



COLLEGE PLACE PUBLIC SCHOOLS

DISTRICT NO. 250

1755 South College Avenue,

College Place, WA 99324

(509) 525-4827 FAX (509) 525-3741

www.cpps.org

Application Form for Certificated Personnel

Name _____ Soc. Sec. # _____
(Last) (First) (Middle)

Present Address _____ Until _____ Telephone (____) _____
(Street Address)

(City) (State) (Zip Code) Alt. Telephone # (____) _____

Permanent Address _____ Telephone (____) _____

Email address _____

Present Position _____

Where is your placement file located? _____
Please have file forwarded at time of application

Positions Desired (in order of preference):

1. _____
2. _____
3. _____

Information

Please include all information requested. Information included will become part of the contract, if elected. A personal interview is required. If elected, the applicant agrees to accept assignment to building, subjects, and activities as assigned by the Superintendent and School Board. A single salary schedule prevails in this district, the salary being dependent upon training and experience. Applicants will present a valid Washington State Teaching Certificate, and, if appointed, will be required to provide official transcripts of training. All hiring is contingent upon Washington State Patrol and FBI background fingerprint clearance, a positive finding of no misconduct from all previous school district where you have been employed and upon final hiring decision by the Board of Directors.

An applicant who completes this application and signs it indicates that he/she is familiar with and ready to comply with Washington School Laws governing Certification, and all statements made herein are true, complete and correct to the best of their knowledge.

Signature _____ Date _____

Academic Information Starting with high school, list all institutions in order of attendance:

Name of Institution	Location City/State	Dates Attended		Major	Minor	Credits Earned	Degree
		From	Until				

Honors: _____

Educational Work Experience - Disclosure of all school district employment, classified or certified, is required.

Dates: From-To	No. of Yrs.	Name of School/Address Street, City State	Assignment Grades/Subjects	Activities Handled	Reason for Leaving

Certificate Information

List below teaching, administrative, and special certificates for the State of Washington which you hold or have applied for. For Washington State Initial Teaching Certificate or endorsed continuing certificates, be certain to list all endorsements.

Certificate No: _____

Type of Certificate	Grade Level	Endorsements	Expiration Date

References

Give five references, especially including superintendents and principals under whom you have taught, who have first-hand knowledge of your character, personality, scholarship and teaching ability.

Name	Address	Phone Number	Official Position

Personal Data

1. Are you an American citizen? _____
2. Are you fluent (speaking, reading, writing) in any language other than English? Yes ____ No ____ Specify language: _____
3. Is your health sufficient to carry a full teaching load, plus a normal assignment of extra-curricular work? _____
4. Hobbies, in order of preference _____

Professional Information

1. State activities you are qualified and willing to handle, in order of preference.
(a) _____ (b) _____ (c) _____ (d) _____
2. List professional organizations in which you hold membership _____
3. List service and fraternal organizations in which you hold membership (lodges, clubs, etc.) _____
4. List special abilities in order of greatest proficiency _____
5. List vocations you have prepared for besides teaching _____
6. Have you ever been disciplined or discharged or have you ever resigned in lieu of discipline or discharge? _____
Where? _____
If so, state reasons: _____
7. When could you begin work here? _____ Could you come in for an interview? _____
8. If selected and conditions prove satisfactory, would you plan to teach here at least two years? _____
9. Do you presently have a contractual association with any other district (i.e. under contract, sabbatical, consulting, on leave?) If yes, please explain _____
10. Have you retired from teaching and/or Washington State Retirement System? _____



COLLEGE PLACE PUBLIC SCHOOLS

Administration Office

1755 South College; College Place, WA 99324

PHONE (509) 525-4827 FAX (509) 525-3741

focusing on kids and their learning....

RELEASE FORM

I certify that all of the information I have provided in my employment application materials is true, correct, and complete to the best of my knowledge. As a part of the pre-employment process, I authorize College Place School District to make such investigations of my personal, educational, vocational, or employment history as College Place Schools deems appropriate to the position applied for. By this release, I authorize my current or former employers, coworkers, academic or vocational institutions of learning I have listed in my employment application and government agencies to provide College Place School District with information they have regarding my character and employability. I hereby release and discharge College Place School District, its officers and agents, and all prior employers, coworkers, and other references who provide information pertinent to my fitness to supervise and work with children from any and all liability as a result of furnishing and receiving this information. I provide this authorization and release with the understanding that College Place Schools will handle all such information on a strict 'need-to-know' basis within College Place Schools. I further understand that this release does not authorize College Place Schools to release any such information to third-parties without College Place Schools first exercising best efforts to advise me in writing of the intention to release in order to allow me an opportunity to object to any such release, if I choose to do so.

I agree that if I am offered employment with College Place Schools that I will be conditionally employed as a casual day-to-day employee while the District performs a background check or the Administration awaits the Board of Directors final hiring decision. I further agree that if I am offered employment with College Place Schools, as appropriate to the position, the employment opportunity is conditional on my providing verification of my certification, education, and experience and, I agree that information provided about my character or employability shall, as to me, be restricted such that in the normal course of business neither I nor my representative will not have access to that information. I further agree that if I have made any omission or have provided false or incomplete statements pertinent to the employment decision, College Place Schools may, at its sole discretion, without notice or due process procedures, terminate my employment contract. I understand that such action will be treated as voiding the employment relationship from inception.

(Applicant's signature)

(Date of Applicant's signature)

(Applicant's printed or typed name)

(Superintendent or designee's signature)

Have you ever worked for a school district (public or private)?

No

Yes

If yes, please complete a "Washington State Sexual Misconduct Disclosure Release" form for each school district that you have worked for. The next page is a copy of that form. Please make or ask for additional copies if you need more than one form. Please be sure to fully complete each form as they will be mailed by our office staff.