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 personal 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.
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 Street | Springdale, WA  99173-0159 | (509) 258-4534

Non Discrimination Statement:
The Mary Walker School District does not discriminate in any programs or activities on the basis of sex, race, creed, religion, color, national origin, age, veteran or military status, sexual orientation, gender expression or identity, disability, or the use of a trained dog guide or service animal and provides equal access to the Boy Scouts and other designated youth groups. The following employees have been designated to handle questions and complaints of alleged discrimination:

Title IX Coordinator & Civil Rights Compliance Coordinator
Jocelynne Medenwaldt, School Counselor
Address: P.O. Box 159, Springdale, WA 99173
Telephone Number: 509-258-4717
Email: jmedenwaldt@marywalker.org

Section 504/ADA Coordinator
Edwina Hargrave, PK-5 Principal & Special Education Director
Address: P.O. Box 159, Springdale, WA 99173
Telephone Number: 509-258-7357
Email: ehargrave@marywalker.org
# APPLICATION FOR CLASSIFIED EMPLOYMENT

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

--- Application Will Be Kept On File For One Year ~

Name: ____________________________________________________________

Social Security #: ________________________________________________

Address: ________________________________________________________

Home Phone #: ___________________________________________________

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:

<table>
<thead>
<tr>
<th>Office Skills</th>
<th>Yrs. Experience</th>
<th>Bus Driver/Mechanic</th>
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<tbody>
<tr>
<td>- Keyboarding wpm</td>
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<td>- Current Bus Drivers Certificate</td>
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<td>- Shorthand wpm</td>
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<td>- Intermediate or Combination Endorsement</td>
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<tr>
<td>- Dictaphone</td>
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<td>- Gas Engine Mechanics Experience Years: ________________</td>
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<td>- Computers</td>
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<td>- Diesel Engine Mechanics Experience Years: _____________</td>
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<tr>
<td>- Telephone Switchboard</td>
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<td>- Bus Mechanic Experience Years: ________________________</td>
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<tr>
<td>- Office Machines</td>
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<td>Please Describe: ________________________________________</td>
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<tr>
<td>- Bookkeeping</td>
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<td>- Accounting</td>
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<td>- Other</td>
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<tr>
<th>Teacher Aides</th>
<th>Yrs. Experience</th>
<th>Food Service</th>
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<tr>
<td>- Library Experience</td>
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<td>- Baking</td>
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<td>- Chapter I Experience</td>
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<td>- Large Quantity Preparation</td>
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<td>- Proficient in Sign Language</td>
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<td>- Menu Planning</td>
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<td>- ESL Skills</td>
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<td>- Fast Food</td>
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<td>- Child Development Training</td>
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<td>- Food Handlers Permit</td>
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<td>- Classroom Experience</td>
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<td>- Supervisory</td>
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<td>- Experience with Disabled Children</td>
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<td>- Other</td>
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<td>- Experience with Aggressive Behavior</td>
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<tr>
<td>- Lifting Disabled Children</td>
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<td>- Feed &amp; Toilet Disabled Children</td>
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<td>Please Describe: _________________________________</td>
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<th>Custodial/Maintenance</th>
<th>Yrs. Experience</th>
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<tr>
<td>- Electrical</td>
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<td>- Carpentry</td>
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<td>- HVAC</td>
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<td>- Plumbing</td>
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<td>- Other</td>
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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  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:

AN EQUAL OPPORTUNITY EMPLOYER
## Previous Work Experience

<table>
<thead>
<tr>
<th>DATES</th>
<th>Firm or Employer</th>
<th>Supervisor</th>
<th>Duties</th>
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## Academic Information

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<tr>
<th>DATES</th>
<th>Name of School/Institute</th>
<th>Degree or Diploma</th>
<th>Major Subject</th>
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## References

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<tr>
<th>Name and Relationship</th>
<th>Mailing Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>Area Code+Phone Number</th>
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## 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.

~ MARY WALKER SCHOOL DISTRICT NO. 207 is a Smoke and Drug/Alcohol Free Workplace ~
WASHINGTON STATE SEXUAL MISCONDUCT
DISCLOSURE RELEASE

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

To:

SCHOOL DISTRICT EMPLOYER

PERSONNEL DEPARTMENT

STREET ADDRESS

CITY, STATE, ZIP

☐ No prior school district employment

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 below, 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.

☐ No sexual misconduct materials were found. ☐ Yes, sexual misconduct materials are available. Was a complaint of sexual misconduct filed with OSPI? ☐ Yes ☐ No

☐ No record of employment

Please contact for more information.

Former Employer Representative Signature

Title

Date

Employing School Receipt Date

Received By

Return all completed information to:

Mary Walker School District No. 207

P.O. Box 159 ~ 500 N. 4th Street, Springdale

509-258-4534

99173-0159

509-258-4707

FORM SPI 1588 (Rev. 6/07)
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: ______________

Employment is contingent upon prospective employees successfully completing a record check through the Washington State Patrol Criminal Identification System, and the Federal Bureau of Investigation.
WASHINGTON STATE PATROL
Identification and Criminal History Section
PO Box 42633, Olympia WA  98504-2633

REQUEST FOR CRIMINAL HISTORY INFORMATION
CHILD/ADULT ABUSE INFORMATION ACT
RCW 43.43.830 THROUGH 43.43.845

REQUESTING AGENCY/ADDRESS
Mary Walker School District No. 207
Agency
District Office
Attn
P.O. Box 159
Address
Springdale, WA 99173
City/State/Zip

I certify this request is made pursuant to and for the purpose indicated.

Authorized Signature
Date

( 509 ) 258-4534
Title
Area Code/Phone Number

PURPOSE
Check appropriate box

☐ Educational School District (ESD)/School District Volunteer – no fee
☐ Non-Profit Business/Organization – no fee
(Excluding Schools & ESD’s)
☐ Profit Business/Organization - $17
☐ Adoptive Parent - $17
☐ Receive background results electronically

Email address ___________________________
Password ___________________________ (must be at least 8 characters)

Fees: Make payable to Washington State Patrol by check, money order, or business account.

Notary letters certifying the results are available upon request (available by mail only). There is an additional $10.00 processing fee per notary seal.

Notarized Letter(s)

APPLICANT OF INQUIRY (Please provide as much information as possible; name and date of birth are mandatory.)

Applicant’s Name: ___________________________ Last   First   Middle

Alias/Maiden Name(s): ___________________________

Date of Birth: _______ Sex: _______ Race: _______
Month/Day/Year

Secondary dissemination of this criminal history record information response is prohibited unless in compliance with statute.

WASHINGTON STATE PATROL IDENTIFICATION & CRIMINAL HISTORY SECTION

As of this date, the applicant named below has no record pursuant to RCW 43.43.830 through 43.43.845.

Mary Walker School District No. 207
Requesting Agency

Applicant’s Signature

Applicant’s Name

Address

City/State/Zip

WSP Use Only

Applicant Right Thumb Print (Optional)

3000-240-430 (R 7/11)
CHILD/ADULT ABUSE RECORD SEARCH GUIDELINES

Refer to Revised Code of Washington (RCW) 43.43.830-43.43.845 for complete information. Child/Adult Abuse Information Act background checks may be conducted by Washington State businesses or organizations. Other states must conduct searches under the Criminal Records Privacy Act, RCW 10.97.

1. **Searches may be conducted only on prospective employees, volunteers, or adoptive parents.**
   Background checks may be conducted on prospective employees, volunteers, or adoptive parents who will or may have unsupervised access to children under sixteen years of age, developmentally disabled persons, or vulnerable adults. The background check is for initial employment decisions only.
   **Background checks on current employees or volunteers should be done through the Criminal Records Privacy Act, RCW 10.97.**

2. **Applicants must be notified an inquiry may be made.**
   A business or organization shall not make an inquiry to the Washington State Patrol unless the business or organization has notified the applicant who may be offered a position as an employee or volunteer that an inquiry may be made.

3. **A business or organization must prepare a disclosure statement to be signed by the applicant before a background check may be conducted.**
   A business or organization shall require each applicant to disclose whether the applicant has been:
   (a) Convicted of a crime;
   (b) had findings made against him or her in any civil adjudicative proceeding;
   (c) has both a conviction and findings made against him or her.

4. **Applicants must be notified of the response.**
   The requesting agency shall notify the applicant of the Washington State Patrol’s response within ten days after receipt. The employer shall provide a copy of the response to the applicant and shall notify the applicant of such availability.

**Notes:**
- "Business or organization" means a person, business, or organization licensed in this state, any agency of the state, or other governmental entity, that educates, trains, treats, supervises, houses, or provides recreation to developmentally disabled persons, vulnerable adults, or children under sixteen years of age, or that provides child day care, early learning, or early learning childhood education services, including but not limited to public housing authorities, school districts, and educational service districts.
- The business or organization shall use this record only in making the initial employment or engagement decision. Further dissemination or use of the record is prohibited. A business or organization violating this subsection is subject to civil action for damages.
- Responses are limited to **Washington State records only.**

**NOTE:** The requested record information is furnished solely on the basis of name and/or description similarity with the subject of your inquiry. Positive identification or non-identification can only be effected upon receipt of fingerprints.
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:

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<tr>
<th>Name</th>
<th>Phone Number</th>
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<td>1)</td>
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<td>5)</td>
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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.