



Certificated Employment Application Packet

Application Process:

1. Access the Certificated application form from the [District Employment page](#).
2. Complete all required information, including transcripts and three letters of recommendation, then email, mail or deliver to the address below.
 - **Email signed copy to hr@lopezislandschool.org or,**
 - **Mail or deliver signed copy to:**
Human Resources
Lopez Island School District #144
86 School Road
Lopez Island, WA 98261

Contact Human Resources at (360) 468-2202 ext 2303 with any questions about this process.

A complete Certificated application must include the following documents:

- Letter of intent indicating the job title, posting number, and your training and experience as it relates to the position. Include your professional philosophy on teaching/education, how you integrate technology into your lesson plans, your thoughts about living on Lopez Island and any personal interests that you may like to share.
- Certificated application completed and signed
- Current resume
- Copy of current Washington State Certificate(s). If not yet certificated, check here *.
- Three letters of recommendation written within the past year
- Copies of transcripts
- Completed and signed 'Disclosure/Background Check Authorization' form
- Completed and signed 'Sexual Misconduct Disclosure Release' form. Complete one form for **each** school district in which you were employed, if any.

We will only screen complete application packets. We keep applications on file for one year. During that time if you wish to apply for another position please email an updated letter of intent and reference the job code. We will reference your application on file for the position.

***WA State Teaching Certificate Information:** Visit www.k12.wa.us/certification.

Our District commitment to non-discrimination: The Lopez Island 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 employee(s) has been designated to handle questions and complaints of alleged discrimination: Civil Rights Compliance Coordinator, Superintendent Brian Auckland – bauckland@lopezislandschool.org, Title IX Coordinator, HR Specialist Renee Koplan – rkoplan@lopezislandschool.org, Section 504 Academic Case Manager, K-12 Counselor Jeanna Carter – jcarter@lopezislandschool.org, OR contact by phone, 360-468-2202, OR mail to 86 School Rd, Lopez Island, WA 98261.



APPLICATION for CERTIFICATED EMPLOYMENT

Position Applying for: _____ **Position #:** _____ **Substitute Teacher**

Are you retired? Yes No **If yes, are you a 2008 ERFs retiree?** Yes No

Personal Information

Last Name *First Name* *M.I.* *Former Name(s)*

Mailing address: Street *City* *State* *ZIP*

Home phone # - Primary? *Cell phone # - Primary?* *Work phone # - Primary?*

Education

Please list all Colleges/Universities attended.

College/University *State* *Degree* *Conferred on* *Major* *Minor*

College/University *State* *Degree* *Conferred on* *Major* *Minor*

College/University *State* *Degree* *Conferred on* *Major* *Minor*

College/University *State* *Degree* *Conferred on* *Major* *Minor*

College/University *State* *Degree* *Conferred on* *Major* *Minor*

Washington State Certificate(s)

Please list certification information including certificate type (i.e. Continuing, Residency, Professional, National Board Certification, Educational Staff Associate, Career & Technical, Administrator, etc.)

Certificate # *Cert. Type* *Exp. date* *Endorsement(s)*

Certificate # *Cert. Type* *Exp. date* *Endorsement(s)*

Out of State Certificate(s)

Please list certification information including certificate type (i.e. Continuing, Residency, Professional, National Board Certification, Educational Staff Associate, Career & Technical, Administrator, etc.)

Certificate # *Cert. Type* *Exp. date* *Endorsement(s)*

Certificate # *Cert. Type* *Exp. date* *Endorsement(s)*

Teaching Experience

List all teaching experience, including substitute teaching, beginning with most recent. Attach additional sheet if needed.

1

School District	State	Dates Employed	Assignment (Contracted or substitute, grade(s), subject(s))
Reason for leaving			Supervisor's Name

2

School District	State	Dates Employed	Assignment (Contracted or substitute, grade(s), subject(s))
Reason for leaving			Supervisor's Name

3

School District	State	Dates Employed	Assignment (Contracted or substitute, grade(s), subject(s))
Reason for leaving			Supervisor's Name

References

Please list three references. These references must include current or most recent (if not currently employed) employer or supervisor and who have first-hand knowledge of your teaching ability.

Name	Phone #	Company Name	Relationship
Name	Phone #	Company Name	Relationship
Name	Phone #	Company Name	Relationship

If you wish to place any restrictions on contacting these or other references, please explain.

Co-curricular Activities / Areas of Interest

- | | | | |
|------------------------------------|--|---|------------------------------------|
| <input type="checkbox"/> Band | <input type="checkbox"/> Baseball | <input type="checkbox"/> Tennis | <input type="checkbox"/> Track |
| <input type="checkbox"/> Chorus | <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Basketball | <input type="checkbox"/> Football |
| <input type="checkbox"/> Debate | <input type="checkbox"/> Yearbook/News | <input type="checkbox"/> Golf | <input type="checkbox"/> Soccer |
| <input type="checkbox"/> Drama | <input type="checkbox"/> Softball | <input type="checkbox"/> Photography | <input type="checkbox"/> Wrestling |
| <input type="checkbox"/> Tech Club | <input type="checkbox"/> Hiking Club | <input type="checkbox"/> Travel Classes | <input type="checkbox"/> Other |

General Information

List any areas of specialized training

Date available to start

All information given on this application is true and accurate. I understand that any deliberate falsification on the application or on my enclosed resume can be grounds for dismissal. Should I be offered the position, I agree to be fingerprinted for a background check from the Washington State Patrol and the FBI at my expense, with results made available to district officials. I understand that all Lopez Island School District property is a drug, alcohol and smoke free work environment.

Signature

Date



AFFIRMATIVE ACTION QUESTIONNAIRE

PRINTED NAME (Last, First)

Date

Discrimination in the Lopez Island School District is prohibited under Title VII of the Civil Rights Act of 1964. Recognizing the legal as well as social obligation to make equal employment opportunity a reality, the San Juan Island School District is implementing an Affirmative Action Program. The goal of the program is proportionate representation of the entire community at all levels of the School District's program.

For the purpose of effectively implementing the District's Affirmative Action Plan, we would appreciate you providing the information below. This is entirely voluntary and will remain confidential. This information will not be filed with, or made part of your application.

PLEASE CHECK THE APPROPRIATE ITEMS IN EACH OF THE FOLLOWING CATEGORIES:

- Male Female

PLEASE INDICATE THE ETHNIC GROUP TO WHICH YOU FEEL YOU MOST BELONG:

- Caucasian Hispanic American Indian
 Asian/Pacific Islander Black/African American Other

OPTIONAL EMPLOYMENT QUESTIONNAIRE

Section 504 of the Rehabilitation Act of 1973 and Section 402 of P.L. 93-508, Viet Nam Era Veterans Readjustment Act of 1974 encourages the employment of handicapped persons and Viet Nam Era Veterans.

The information solicited on this form is for the use of the Lopez Island School District No. 144 pursuant to its voluntary affirmative action efforts. The information is requested on a voluntary basis and will be kept confidential. Refusal to provide the requested information will not subject you to any adverse treatment and will not prejudice your application for employment.

Title of position applied for:

CHECK APPROPRIATE ANSWER:

	YES	NO
1) Do you have a disability? If yes, explain _____	<input type="checkbox"/>	<input type="checkbox"/>
2) Are you a Veteran?	<input type="checkbox"/>	<input type="checkbox"/>
3) Are you a Viet Nam Era Veteran? (Service between 8/5/64 & 5/7/75)	<input type="checkbox"/>	<input type="checkbox"/>
4) Are you 40 or more years old?	<input type="checkbox"/>	<input type="checkbox"/>

I do not wish to provide the information requested.



DISCLOSURE/BACKGROUND CHECK AUTHORIZATION

UNDER RCW 43.43.830 public school districts in the state of Washington are authorized to conduct a criminal history check on all potential employees and volunteers. The Board of Directors of the Lopez Island School District has determined that all potential employees will be subject to this check as a condition of employment. Please provide the information requested below in order to facilitate this process.

Full Legal Name (Last, First MI)	
Date of Birth	
Place of Birth	
Current Address	
Phone Number	
Driver's License # & State	

HAVE YOU EVER BEEN?

- 1) Convicted of any crime against persons (reckless endangerment; simple assault; unlawful imprisonment; communication with a minor; first degree promoting prostitution, vehicular homicide, incest, indecent liberties; first or second degree extortion; first, second or third degree statutory rape; first, second, or third degree rape; first, second or third degree assault; aggravated murder; first or second degree murder; first or second degree kidnapping; sexual exploitation of minors; first or second degree criminal mistreatment?)
 YES NO
- 2) Found in any dependency action under RCW 13.34.030 to have sexually assaulted or exploited any minor or to have physically abused any minor?
 YES NO
- 3) Found by a court in domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor?
 YES NO
- 4) Found by a court in a protection proceeding under chapter 74.34 RCW to have abused or financially exploited a vulnerable adult?
 YES NO
- 5) Found in any disciplinary board final decision to have sexually abused or exploited any minor or to have physically abused any minor?
 YES NO
- 6) In the last seven years released from prison or convicted of any offense that involves drugs, embezzlement, or fraud?

If you answered yes to any of the above questions, please explain here:

I hereby authorize Lopez Island School District, San Juan County Sheriff's Department and/or the Washington State Patrol to conduct a criminal background check as a condition of employment as authorized in RCW 43.43.830, RCW 13.34.030 and RCW 9A72085.

Signature of Applicant

Date



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	
FAX #	

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.
Please contact for more information.
- No record of employment

Was a complaint of sexual misconduct filed with OSPI?
 Yes No

Former Employer Representative Signature

Title

Date

Return all completed information to:

SCHOOL DISTRICT Lopez Island School District – Attention HR	
ADDRESS 86 School Road, Lopez Island	PHONE 360-468-2202
STATE WA	ZIP 98261
	FAX 360-468-2212

Employing School Receipt Date: _____

Received By: _____