

MEAD SCHOOL DISTRICT NO. 354

12828 N. Newport Hwy. Mead, WA 99021

Phone: (509) 465-6000 FAX: (509) 465-6020

www.mead354.org

An Equal Opportunity Employer

CLASSIFIED APPLICATION FOR EMPLOYMENT

Applicant's Full Name _____
(Last) (First) (M.I.)

Other Name(s) _____
(Please provide any additional information relative to change of name, use of an assumed name, or nickname, necessary to enable a check on your work or school record.)

Present Mailing Address _____
(Street) (City) (State) (Zip)

Permanent Mailing Address _____
(Street) (City) (State) (Zip)

Telephone Numbers:
Present: () Permanent () Work ()

Indicate type of position desired: Full Time Permanent Part Time Substitute

My signature below authorizes the school district to conduct a background investigation and authorizes the release of information in connection with my application for employment. This investigation may include such information as criminal or civil convictions, driving records, previous employers and educational institutions, personal references, professional references, and other appropriate sources. I waive my right of access to any such information, and without limitation hereby release the school district and the reference source from any liability in connection with its release or use. This release includes the sources cited above and specific examples as follows: the local Washington State Patrol, information from the Federal Bureau of Investigation of either data on all criminal convictions, or certification that no data on criminal convictions are maintained, information from SPI, the Washington or other State Department of Social Services Child Protective Services Unit and any locality to which they may refer for release of information pertaining to any findings of child abuse or neglect investigations involving me. Furthermore, I certify that I have made true, correct, and complete answers and statements on this application in the knowledge that they may be relied upon in considering my application. I understand that any omission, falsely answered statement made by me on this application, or any supplement to it will be sufficient grounds for failure to employ or for my discharge should I become employed with the Mead School District.

Date _____ Signature of Applicant _____

INDICATE POSITION(S) DESIRED:

- | | | | |
|-------------------------------------|-----------------------------------|----------------------------------------------|------------------------------------|
| <input type="radio"/> Para Educator | <input type="radio"/> Maintenance | <input type="radio"/> Secretarial | <input type="radio"/> Food Service |
| <input type="radio"/> Clerical | <input type="radio"/> Custodial | <input type="radio"/> Personnel | <input type="radio"/> Warehouse |
| <input type="radio"/> Tutorial | <input type="radio"/> Mechanic | <input type="radio"/> Bookkeeping/Accounting | <input type="radio"/> Payroll |
| <input type="radio"/> Interpreter | <input type="radio"/> Driver | <input type="radio"/> Supervisor | <input type="radio"/> Other: _____ |

INDICATE SHIFTS WILLING TO WORK: Day Swing Night

Are you willing to work overtime or weekends as needed? Yes No

List any areas in which you have special interest: _____

List any special licenses, permits or certificates that you currently hold: _____

Do you have responsibilities that may require time away from work: Yes No If yes, describe on another sheet.

You may provide any information of your choosing on the following lines: _____

Are you able to successfully complete the duties and responsibilities of the position for which you have applied? Yes No

I. EDUCATIONAL AND PROFESSIONAL TRAINING (List all schools attended, beginning with most recent):

Level of Education	Name of School or University	State	Field of Study	Degree	Year of Graduation	Dates of Attendance From...To
High School						
College or University						
Business or Vocational						

II. EMPLOYMENT HISTORY: (List beginning with most recent, include any internships.)

Employer/Supervisor	Address/Phone	Salary	Position Held	Dates (From...To)	Full or Part Time	Reason for Leaving

III. REFERENCES

It is **the applicant's responsibility** to have the following information provided to the school district in order to be considered for employment:

- A. The names of at least three reference sources must be provided and must include current employer and **supervisor** if employed, or last employer and **supervisor** if not currently employed.
- B. Names of people who have first hand knowledge of applicant's character, personality, and skills.

Name of Reference	Position/Relationship	Mailing Address	Phone Number
1.			
2.			
3.			

IX. GENERAL INFORMATION

1. Month, day, and year available for employment: _____
2. Are you presently employed? _____ If yes, supervisor's name and phone number? _____
May we contact this person? _____
3. Present position: _____
4. If presently employed, why do you wish to change? _____

A complete employment file is the responsibility of the applicant.

In order to assure that you will have a completed file in our office, be sure to check and see that you have taken care of the following documents:

- Completed application form
- Complete resume included
- Letter (s) of reference

