with the Student Acceptable Use Guidelines to assure that all students are complying with district policy in regard to computer and Internet use. Inappropriate use by students under your supervision could result in disciplinary action.
19. Nothing in these regulations is intended to preclude the supervised use of the system while under the direction of a teacher or other approved user acting in conformity with the district policy and procedure.

From time to time, the District will make a determination on whether specific uses of the system are consistent with the regulations stated above. Under prescribed circumstances non-students or staff use may be permitted, provided such individuals demonstrate that their use furthers the purpose and goals of the District. For security and administrative purposes the District reserves the right for authorized personnel to review system use and file content. The District reserves the right to remove a user account on the system to prevent further unauthorized activity. The District's wide-area network provider (WEEdNet) reserves the right to disconnect the District to prevent further unauthorized activity.

Violation of any of the conditions of use may be cause for disciplinary action,
suspension, or termination.

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K - 8 PRINCIPAL
Cheryl L. Henjum

2010-2011 School Year ELECTRONIC INFORMATION SYSTEM (NETWORKS) Individual User Access Information Consent Form For Staff

In consideration for the privilege of using the network and in consideration for having access to the public network, I hereby release MARY WALKER SCHOOL DISTRICT NO. 207, Washington School Information Processing Cooperative, and other intermediary providers, if any, and operators, and any institutions with which they are affiliated, from any and all claims and damages of any nature arising from my use, or inability to use, the WedNet including, without limitation, the type of damages identified in the Mary Walker School District No. 207 Acceptable Use Guidelines. Further, I agree to abide by the District Policy and Procedures for Electronic Information. Any violations with the policy and procedures may result in revocation of network use privileges, disciplinary action, suspension, or termination. I acknowledge and agree that MARY WALKER SCHOOL DISTRICT NO. 207 has the right to review, edit or remove any materials installed, used, stored or distributed on a computer or through the network or District's system and I hereby waive any right of privacy which I may otherwise have into such material.

Signature of User: _____ Date: _____

Print Name of User: _____

Mailing Address: _____

FOR OFFICIAL USE ONLY/DO NOT WRITE BELOW THIS LINE

Account Number: _____

Approved By: _____ Date: _____

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