



MANSFIELD SCHOOL DISTRICT
 PO Box 188, 491 Rd 14 NE
 Mansfield, WA 98830
 (P) 509-683-1012
 (F) 509-683-1281

APPLICATION FOR EMPLOYMENT

Consistent with the Americans with Disabilities Act, applicants may request accommodations needed to participate in the application process.

PERSONAL INFORMATION

DATE: _____ SOCIAL SECURITY NO. _____

NAME: _____
 LAST First Middle

ADDRESS: _____
 CITY/TOWN ZIP

PHONE NO. _____ REFERRED BY: _____

EMAIL: _____

Are you 18 or older? Yes No

EMPLOYMENT

Position you are applying for: _____

Date you can start _____ Are you currently employed? Yes No

If you are employed, may we contact your current employer? Yes No

Have you submitted an application to this district before? Yes No

If Yes, state the date and position applied for: _____

Minimum education required for all positions applied for is a High School graduation or equivalent.

EDUCATION

High School(s): _____
Name & Location
Years Completed: 1 2 3 4 Did you graduate? Yes No

College(s): _____
Name & Location
Years Completed: 1 2 3 4 Did you graduate? Yes No
Major / Minor: _____
Degree(s) received: _____

Trade / Business School(s) or
Correspondence: _____
Name & Location
Years Completed: 1 2 3 4 Did you graduate? Yes No
Subjects Studied: _____
Degree(s) Received: _____

GENERAL

Subjects of special study or research work: _____

Professional job related skills: _____

FORMER EMPLOYERS – List your last four employers, starting with the most recent.

Name / Address of Employer: _____

Date/Month/Year From: _____ To: _____

Position: _____

Reason for leaving: _____

Name / Address of Employer: _____

Date/Month/Year From: _____ To: _____

Position: _____

Reason for leaving: _____

Name / Address of Employer: _____

Date/Month/Year From: _____ To: _____

Position: _____

Reason for leaving: _____

Name / Address of Employer: _____

Date/Month/Year From: _____ To: _____

Position: _____

Reason for leaving: _____

REFERENCES – References must be able to speak to job related skills.

Name: _____

Address: _____

Position: _____ Phone No. _____

Name: _____

Address: _____

Position: _____ Phone No. _____

Name: _____

Address: _____

Position: _____ Phone No. _____

BACKGROUND

A. Have you ever been convicted of any crime against a person/or persons? Yes No
If yes, explain.

B. 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? Yes No
If yes, explain.

C. Found by a court in a domestic relations proceeding under Title 26 RWC to have sexually abused or exploited any minor or have physically abused any minor? Yes No
If yes, explain.

D. Found in any disciplinary board final decision to have sexually abused or exploited any minor or have physically abused any minor: or

Convicted of a crime related to drugs, manufacture, delivery, or possession or with intent to manufacture or deliver a controlled substance? Yes No

If yes, explain.

For purposes of this policy, unsupervised means not in the presence of another employee or volunteer and working with children under sixteen years of age or developmentally disabled persons. The disclosure shall be made in writing and signed by the applicant and sworn to under penalty of perjury. The disclosure sheet shall specify all crimes committed against persons.

AUTHORIZATION

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by district.

I understand that any employment is contingent on a background check. I authorized the district to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character, and general reputation to the district, without giving prior notice such as disclosure. In addition, I release the district, any former employers and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the district unless made in writing.

If I am offered employment, I agree to submit to a medical examination and drug test before starting work if required by my position. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by the district and as permitted by law. I consent to such examinations and tests and I request that the examining doctor disclose to the district the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug tests. If I am hired, a condition of my employment will be that I abide by the district's Drug and Alcohol Policy.

I understand that completing this form does not indicate there is a position open and does not obligate the district to hire. If hired, I agree to abide by all district work rules, policies and procedures. The district retains the right to revise its policies or procedures, in whole or in part, at any time.

Signature

Date

AFFIRMATIVE ACTION PROGRAM QUESTIONNAIRE

Your cooperation in completing this form is appreciated. Information derived from this sheet is for statistical purposes, to prevent discrimination, and to help in the evaluation of our personnel procedures and policies in accordance with the Mansfield District's Affirmative Action Program. To implement the program more successfully, the District requests that you provide the following information:

Name: _____

Date: _____

Position you are applying for: _____

Male Female Under Forty Over Forty

Vietnam Veteran (Service between August 1, 1964 and May 1, 1975) Yes No

Disabled Veteran (recognized by the Veteran's Administration) Yes No

Disabled (any person who has a physical or mental impairment, which substantially limits one or more of such person's major life activities) Yes No

If yes, please specify _____

RACE/ETHNIC IDENTIFICATION GROUP

When you check yes or no for ethnicity- Hispanic/Latino you must check an additional choice under Federal Race.

ETHNICITY: Hispanic/Latino? Yes No

FEDERAL RACE:

American Indian or Alaskan Native. A person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.

Asian or Pacific Islander. A person having origins in any of the original peoples of the Far East, Southeast Asia, of the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.

Black, not of Hispanic origin. A person having origins in any of the Black Racial Groups of Africa.

White, not of Hispanic origin. A person having origins in any of the original peoples of Europe, North America, or the Middle East or the Indian Subcontinent.

Mixed. A person to whom more than one of the above characteristics applies.

We conform to all the laws, statutes, and regulations concerning equal employment opportunities and affirmative action. We strongly encourage women, minorities, individuals with disabilities and veterans to apply to all of our job openings. We are an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, gender, national origin, disability status, Genetic Information and Testing, Family and Medical Leave, Sexual Orientation and Gender Identity or Expression, protected veteran status or any other characteristics protected by law. We prohibit retaliation against individuals who bring forth any complaint, orally or in writing to the employer or the government, or against any individuals who assist or participate in the investigation of any complaint or otherwise oppose discrimination.

FINGERPRINTS

The 1992 State Legislature passed ESHB 2518, which required a State and FBI fingerprint background check for school employees. ESHB 2518 went into effect on June 11, 1992. Employment is contingent on this background check.

If you already have your fingerprints on file, please state your name and social security number and date of birth:

_____	_____	_____
Name	SS Number	DOB

If you do not have fingerprints on file, please see the business office for assistance.

The Mansfield School District is a DRUG FREE, WEAPONS FREE, TOBACCO FREE AND ALCOHOL FREE district for students, employees, volunteers, and visitors to our campus and school related activities.

Please return all application materials to:
Superintendent
Mansfield School District
PO Box 188
491 RD 14NE
Mansfield, WA 98830

Thank you for applying for a position with the Mansfield School District.

Nondiscrimination Notice

Mansfield School District provides equal opportunity in programs and employment and does not discriminate on the basis of race, color, national origin/language, creed/religion, sex, sexual orientation-including gender identity, disability, or the use of a service animal by a person with a disability, age, marital status, honorably discharged veteran or military status and HIV/Hepatitis C status and provide equal access to the Boy Scouts of America and other designated youth groups.

Mansfield School District will also take steps to assure that national origin persons who lack English language skills can participate in all education programs, services and activities. For information regarding translation services or bilingual education, contact school office.

The following employee has been designated to handle questions and complaints of alleged discrimination:

Title IX Coordinator

Section 504/ADA Coordinator

Michael Messenger, Superintendent

PO Box 188, Mansfield WA 98830

Phone: (509) 683-1012

Email: mmessenger@mansfield.wednet.edu