

SPECIAL EDUCATION

- Indicate top three (3) grade level preferences, 1 (one) being your first choice:
 Preschool K-4 5-6 6-8 9-12
- Check “√” the following areas of competence:
 Early Childhood Behaviorally Disabled Health Impaired Life Skills
- Other specialized training: _____
- List the number of Special Education college credits earned and documented on transcripts:
 _____ Qtr. Credits _____ Sem. Credits (WAC 392-172)

SPECIALIST

- Check “√” the area for which you are making application and **HOLD** an ESA certificate:
 Counselor Librarian Occupational Therapist Physical Therapist
 Nurse Psychologist Speech Language Pathologist Social Worker

STUDENT ACTIVITIES

- Complete Insert D, Student Activities/Athletics.

SPECIAL TRAINING

- List additional training or unique qualifications below, and provide details in your application cover letter.
 (Examples: behavior management, bilingual, alternative education, etc.)

- Identify foreign language(s) you can read and speak fluently _____
- List any other special training you feel is pertinent to the position for which you are applying:

EDUCATIONAL TRAINING *Must be provided in addition to resume.* Degrees completed: BA MA Ph.D.

Name of Institution City and State	Dates Attended Mo/Yr-to-Mo/Yr	Years Completed	Degree Earned & Date Earned	Major	Minor
High School ----- City&St.					
College ----- City&St.					
College ----- City&St.					
College ----- City&St.					

Undergraduate GPA _____ Post Graduate GPA _____

CERTIFICATION/LICENSE

- All candidates must list their certificates. Nurses, occupational and physical therapists must also list their license data.

State	Type	Endorsements	Certificate Number	Date Issued	Expiration Date

EMPLOYMENT HISTORY

- Are you presently under contract? No Yes If yes, with whom? _____
- What is your present position (Title)? _____ Are you a former employee of our District? No Yes
- If so, list dates and positions: _____
- Have you ever been dismissed, discharged, or non-renewed, or have you separated employment in order to avoid discipline or discharge? No Yes (Provide an explanation.) _____
- Are you presently involved in a situation where non-renewal, discharge or discipline is being discussed? No Yes

CERTIFICATED EXPERIENCE (including substitute employment)

- List most recent experience first. Include student teaching/practicum only if you are a beginning teacher.

Dates From/To	District	Location-City/State	No. of Years	Full Time	Part Time	Subjects Taught or Positions Held	Reason for Leaving

OTHER EXPERIENCE

- List other work experience (including military):

Dates	Name of Employer	Location-City/State	No. of Years	Full Time	Part Time	Type of Work	Reason for Leaving

HONORS, AWARDS, ACCOMPLISHMENTS (scholarships, special recognition):

REFERENCES

- List references including principals, supervising teachers, and college supervisors under whom you have taught or persons who have observed your performance in a work setting.

▷ Name	▷ Address City/Street/Zip	▷ Official Position	▷ Telephone (inc. area code)	▷ May we contact ?
1.				Yes / No
2.				Yes / No
3.				Yes / No
4.				Yes / No

REMINDER

- Please use the following checklist as your guide to fulfilling the requirements for a complete application file.

✓CHECKLIST

▷ Mandatory		▷ Optional	
1.	Complete Camas School District Application Form		Optional Confidential Data Form (Insert A)
2.	General Cover Letter		Student Activities/Athletics (Insert D)
3.	Current Resumé		AESOP Substitute Teacher Survey Form
4.	Disclosure Form (Insert B)		
5.	Confidential Professional Reference Forms completed by at least two (2) people— one must be from a recent supervisor (Insert E)		
6.	Unofficial Copies of College Transcripts		
7.	Copies of valid Washington State Teaching Certificate(s)		

▷ Applications will remain in active status only through December 1st of each year, unless renewed at the request of the applicant.

CERTIFICATION, AUTHORIZATION AND RELEASE

I hereby certify that all the information I have provided in this application is true and correct. I authorize the Camas School District to make an investigation of my personal, educational, vocational, and/or employment history. I further authorize any current/former employer, person, firm, corporation, educational or vocational institution, or government agency to provide the Camas School District with information regarding me. I hereby release and discharge the Camas School District and those who provide information from any and all liability as a result of furnishing and receiving this information. I further agree that if an offer of employment is made to me, I will provide verification of my certification, education and experience. I understand and agree that falsification of any part of this application shall be sufficient cause for dismissal or refusal to hire. References and personal information which become a part of this application will be regarded as confidential and shall not be revealed to me. I understand that any offer of employment that may be made to me is conditional and subject to the acceptable outcome of a criminal history background information check, and approval of the District's Board of Directors.

Applicant Signature: _____

Date: _____

THE CAMAS SCHOOL DISTRICT IS AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

The Camas School District prohibits discrimination based on race, color, religion, creed, national origin, gender, marital status, age, pregnancy, or the presence of a disability, or any other basis prohibited by law. The District is an equal opportunity employer, supports the spirit, policies, and practices of affirmative action, and has implemented programs to address the diversity of our community.

Inquiries regarding compliance and complaint procedures can be directed to:

Affirmative Action/Title IX Officer:
Rita Pakenen (360) 833-5400

Americans with Disabilities Act/Section 504 Officer:
Harvey Keene (360) 833-5400

Camas School District No. 117

Certificated Substitute Teacher

AESOP Skill Matching Survey

Teacher Substitute Information

Name (PRINT): _____
Last First M. Initial

Address: _____
Street/PO Box City State Zip

Phone: _____ **E-mail:** _____

In what areas would you like to substitute teach? Check all appropriate boxes:

<input type="checkbox"/> Alternative Education	<input type="checkbox"/> Librarian (Media Specialist)
<input type="checkbox"/> Band	<input type="checkbox"/> Middle School
<input type="checkbox"/> Elementary Math Specialist	<input type="checkbox"/> Middle School Math/Science
<input type="checkbox"/> Elementary Reading Specialist	<input type="checkbox"/> Misc. (Art, Shop & Tech, etc.)
<input type="checkbox"/> Elementary Special Education	<input type="checkbox"/> Music
<input type="checkbox"/> Foreign Language	<input type="checkbox"/> PE/Health
<input type="checkbox"/> Grades – 1 st and 2nd	<input type="checkbox"/> Preschool Special Education
<input type="checkbox"/> Grades – 3 rd -6th	<input type="checkbox"/> Special Ed – MS/HS BD
<input type="checkbox"/> High School	<input type="checkbox"/> Special Ed – MS/HS Life Skills
<input type="checkbox"/> High School Math/Science	<input type="checkbox"/> Special Ed – MS/HS Resources
<input type="checkbox"/> Kindergarten	<input type="checkbox"/> Teacher
<input type="checkbox"/> Language Arts/Social Studies	<input type="checkbox"/>

Substitute Signature: _____ **Today's Date:** _____

For Office Use Only

AESOP Set-up: _____

Camas School District No. 117

Optional Confidential Data Form

Insert A

The Camas School District prohibits discrimination based on race, color, religion, creed, national origin, gender, marital status, age, pregnancy, or the presence of a disability, or any other basis prohibited by law. The district is an equal opportunity employer that supports the spirit, policies and practices of affirmative action. Your response to the following questions will assist the district in accurately reporting employment practices to state and federal agencies.

PRINT NAME: _____

Last

First

M.I.

Sex: Female Male

Disabled: No Yes -- If yes, and you need assistance during the application process, please contact our Personnel Office.

I consider myself a member of the following ethnic group:

Asian or Pacific Islander Black, not of Hispanic origin Hispanic

White, not of Hispanic origin Other (please specify) _____

American Indian/Alaskan Native*

*If you have identified yourself as American Indian/Alaskan Native, please answer the following questions:

I am affiliated with the _____ Tribe.

I am an enrolled member of this tribe: Yes No

DISABLED AND VIETNAM-ERA AFFIRMATIVE ACTION PROGRAM

This supplemental information is confidential and for record keeping only. Your responses will be kept separate from other documents relating to your application. This document will not be used by the individuals who process your application.

A. Veteran: I am a Veteran of the United States Armed Services. Yes No

B. Vietnam-Era Veteran: The term "Vietnam-Era Veteran" means a person who, 1) served on active duty for a period of more than 180 days, any part of which occurred from August 5, 1964, through May 7, 1975, and was discharged or released from active duty for reasons other than a dishonorable discharge, or 2) was discharged or released from active duty for a service-connected disability incurred during the Vietnam Era.

I meet the definition provided for "Vietnam-era Veteran" Yes No

C. Disabled Veteran: The term "Disabled Veteran" means a person entitled to disability compensation under laws administered by the Veteran's Administration for a disability rated at 30 percent or more, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.

I meet the definition provided for "Disabled Veteran" Yes No

How did you learn about our school district and/or this position?

- | | | |
|--|---|---|
| <input type="checkbox"/> Walk In | <input type="checkbox"/> Advertisement | <input type="checkbox"/> Newspaper |
| <input type="checkbox"/> Placement Center | <input type="checkbox"/> Recruitment/Job Fair | <input type="checkbox"/> Referred by Friend |
| <input type="checkbox"/> Other (Specify) _____ | | |

Camas School District No. 117 Applicant⁽¹⁾ Disclosure Statement

Insert B

(Reference RCW 28A.400, RCW 43.43)

Page 1 of 2

YOU MUST ANSWER ALL SIX (6) ITEMS ON THIS FORM.

1. Check any of the following for which you have been convicted, including any of these crimes as they may have been renamed: (The term "convicted" includes all instances in which a finding of guilt, a plea of guilty or nolo contendere, or stipulation to facts, or deferred or suspended sentence occurred.)

- | | | |
|---|--|---|
| <input type="checkbox"/> Custodial Assault | <input type="checkbox"/> First, Second or Third Degree Child Molestation | <input type="checkbox"/> First or Second Degree Manslaughter |
| <input type="checkbox"/> First, Second or Third Degree Assault of a child | <input type="checkbox"/> First or Second Degree Sexual Misconduct | <input type="checkbox"/> First, Second or Third Degree Rape |
| <input type="checkbox"/> First, Second or Third Degree Assault | <input type="checkbox"/> Patronizing a Juvenile Prostitute | <input type="checkbox"/> First or Second Degree Robbery |
| <input type="checkbox"/> Simple Assault | <input type="checkbox"/> Selling or distributing Erotic Material to Minor(s) | <input type="checkbox"/> Indecent Liberties |
| <input type="checkbox"/> First or Second Degree Custodial Interference | <input type="checkbox"/> Sexual Exploitation of Minor(s) | <input type="checkbox"/> Felony Indecent Exposure |
| <input type="checkbox"/> Incest | <input type="checkbox"/> Communication with a Minor for Immoral Purposes | <input type="checkbox"/> Vehicular Homicide |
| <input type="checkbox"/> First, Second or Third Degree Rape of a Child | <input type="checkbox"/> First Degree Arson | <input type="checkbox"/> Unlawful Imprisonment |
| <input type="checkbox"/> Child Abandonment | <input type="checkbox"/> First Degree Burglary | <input type="checkbox"/> Malicious Harassment |
| <input type="checkbox"/> Child Abuse or Neglect as Defined in RCW 26.44.020 | <input type="checkbox"/> Aggravated Murder | <input type="checkbox"/> Criminal Abandonment |
| <input type="checkbox"/> Violation of Child Abuse Restraining Order | <input type="checkbox"/> First or Second Degree Murder | <input type="checkbox"/> First or Second Degree Criminal Mistreatment |
| <input type="checkbox"/> Child Buying or Selling | <input type="checkbox"/> First or Second Degree Extortion | <input type="checkbox"/> Promoting Pornography |
| <input type="checkbox"/> First or Second Degree Kidnapping | <input type="checkbox"/> First Degree Promoting Prostitution | <input type="checkbox"/> Prostitution |

Check here if you have not been convicted of any of the above, including any of these crimes as they may have been renamed.

2. Have you been convicted of crimes relating to financial exploitation if the victim was a vulnerable adult as defined in Chapter 43.43.830(6) RCW as amended and listed as follows:

- **First, second or third degree extortion;**
 - **First, second or third degree theft;**
 - **First or second degree robbery;**
 - **Forgery, or any of these crimes as they may be renamed in the future**
- Answer: No Yes If Yes, please explain below.

3. Have you ever been convicted of any crime involving the manufacture, delivery, or possession with intent to manufacture or deliver a controlled substance?

Answer: No Yes If Yes, please explain below.

¹ All volunteers and prospective employees, who will or may have unsupervised access to children under 16 years of age, developmentally disabled persons, and/or vulnerable adults, and all prospective employees are "applicants."

Camas School District No. 117 Applicant⁽¹⁾ Disclosure Statement

Insert B

4. Have you ever been found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor or to have physically abuse any minor?

Answer: No Yes If Yes, please explain below.

5. Have you ever been 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: No Yes If Yes, please explain below.

6. Have you ever been found in any disciplinary board final decision to have sexually or physically abused any minor or developmentally disabled person, or to have abused or financially exploited any vulnerable adult? "Disciplinary board final decision" means (a) any final decision by the director of the Department of Licensing for real estate brokers and salespersons and (b) any final decision by a disciplinary authority under Chapter 18.130 RCW or the secretary of the Department of Health for the following businesses or professions: chiropractic, dentistry, dental hygiene, naturopathy, massage, midwifery, osteopathic medicine and surgery, physical therapy, physicians, practical nursing, registered nursing, and psychology.

Answer: No Yes If Yes, please explain below.

7. Have you ever been found by a court in a protection proceeding under Chapter 74.34 RCW to have abused or financially exploited a vulnerable adult?

Answer: No Yes If Yes, please explain below.

8. Are you presently charged with, but not convicted of, any of the crimes or offenses described in questions 1 through 7 above?

ANSWER: NO YES

Pursuant to RCW 9A.72.085, I certify under perjury under the laws of the State of Washington that the foregoing is true and correct.

Applicant, Print Name: _____

Applicant Signature: _____

Date and Place: _____

TO BE COMPLETED AFTER CONDITIONAL EMPLOYMENT IS OFFERED.

I certify under penalty of perjury that as of this date ____/____/____, a date on or after which I have been offered conditional employment with Camas School District No. 117, the foregoing remains true and correct.

Your signature must be witnessed.

Prospective Employee Print Name: _____

Prospective Employee Signature: _____

Witness, Print Name/Title: _____

Witness Signature: _____

Date and Place: _____

Camas School District No. 117

Student Activities/Athletics

Insert D

Instructions: Complete both pages of this form to indicate your interest in student activities/athletics.

Date: _____

Name: _____
(Last)
(First)
(MI)

ACTIVITIES	YEARS OF PARTICIPATION			YEARS OF ADVISING				
	HIGH SCHOOL	COLLEGE	OTHER	ELEMMENTARY	MID LEV.	SR HIGH	COLLEGE	OTHER
Athletic Trainer								
Drama (CHS & Skyridge)								
Elem. After School Enrichment								
Elem. After School Sports								
Elem. Intramurals (Gr. 5 & 6)								
Elem. School Patrol								
Elem. Vocal Music								
Instrumental Music								
Jr. National Honor Society (Sky)								
Key Club (CHS)								
Knowledge Bowl (CHS)								
Mid. Level Intramurals								
National Honor Society (CHS)								
Natural Helpers (CHS)								
Newspaper (CHS & Skyridge)								
Senior Project Coord. (CHS)								
Speech & Debate (CHS)								
Student Store Advisor (CHS)								
Secondary Vocal Music								
Yearbook (CHS)								
List Others Below:								

ACTIVITIES INTERESTS

List the assignments you prefer in order of preference and ability.

1. _____ 2. _____ 3. _____

SPECIAL QUALIFICATIONS FOR THESE POSITIONS:

Camas School District No. 117

Student Activities/Athletics

Insert D

	<i>YEARS OF PARTICIPATION</i>			<i>YEARS OF COACHING</i>				
	HIGH SCHOOL	COLLEGE	OTHER	ELEMENTARY	MID LEV.	SR HIGH	COLLEGE	OTHER
ATHLETICS								
Baseball--Boys								
Fast Pitch Softball--Girls								
Basketball--Boys								
Basketball--Girls								
Body Conditioning								
Cross Country								
Football-Boys								
Golf-Boys								
Golf-Girls								
Rally								
Soccer--Boys								
Soccer--Girls								
Tennis-Boys								
Tennis-Girls								
Track								
Volleyball-Girls								
Wrestling								

COACHING INTERESTS

List the assignments you prefer in order of preference and ability.

1. _____ 2. _____ 3. _____

SPECIAL QUALIFICATIONS FOR THESE POSITIONS:

LICENSING

First Aid Certificate Yes No If yes, expiration date: _____
 CPR Certificate Yes No If yes, expiration date: _____

Please list two references who have information regarding your coaching/advisory/athletic abilities:

Name	Address	Telephone

Camas School District No. 117

Insert E Confidential Professional Reference Form

APPLICANT: I authorize any current or former employer, person, firm, corporation, educational or vocational institution, or government agency to provide Camas School District with information they have regarding me. I hereby release and discharge those who provide information and Camas School District from any and all liability as a result of furnishing and receiving this information. I agree that references and personal information which become a part of this application will be regarded as confidential and shall not be revealed or disclosed to me.

(Applicant name printed)

(Applicant signature required)

(Date)

The person named above has applied for a certificated position with the Camas School District. We ask that you carefully evaluate the applicant in terms of your knowledge of the applicant as an employee or through other professional contacts.

NOTE: Please rate the applicant in each of the following categories by comparing this individual with others of comparable training and experience.	Upper 10%	Upper 25% but not Upper 10%	Upper 50% but not Upper 25%	Lower 50% but not Lowest 10%	Lowest 10%	No basis for judgment
1. Flexibility – Willingness to learn new concepts or ways of providing instruction. Cooperative with youth and adults. Fair and consistent approach to teaching or related services. Meets individual student needs.						
2. Commitment to Accomplishment – Exertion of effort to attain goals. A desire for producing results. Organization of ideas, time, materials, and space so accomplishment occurs.						
3. Enthusiasm – Displays overall optimism and zeal for what one is doing. Willingness to be involved. Enthusiasm develops positive interpersonal relationships with others.						
4. Clarity of Expression – Understands and correctly interprets concepts presented or discussed. Presents and discusses concepts precisely; answers questions clearly.						
5. Scholarship and Conceptual Skills – Mastery of substantive and methodological aspects of teaching or related services. Demonstrates ability to learn and apply new ideas and new skills.						
6. Relation to Students – Ability and willingness to develop professional relationships with students. Exhibits listening skills, patience, and caring for students. Shows empathy for students; is interested in their learning and welfare; is responsive to student needs; is accepting of students and has a high regard for them as they are.						
7. Professional Orientation – Has knowledge of current approaches to teaching or related services; breadth of background and willingness to use this background for the benefit of school; exhibits a high interest in students; holds high expectations for self and students.						
8. Multicultural – Accepts cultural and ethnic differences in students and adults.						
9. Professional Relationships – Willingness to work with others (staff & community) in a team situation. Demonstrates high interest in working out problems for the satisfaction of all involved.						
10. Modeling Appropriate Behavior – Professional appearance, poise, appropriate role model for the educational environment.						

Comments: _____

Name of Evaluator _____ Telephone () _____

Evaluator's Title _____ Company or Organization _____

Observation from _____ to _____ Applicant's position during this evaluation period: _____

Have you observed this applicant: _____ Very few times? _____ Equal to one year? _____ Several years?

Date _____ Signature _____

Thank you for assisting us in evaluating this applicant. Please return completed form to: Human Resources, Camas School District, 1919 N.E. Ione Street, Camas, WA, 98607, or FAX (360) 817-4401.

Camas School District No. 117

Insert E Confidential Professional Reference Form

APPLICANT: I authorize any current or former employer, person, firm, corporation, educational or vocational institution, or government agency to provide Camas School District with information they have regarding me. I hereby release and discharge those who provide information and Camas School District from any and all liability as a result of furnishing and receiving this information. I agree that references and personal information which become a part of this application will be regarded as confidential and shall not be revealed or disclosed to me.

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Comments: _____

Name of Evaluator _____ Telephone () _____

Evaluator's Title _____ Company or Organization _____

Observation from _____ to _____ Applicant's position during this evaluation period: _____

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