



1919 NE IONE STREET  
CAMAS, WA 98607-1145  
WWW.CAMAS.WEDNET.EDU  
TEL 360.833.5400  
FAX 360.833.5401

BOARD OF DIRECTORS  
MEL CARDON  
CONNIE HENNESSEY  
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MIKE NERLAND

ASSISTANT SUPERINTENDENT  
TANIS KNIGHT

Dear Coaching Applicants:

Thank you for your interest in a coaching position with the Camas School District! Attached are the required application materials. Please read and complete the information carefully. Once all the required documents are complete and received by the HR office, your application will be reviewed by the Athletic Director and/or Head Coach of the sport you are applying for.

In order to ensure that your application is considered, please make sure the following paperwork is submitted to HR prior to the position closing date:

- Letter of interest indicating the position you are applying for
- Resume
- Application
- Insert A-Confidential Data Form (optional)
- Insert B-Applicant Disclosure Statement
- Insert D-Student Activities/Athletics
- Two letters of recommendation

If an offer of employment is made, you will be required to submit to a background check through the Washington State Patrol and the Federal Bureau of Investigation, which includes fingerprinting.

Again, thank you for your interest in coaching for the Camas School District! If you have any further questions about the application materials, please call the HR office at (360) 833-5400.

Sincerely,

A handwritten signature in black ink, appearing to read "Rita Pakenen", with a long horizontal flourish extending to the right.

Rita Pakenen  
Director, Human Resources



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**EDUCATIONAL BACKGROUND:**

Please check which one applies to you:  High School Diploma  GED  College Degree  
Do you hold a current First Aid Card? \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Do you hold a current CPR Card? \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Are you willing to get a Type II Drivers License? \_\_\_\_\_

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**SPECIAL SKILLS AND QUALIFICATIONS**

- Summarize special coaching-related skills and qualifications acquired from employment or other experience.

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**ACTIVITIES**

- List professional, trade, business, civic or educational related activities and offices held. (You may exclude memberships which reveal race, gender, creed, color, national origin, age, or disabilities.)

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**EMPLOYMENT HISTORY**

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

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**PROFESSIONAL REFERENCE**

- Give name, address, and telephone number of three individuals who have been your supervisor and possess a working knowledge of your job-related skills or performance.

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

## EXTRA CURRICULAR and EMPLOYMENT EXPERIENCE

- Start with your present or last job. Include any job-related military service assignments and volunteer activities.

Employer		Dates Employed		Duties Performed	
		Month / Year		<input type="checkbox"/> Paid <input type="checkbox"/> Volunteer	
Address		From:			
		To:			
Telephone Number(s)		Hourly Rate/Salary			
		Starting / Final			
Job Title	Full Time <input type="checkbox"/>	\$ / \$			
	Part Time <input type="checkbox"/>				
Supervisor Name	Reason for Leaving	May we contact?			
		Yes or No			
Employer		Dates Employed		Duties Performed	
		Month / Year		<input type="checkbox"/> Paid <input type="checkbox"/> Volunteer	
Address		From:			
		To:			
Telephone Number(s)		Hourly Rate/Salary			
		Starting / Final			
Job Title	Full Time <input type="checkbox"/>	\$ / \$			
	Part Time <input type="checkbox"/>				
Supervisor Name	Reason for Leaving	May we contact?			
		Yes or No			
Employer		Dates Employed		Duties Performed	
		Month / Year		<input type="checkbox"/> Paid <input type="checkbox"/> Volunteer	
Address		From:			
		To:			
Telephone Number(s)		Hourly Rate/Salary			
		Starting / Final			
Job Title	Full Time <input type="checkbox"/>	\$ / \$			
	Part Time <input type="checkbox"/>				
Supervisor Name	Reason for Leaving	May we contact?			
		Yes or No			
Employer		Dates Employed		Duties Performed	
		Month / Year		<input type="checkbox"/> Paid <input type="checkbox"/> Volunteer	
Address		From:			
		To:			
Telephone Number(s)		Hourly Rate/Salary			
		Starting / Final			
Job Title	Full Time <input type="checkbox"/>	\$ / \$			
	Part Time <input type="checkbox"/>				
Supervisor Name	Reason for Leaving	May we contact?			
		Yes or No			
Employer		Dates Employed		Duties Performed	
		Month / Year		<input type="checkbox"/> Paid <input type="checkbox"/> Volunteer	
Address		From:			
		To:			
Telephone Number(s)		Hourly Rate/Salary			
		Starting / Final			
Job Title	Full Time <input type="checkbox"/>	\$ / \$			
	Part Time <input type="checkbox"/>				
Supervisor Name	Reason for Leaving	May we contact?			
		Yes or No			

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**REMINDER**

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

**✓CHECKLIST**

↪ <i>Mandatory</i>		↪ <i>Optional</i>	
1.	Complete application form, including applicable inserts.		Optional Confidential Data Form ( <b>Insert A</b> ).
2.	Proof of High School graduation or equivalency. If your diploma is not available, you may have transcripts faxed to our office.		Any additional current data, such as awards, references or letters.
3.	A Resume and Cover Letter stating your qualifications for the type of positions for which you are applying.		
4.	Two Letters of Recommendations.		
5.	Applicant Disclosure Statement ( <b>Insert B</b> ).		
6.	Student Activities/Athletics Form ( <b>Insert D</b> ).		

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

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**CERTIFICATION, AUTHORIZATION AND RELEASE**

I hereby certify that all the information I have provided in this application is true and correct. I authorize 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 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:** \_\_\_\_\_

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**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:

Rita Pakenen (360) 833-5400

# 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.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

**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  Black/African American  Hispanic/Latino  
 White/Caucasian  Native Hawaiian/Pacific Islander  More than one race  
 American Indian/Alaskan Native\*

### 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?**

- Walk In  Advertisement  Newspaper  
 Placement Center  Recruitment/Job Fair  Referred by Friend  
 Other (Specify) \_\_\_\_\_

# Camas School District No. 117

## Applicant<sup>(1)</sup> Disclosure Statement

### Insert B

YOU MUST ANSWER ALL SIX (9) ITEMS ON THIS FORM.

(Reference RCW 28A.400, RCW 43.43)

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

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;
- Forgery or any of these crimes as they may be renamed in the future
- First, second or third degree theft
- First or second degree robbery

Answer:  No  Yes If Yes, please explain. \_\_\_\_\_

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. \_\_\_\_\_

<sup>1</sup> 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<sup>(1)</sup> 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. \_\_\_\_\_

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. \_\_\_\_\_

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. \_\_\_\_\_

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. \_\_\_\_\_

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

9. Have you ever been convicted of any crime not otherwise listed?

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.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Applicant Signature

Date and Place

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### 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

Witness Signature



# Camas School District No. 117

## Student Activities/Athletics

### Insert D

ATHLETICS	YEARS OF PARTICIPATION			YEARS OF COACHING				
	HIGH SCHOOL	COLLEGE	OTHER	ELEMENTARY	MID LEV.	SR HIGH	COLLEGE	OTHER
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:

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### 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