

Application
for
Certificated Employment
with the
Orcas Island School District

Name _____
 Mailing Address _____

 Telephone (daytime) _____
 Telephone (evening) _____
 E-Mail Address _____
 Social Security Number _____

Application Routing

- I am applying for the following certificated position _____
 I am applying for substitute assignments in the certificated teaching categories as indicated below:

Elementary: __ Grade Levels K-6 __ Kindergarten __ Primary (1-3) __ Intermediate (4-6)

Middle School: __ Grade Levels 7-8 Preferred subject areas _____

High School: __ Grade Levels 9-12 Preferred subject areas _____

In addition, please list any co-curricular activities that you are qualified/willing to direct, assist or coach:

- | | | | |
|-----------------|---------------|------------------------|------------------|
| __ Baseball | __ Basketball | __ Cheerleaders | __ Class Advisor |
| __ Ecology Club | __ Drama | __ Football | __ Golf |
| __ Photography | __ Soccer | __ Softball | __ Snow Sports |
| __ Tennis | __ Volleyball | __ Journalism/Yearbook | __ Key Club |

Certification

List teaching, administrative and special certificates held. Include a copy of each certificate with this application.

State	Type of Certificate	Endorsements	Cert Number	Date Issued	Expiration Date

General Information

Present Employer _____ May we contact? __Yes __No
 Your Position _____ Full Time/ Part Time
 Annual Salary \$ _____ How long have you been with this employer? _____
 Name of supervisor _____ Telephone _____

Are you physically and otherwise able to perform the duties of the job for which you are applying? __Yes __No

Have you ever been convicted of any crime? __Yes __No
 If yes, what was the type of offense and the date of conviction?

Have you ever been employed by OISD before? __Yes __No
 If yes, when and in what capacity? _____

Are you prevented from lawfully becoming employed in this country because of immigration status? __Yes __No
 Proof of citizenship or immigration status will be required upon employment.

Education

High School _____ City/State _____ Graduated _____

List degree(s) and all post-graduate credits in **quarter hour units please** which you wish to have considered or to be applied toward placement on the salary matrix schedule if employed. (Note: 1 semester credit = 1.5 quarter hour units.) Enclose **copies** of all transcripts with this application. Official transcripts will be required upon employment.

College/University	Dates	GPA	Degree	Post-Graduate QUARTER HR UNIT CREDITS

References

List three references who have first hand knowledge of your character, personality, scholarship and professional ability:

Name/Address	Area Code/Telephone	In what capacity did they become familiar with you/your work?

Professional Information

Please have your placement file or current letters of recommendation sent to:
Superintendent of Schools of the Orcas Island School District
557 School Road, Eastsound, Washington 98245

List professional organizations in which you maintain active membership:*

List professional publications you read regularly:*

List college and professional honors:*

List any special coursework taken to better qualify you for this position:*

Teaching Experience

List all teaching experience you wish to have considered (labeling any student teaching, practicums or internships) or to be applied toward placement on the salary matrix schedule if employed. Verification will be required upon employment.

Dates From-To	Number of Years	Full or Part Time	Name and Address of School District	Position Held	Name of Supervisor & Telephone
			-----		-----
Reason for Leaving:					
			-----		-----
Reason for Leaving:					
			-----		-----
Reason for Leaving:					
			-----		-----
Reason for Leaving:					
			-----		-----
Reason for Leaving:					
			-----		-----
Reason for Leaving:					

Other (non-teaching) Employment Experience:

Dates From-To	Position Held	Employer Name & Address	Supervisor Name & Telephone	Reason for Leaving
		-----	-----	
		-----	-----	
		-----	-----	

Military Service, Peace Corps, VISTA, etc.

Dates: From-To	Organization	Duties, Rank, etc.

Personal Information

List your hobbies, special interests, civic organizations, travel that you would like to share:

Briefly explain why you are interested in the Orcas Island School District:

Would you be willing to come for an interview at your own expense? __Yes __No

Applicant's Statement:

I hereby certify that the information herein is a true and complete statement of my personal and professional record to date to the best of my knowledge.

I authorize the Orcas Island School District to check my references and investigate any information provided in my application for employment. I am aware I may exclude naming any organization in this application that may indicate my race, color, religion, gender, national origin, disability or other protected status.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also that I am required to abide by the laws and regulations of the state of Washington and the policies/procedures of the Orcas Island School District.

Signature of Applicant

Date of Application

Candidate Information:

All candidates are screened on the basis of application materials. A complete application must include: A letter of application, a resume, this completed application form, a copy of your valid Washington Teaching Certificate, copies of all college transcripts and a placement file from your college/university or current letters of recommendation. This application for employment shall be considered active for a period of time not to exceed one year.

Send all application material to:

**Superintendent of Schools of the Orcas Island School District
557 School Road, Eastsound, Washington 98245**

A copy of the Master Agreement between the OISD Board of Directors and the Orcas Education Association is available in the superintendent's office for inspection by applicants for certificated teaching positions.

OISD complies with all federal rules and regulations and does not discriminate on the basis of race, color, national origin, gender, religion, age, marital or veteran status, the presence of a non-job related medical condition or handicap. This holds true for all district employment and opportunities. Inquiries regarding compliance procedures may be directed to the Title IX/RCW Officer (Superintendent of Schools) at 557 School Road, Eastsound, Washington 98245, (360) 376-2284, or the Section 504 Coordinator (School Counselor) at 715 School Road, Eastsound, Washington 98245, (360) 376-2287.

Thank you...

for your time, effort and interest in submitting this application to the Orcas Island School District.

APPLICANT PROFILE DATA SURVEY

Completing this form will enable Washington State to assess the many talents and skills that are available throughout the workforce. To ensure equal employment opportunity, we ask your voluntary cooperation in responding to the questions below. This information will be treated as confidential, and will be available *only* to authorized personnel.

Name: _____ Date: _____

1. IS YOUR ETHNIC GROUP: *Check either Yes or No*

Hispanic/Latino **YES** **No**

2. RACE CATEGORIES: *Check all that apply:*

AMERICAN INDIAN/ALASKA NATIVE (I): A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

ASIAN (A): A person having origin in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent; including for example Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

BLACK (B): A person having origins in any of the Black racial groups of Africa.

NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER (P): A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

WHITE (W): A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

3. Gender: ___Male ___Female

4. Have you ever been on active duty in the U.S. Armed Services?

___No ___Yes (if Yes, see 4a and 4b)

4a. Dates served: from: _____ to _____

4b. Are you a disabled veteran? Yes (____%) No

5. Do you have any physical, sensory, or mental condition that substantially (rather than slightly) limits any of your major life functions, such as: walking, speaking, seeing, hearing, breathing, working, learning, caring for oneself or performing manual tasks? No Yes

Date of Birth: ___/___/___ Signature: _____

Please assist our agency in its recruitment efforts by indicating how you learned of this career opportunity.

Recruitment Announcement

District Website

Newspaper

Other Professional Listing/Service _____

Other Website (please specify) _____

Other _____

Thank you for responding to our survey.